



PATIENT

Hazel McAllister

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

1 Years

WEIGHT

17 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Laura

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Bateman

INVOICE

17018

DATE

8/24/22

PRESENTING CLINICAL SIGNS

History: spayed 3 and 1/2 weeks ago, presented yesterday 8/23 as transfer for fever of unknown origin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is subjectively mildly overdistended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. No mineral is observed. Moderate pyelectasia is present in the left kidney. No overt masses/nodules are observed. The left kidney measures 5.49 cm. The right kidney measures 7.72 cm.

Adrenal Glands

Left adrenal gland is normal in size (1.8 cm long x 0.44 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.65 cm at the caudal pole in thickness), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas



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The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no free fluid. The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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ULTRASONOGRAPHIC FINDINGS

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- Nephritis – This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis, etc.) cannot be ruled out. This finding should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- A subjectively mildly overdistended urinary bladder, likely normal patient variant and should be interpreted in combination with fluid therapy being received or polyuria polydipsia or timing since last elimination +/- lower urinary tract signs, etc.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients kidney changes combined with reported fever of unknown origin, further evaluation of the kidneys is recommended in the form of a chemistry panel with electrolytes and urinalysis. A CBC is also warranted given the patients fever. If indicated based on results, testing for Leptospirosis could be considered. Given the historical fever combined with the pyelectasia, a urine culture could also be considered to rule out an occult urinary tract infection/pyelonephritis. Otherwise, there are no obvious ultrasonographic explanations for this patients fever and recommendations include evaluation of other areas, including the thorax, joints, spine, blood etc.

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In the meantime, empirical broad-spectrum antibiotics are recommended in addition to any symptomatic patient care required, guided by clinical signs.

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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Beth.Johnson@SonoPath.com



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