



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Stormy Donohoe
SPECIES Stormy presented for not acting herself, has lost ~10 pounds since Feb 2020. Not eating well but no v/d. Had a previous UTI in December 2020.
 Abnormal PE/Chem/CBC/UA Results: UA in house consistent with UTI with rods, cocci and WBC
 TNTC, SDMA 17, Creat 2.6, BUN 47, Globulin 4.5, amylase 1,705, Spec CPL 469, CBC and remainder of chem WNL

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Corgi X
 Urinary bladder is moderately distended 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.

SEX

Spayed Female
 Right kidney is normal in size (6.4 cm). Multiple cortical anechoic cysts of various sizes are present. Overall echogenicity is increased, causing a hyperechoic cortex as the result of acoustic enhancement from the cysts, and kidney shape is distorted. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

13 Years
 Left kidney is normal in size (5.9 cm). Multiple cortical anechoic cysts of various sizes are present. Overall echogenicity is increased, causing a hyperechoic cortex as the result of acoustic enhancement from the cysts, and kidney shape is distorted. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

Adrenal Glands

30.4
 Right adrenal gland is normal in size (2.5 cm long x 1.0 cm at cranial pole and 0.7 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM
 Left adrenal gland is normal in size (0.76 cm at cranial pole and 0.59 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

HOSPITAL NAME

Great Miami VC
 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). A mid body capsule disrupting round, hypoechoic, solid nodule measuring 1.5 cm in diameter was noted. Splenic vasculature appears normal.

Liver

REFERRING VET

Dr. Susanne Bush
 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.

INVOICE NUMBER

25446
 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.

DATE

9/16/21



PATIENT *Gastrointestinal*

Stormy Donohoe The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

BREED

Corgi X The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

SEX

Spayed Female Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

AGE

13 Years There is no evidence of peritoneal effusion. Mild medial iliac lymphadenopathy is noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

30.4

- Bilaterally polycystic kidneys – cysts may be inherited or acquired and may be a subclinical incidental finding, or the result of chronic degenerative kidney disease. This finding should be interpreted in combination with the breed (inherited polycystic renal disease is more common in some breeds including, but not limited to, persian cats, cairn terriers, and bull terriers), laboratory findings and clinical signs.

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DACVIM

- Hypoechoic 1.5 cm splenic nodule – may represent a benign lesion such as nodular hyperplasia or extramedullary hematopoiesis. However, given the contour disruption of the spleen, infiltrative neoplasia such as infiltrative round cell neoplasia cannot be ruled out.
- Mild reactive medial iliac lymphadenopathy

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Great Miami VC

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fine needle aspirate of the splenic nodule if patient's coagulation status is appropriate as well as a gastrointestinal malabsorption/maldigestion panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory given the patient's reported weight loss. Other recommendations include treatment of the reported urinary tract infection, being sure to include a follow up culture a week after finishing antibiotics to be sure the infection is fully cleared. Due to the ultrasonographic kidney changes and the reported azotemia, blood pressure monitoring as well as assessment of protein in the urine following complete resolution of the urinary tract infection are also recommended. Supportive care while the urinary tract infection is being cleared in the form of antiemetics +/- appetite stimulants if needed may be recommended given this patient's decreased appetite, which is contributing to weight loss. However, once appetite has returned to normal, transition to a renal diet may be helpful long term.



PATIENT

Stormy Donohoe

SPECIES

Canine

BREED

Corgi X

SEX

Spayed Female

AGE

13 Years

WEIGHT

30.4

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DACVIM

HOSPITAL NAME

Great Miami VC

REFERRING VET

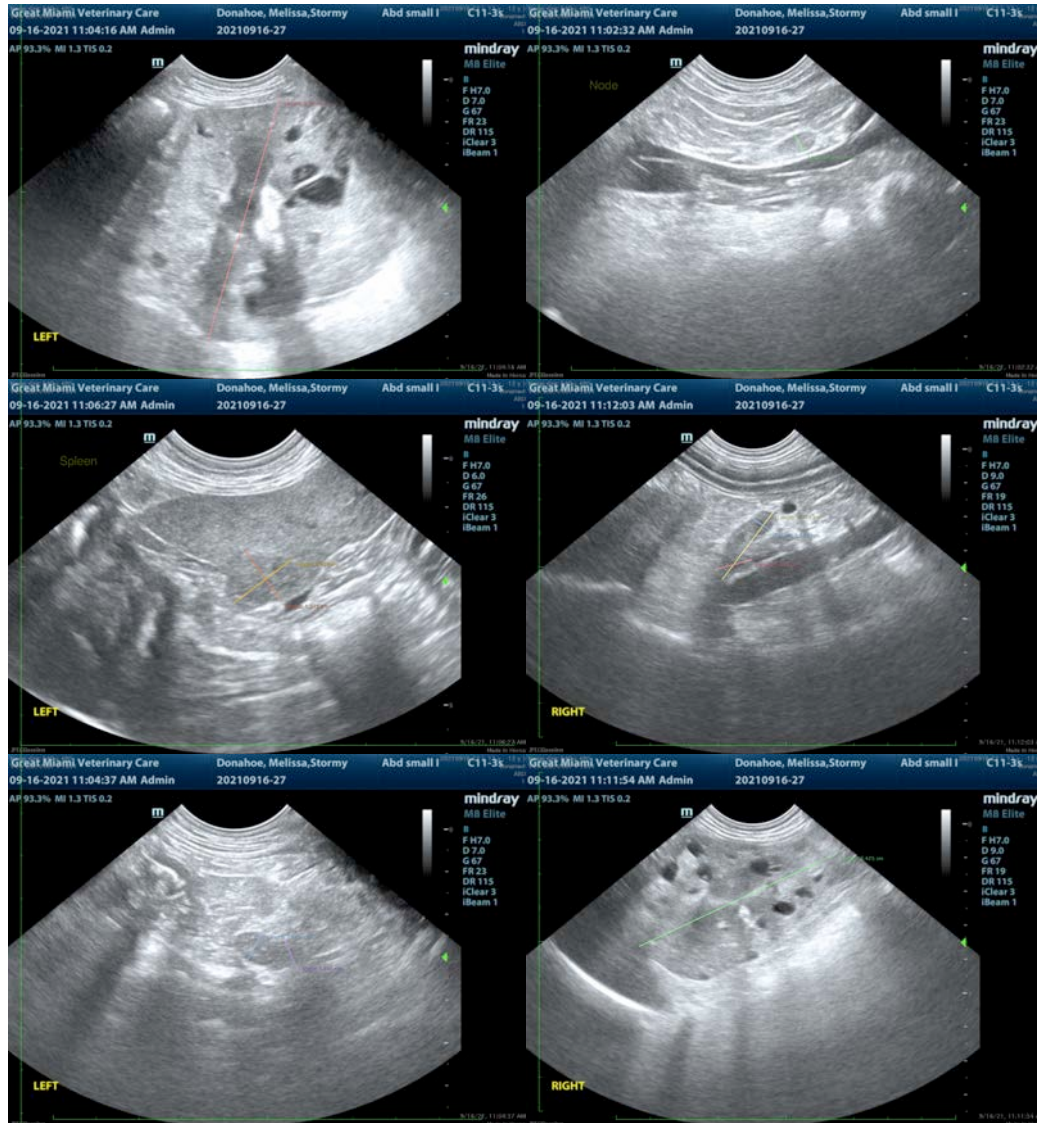
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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