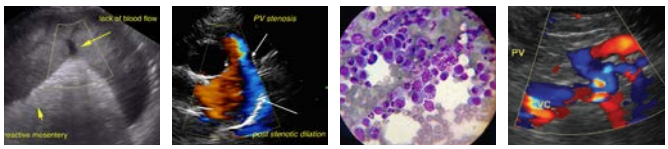
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Kaiser Benson

SPECIES
Canine

BREED
Mixed

SEX
Neutered Male

AGE
3 Years

WEIGHT
47 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Laura de Cordon

HOSPITAL NAME
Mason Dixon Animal Emergency Hospital

REFERRING VET
Jacksonville Vet Hospital

INVOICE
41642

DATE
9/25/22

PRESENTING CLINICAL SIGNS

Kaiser was admitted to the hospital on 9/23. He was transferred from RDVM because of a three day history of vomiting and not eating. He was found to be azotemic on BW he had done at RDVM. Kaiser lives in a farm where there owner grows grapes.

Abnormal PE/Chem/CBC/UA Results: 9/23/22 EPOC: BUN: >120 dilute 167.6 Creat: 6.87 Na: 153 PCV/TS: 40/6.0 Lepto witness test : negative SNAP 4DX: negative for all 4 Urinalysis Dry prep: tntc cocci present in urine BP: 260

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (7.11 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.02 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The area of the right adrenal gland is examined without evident pathology.

The left adrenal gland is normal in size (0.60 cm thick at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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.

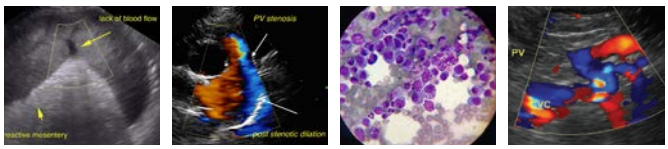
Liver

The 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.

The 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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.



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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.

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

Pancreas

The 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

The area around the kidneys and most of the mid to cranial abdomen is enhanced/hyperechoic.

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

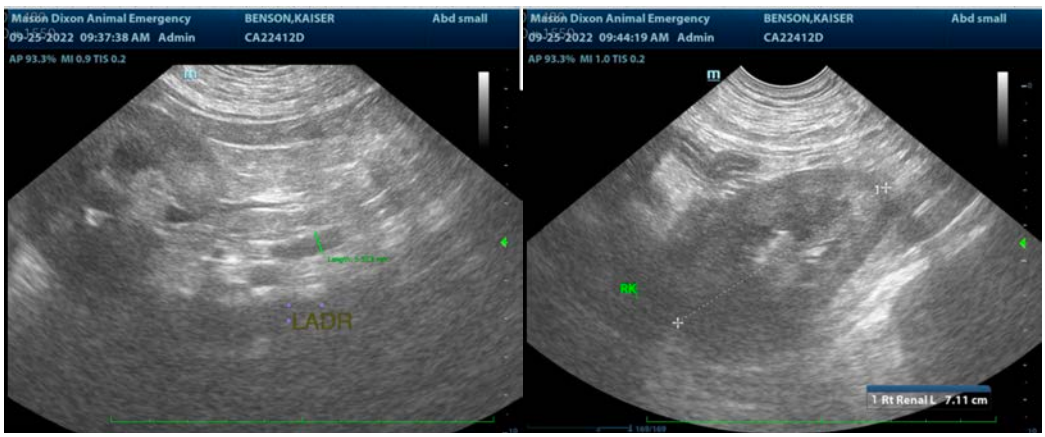
- Enhanced hyperechoic fat and mesentery around the kidneys and mid to cranial abdomen, otherwise unremarkable/normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the area adjacent to the kidneys is suggestive of focal inflammation/peritonitis, likely secondary to an acute kidney insult, given this patient's history, such as a toxic insult including the reported grape exposure and/or infectious disease, pyelonephritis, Leptospirosis, etc.

Given the reported bacteriuria and negative Lepto results, and hypertension, recommendations at this time include medical management of the infection/possible pyelonephritis with aggressive diuresis, blood pressure management, broad-spectrum antibiotics, electrolyte management, and supportive/symptomatic therapy of gastrointestinal signs.

Given this patient's exposure to grapes, if geographically available, dialysis could also be offered/considered.



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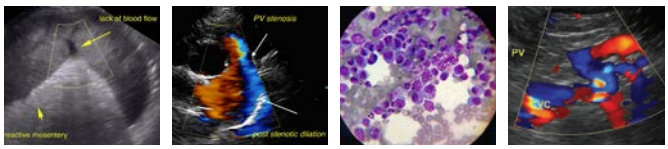

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com