



PATIENT

Reece Mills

SPECIES

Canine

BREED

Mini Golden Doodle

SEX

Neutered Male

AGE

9 Months

WEIGHT

6.6 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Ciaravella

INVOICE

41640

DATE

9/25/22

PRESENTING CLINICAL SIGNS

Presented at our hospital after transfer from rDVM for acute kidney failure. P was neutered 8 days ago & has been ADR ever since. P has been on trazodone, & carprofen x 5 d, since neuter; O stopped trazodone early because P was either completely zones out or super wild on it; Cerenia & Proin were added & trazodone was stopped when vomiting started a few days ago; has also been on Proin since he was 4 months old. Not eating; vomiting. Went to rDVM today & lab work showed anemia & renal failure. IVC was placed & P was given 150 mL bolus of fluids & fluids were continued; line was wide open upon arrival here. Previous Health Concerns: urinary dribbling Current Medication: Cerenia, Proinable, & Proin

Abnormal PE/Chem/CBC/UA Results: Abdominal: tense/tender on palpation Genitourinary: tense/tender on palpation making palpation difficult; bladder seems big & kidneys seem small
Diagnostics at rDVM today: HCT 21, stress leukogram, elevated PLT, Na/K 26, Phos 26.5, Creat 5.2, BUN too high to read, AMY 5911, LIP 1795

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is subjectively moderately overdistended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident pathology.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No overt neoplasia or mineral is observed. The left kidney measures 4.2 cm. The right kidney measures 3.55 cm. Mild pyelectasia is noted bilaterally.

Adrenal Glands

The areas of both adrenal glands are examined without evident pathology.

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



PATIENT	Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.
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Canine	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Mini Golden Doodle	
	<i>Pancreas</i>
SEX	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.
Neutered Male	
	<i>Free Abdomen</i>
AGE	There is no evidence of free peritoneal effusion noted in these images.
9 Months	There is no apparent lymphadenopathy noted in these images.
	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Renal dysplasia – This appearance of the kidneys in a young dog is most concerning for congenital renal dysplasia or juvenile nephropathy. Other differentials include glomerular or interstitial nephritis, leptospirosis, chronic pyelonephritis, ethylene glycol toxicosis, etc.
6.6 kg	
INTERPRETED BY	<ul style="list-style-type: none"> • Pyelectasia – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Gastritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out. In this patient, the gastritis is likely secondary to uremic gastritis.
Erin Wicks	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Shores VEC	If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
REFERRING VET	A blood pressure is also recommended if not recently evaluated.
Dr. Ciaravella	Given this patient's reported kidney pain and the acute nature of the presentation, etc., an acute on chronic kidney insult is suspected, possibly secondary to the post-op carprofen administration. Regardless, ruling out pyelonephritis is recommended as is testing for Leptospirosis.
INVOICE	In the meantime, continued supportive/symptomatic medical management of acute on chronic kidney disease with diuresis, blood pressure, and proteinuria management (if indicated), gastrointestinal sign support with antiemetics, gastroprotectants, etc., pain management (if indicated), and broad-spectrum antibiotics is recommended.
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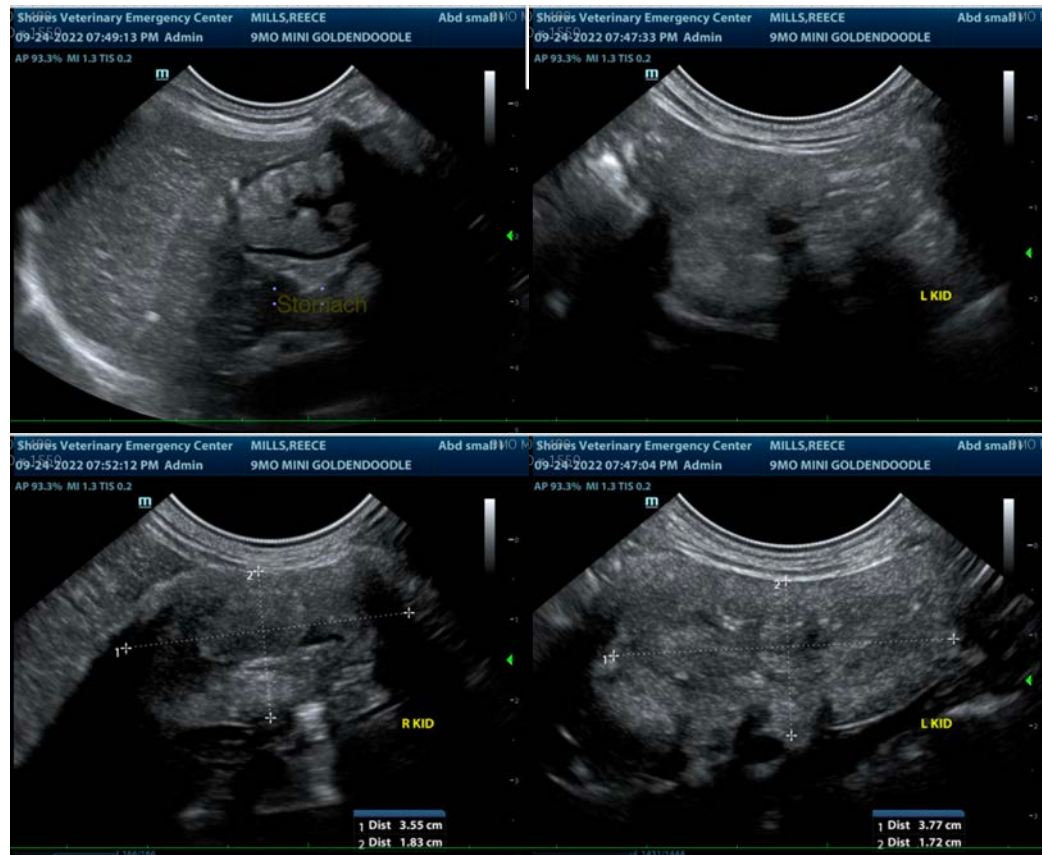
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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