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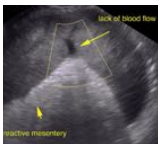
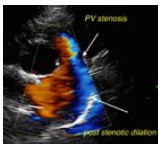
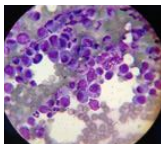
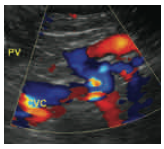
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Willow Reyes

SPECIES
Canine

BREED
Dachshund

SEX
Neutered male

AGE
10 years

WEIGHT
10.3 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
Newton VH

REFERRING VET
Dr. Chabora

INVOICE
30976

DATE
6/13/22

PRESENTING CLINICAL SIGNS

History: Lethargic, decreased appetite. Current meds: Cerenia, Doxycycline, Famotidine, Sucralfate, Carprofen, SQF
Abnormal PE/Chem/CBC/UA Results: SDMA >100, BUN 127, CREAT 6.1, HCT 44, PCV 38, URINE - CYSTO PENDING

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

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

Left kidney is normal in size (3.7 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.93 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Enhanced hyperechoic fat/mesentery is noted around both kidneys

Adrenal Glands

Left adrenal gland is normal in size (1.28 cm long, 0.44 at cranial pole and 0.42 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.67 cm long, 0.81 cm at cranial pole and 0.54 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

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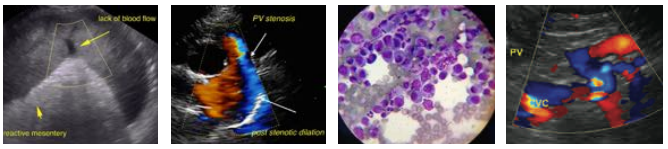

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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement. No appreciable free fluid including pericardial effusion was noted.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

Focal perinephric inflammation consistent with acute kidney insult – rule out toxin vs infection (Lepto) vs other

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's azotemia a urinalysis that is reportedly already pending is recommended to assess urine specific gravity, proteinuria, signs of infection, etc.
- Urine protein to creatinine ratio is recommended if there is protein present in an otherwise quiet sediment.
- Blood pressure measurement is recommended if not recently evaluated.
- Testing for Leptospirosis is recommended.
- Baseline cortisol can be considered to rule out unlikely, but possible hypoadrenocorticism contributing to the marked azotemia. If the baseline cortisol is less than 2 a full follow-up ACTH stimulation test is warranted. in the meantime, therapeutic recommendations include aggressive diuresis, monitoring of urine output, GI support as indicated and broad spectrum antibiotics.

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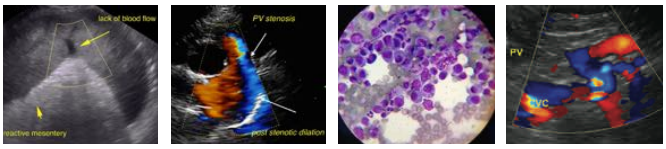

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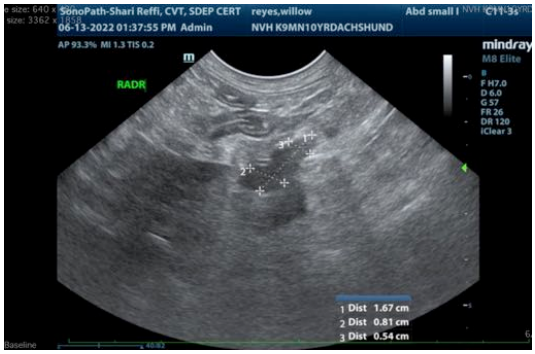

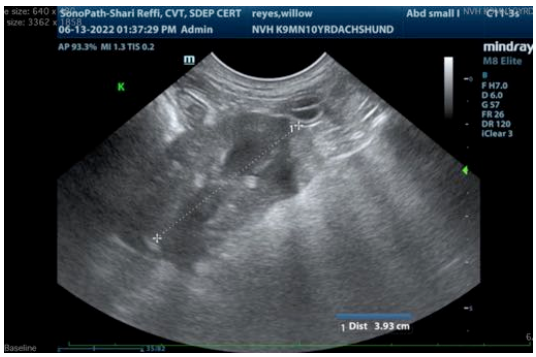

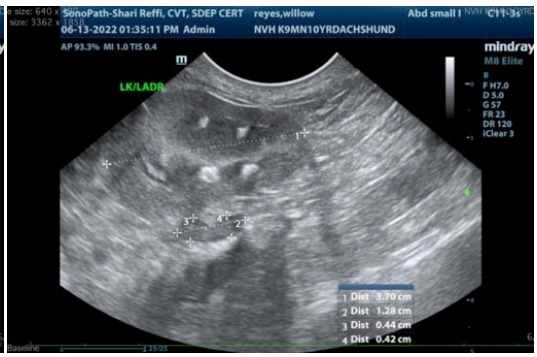

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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