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Clinical Sonography & Telecytology
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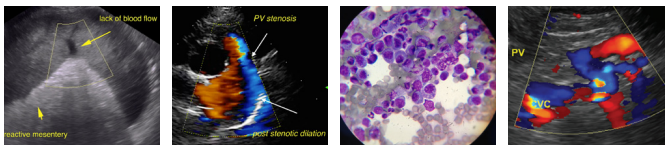

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Hoshi Kline

SPECIES
Canine

BREED
Japanese Chin

SEX
Spayed Female

AGE
11 Years

WEIGHT
4.0 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Lupole

INVOICE
35812

DATE
3/2/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for lethargy, vomiting once, and not eating or drinking. O noticed that P was a little off on Sunday night, which occasionally happens with P. Monday night, P was weirder and was hiding from family which was not like her. She was not interested in eating or drinking anything other than a small treat that Monday morning. P ended up defecating inside twice, but still was urinating outside like normal. Tuesday, P vomited once around noon, but was able to drink a bit of water around 6pm and hasn't vomited since. Still no interest in food. Previous Health Concerns: UTIs (3-4 times in life) caused by bladder stone (removed sx), hip issues
Abnormal PE/Chem/CBC/UA Results: Abdominal: tender on abdominal palpation BP – 246/160 (190) 225/161 (185) 220/149 (173), repeat BP still slightly elevated. 4DX – negative Radiographs – mineralization of left renal pelvis Bloodwork: BUN 38.2; Crea 2.0; Glob 4.2; ALP 417; GGT <10; WBC 20.16; NEU 18.84; LYM 0.35; EOS 0.02; NEU % 93.5; LYM% 1.7; EOS% 0.1; pO2 57.4; cSO2 92.4; pCO2 20.3; Bicarb 15.3; TCO2 16.1; pH 7.485; K 3.3; iCa 1.11 Cortisol 20.0; recheck BUN 41; UA blood 250+++; Pro 2000++++; pH 7.0; SG 1.022; Leuk 250++; WBC 0-10/hpf; RBC 15-30/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.35 cm.

The **right kidney** was ill-defined, swollen and irregular with loss of corticomedullary definition and pericapsular inflammation. Significant inflammation present, extending into the right pancreatic limb.

Adrenal Glands

The **left adrenal gland** was not visualized. The region of the **right adrenal gland** was imaged as well the vena cava. No obvious adrenal pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented increased portal markings and mild subnormal size. The gallbladder was edematous and mildly thickened.

Gastrointestinal

The **stomach** was overdistended with fluid. The pylorus was patent. The small intestine and colon were unremarkable.

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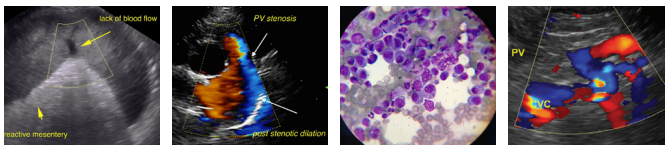

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Pancreas

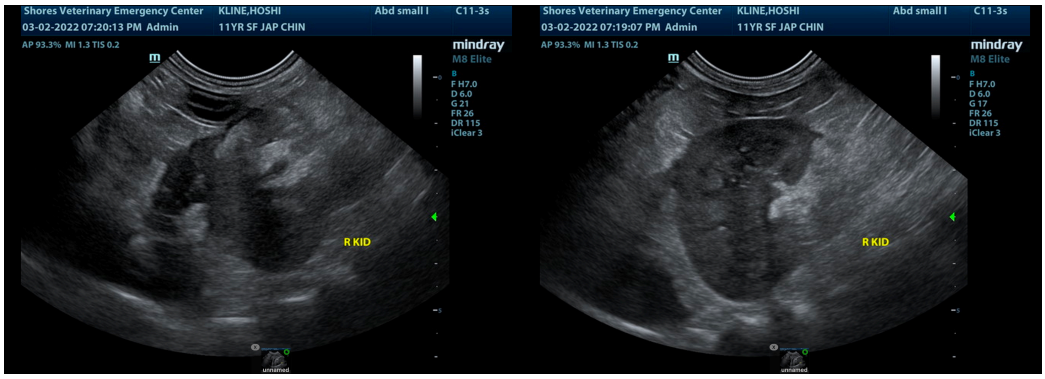
The **pancreas** was mildly heterogeneous with ill-defined surrounding fat, suggestive for pancreatitis.

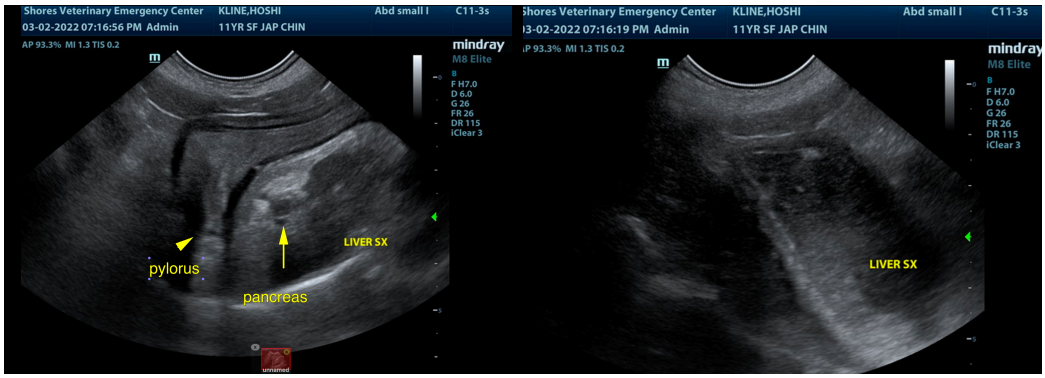
ULTRASONOGRAPHIC FINDINGS

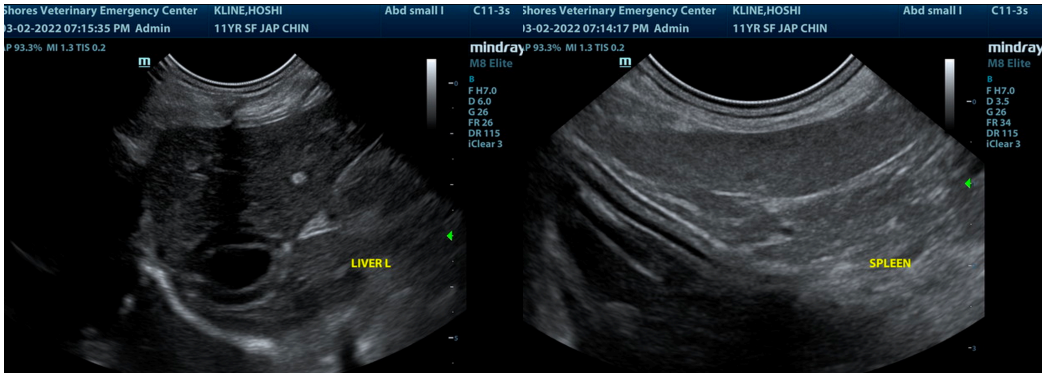
- Inflamed irregular right kidney – severe pyelonephritis versus right renal neoplasia
- Concurrent gastritis/cholangitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and ultrasound guided FNA of the right kidney recommended. Urine culture and sensitivity indicated. GI protectants, IV fluid support, broad-spectrum antibiotics and pain management all indicated. Anti-hypertensives would be warranted if the patient was not excited at the time of measurement. Guarded prognosis. Chest radiographs warranted to assess any metastatic disease. Severe pyelonephritis with renal disrupted architecture versus renal carcinoma are primary concerns. Recheck sonogram in 48 hours after treatment.







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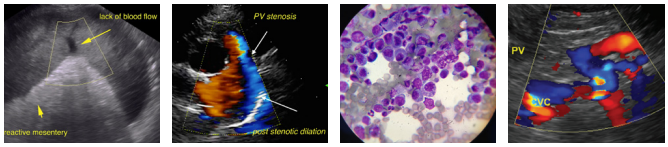

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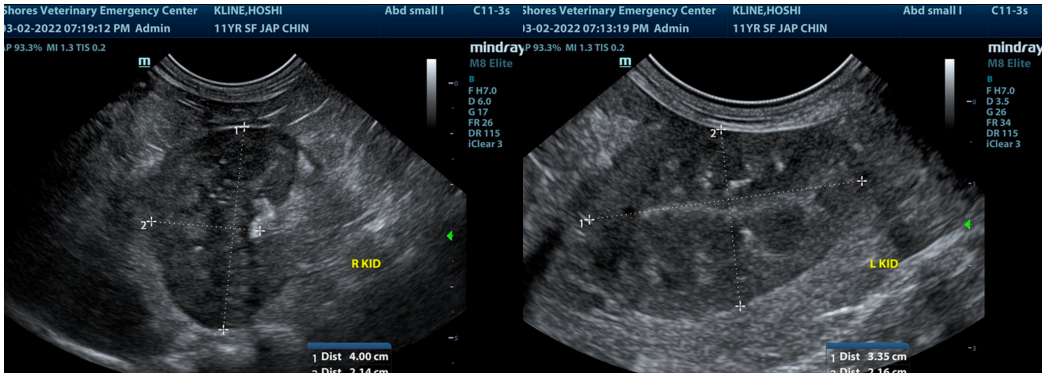

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com