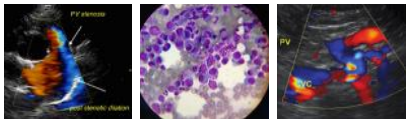
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8/11/23

PATIENT

Akron DiPietro

SPECIES

Canine

BREED

Akita

SEX

Neutered Male

AGE

7/20/14

WEIGHT

82 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Festival VC

REFERRING VET

Dr. Beron

INVOICE

23913

PRESENTING CLINICAL SIGNS

History: Recheck to reassess iliac lymph node and kidneys. Resolution of all clinical symptoms reported.

Current Medications: None listed.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: 7/10/23. See attached.
Sedation: Torbugesic IM prior to sonographer arrival.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was unremarkable. Slight prostatic mineralization was noted, however, the remainder of the prostate was unremarkable, unlikely to be neoplastic, however, should be monitored.

The **kidneys** were similar to the prior sonogram, exhibiting fairly normal size and contour with slight cortical infarct at the dorsal cranial cortex of the left kidney and slight pyelectasia, yet appears subjectively improved compared to the prior sonogram. The left kidney measured 7.5 cm. Slight pyelectasia was noted in the right kidney, measuring 0.39 cm. The right kidney measured 6.3 cm. Mild cortical remodeling and mineralization were noted in the right kidney.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.7 cm x 0.73 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 3.11 cm x 0.7 cm at the caudal pole and 0.68 cm at the cranial pole.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

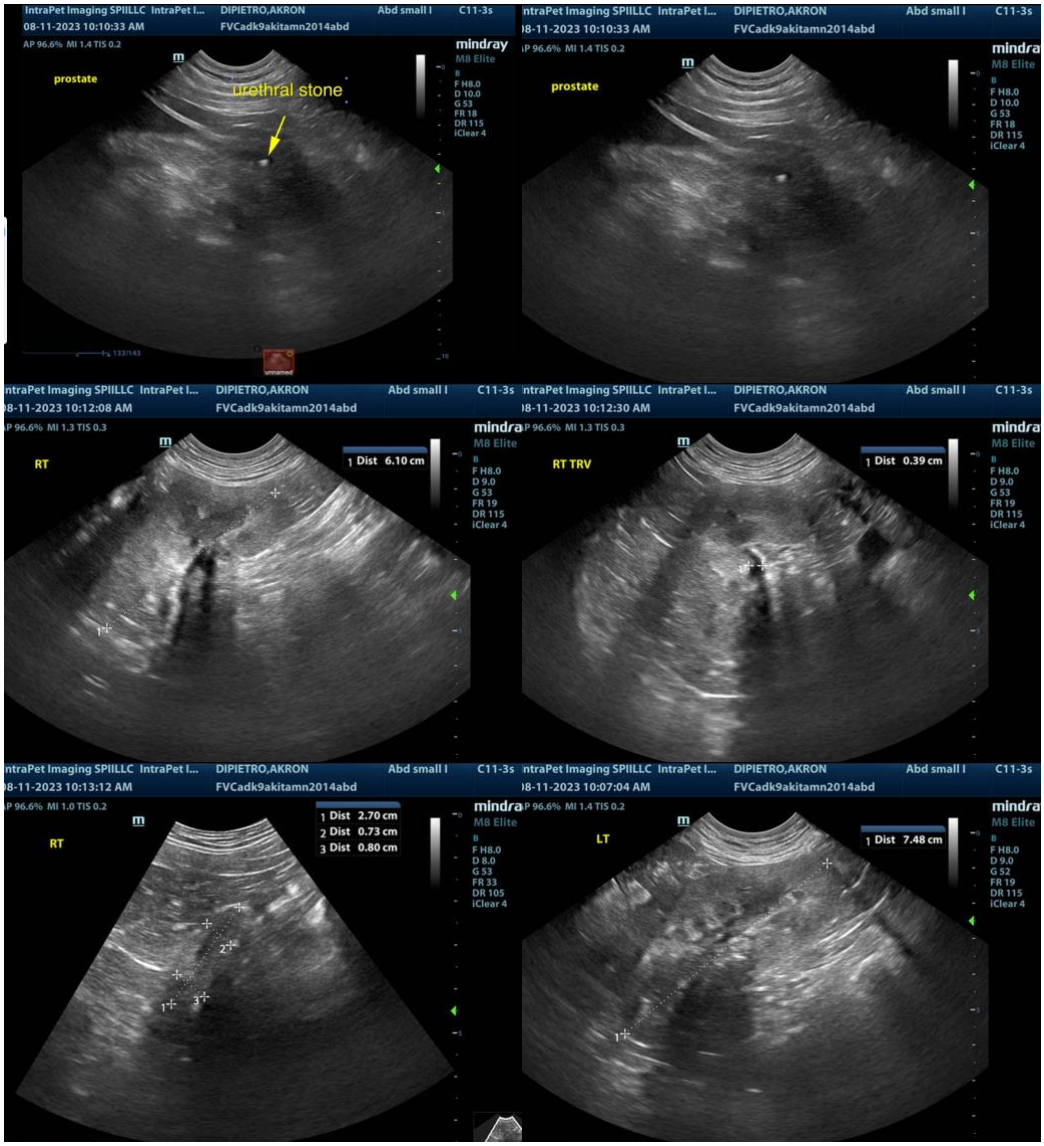
- The kidneys appear to be stable with mild to moderate degenerative changes and slight pyelectasia.
- Focal prostatic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in the kidneys is likely permanent scarring owing to scarring of the renal pelvises, however, given the persistent pyuria of WBC count of 6-10, occult infection may still be an issue. No evidence of the lymphadenopathy noted on the prior sonogram. Urine culture and sensitivity is warranted.

Chronic UTI Protocol

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.



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.

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