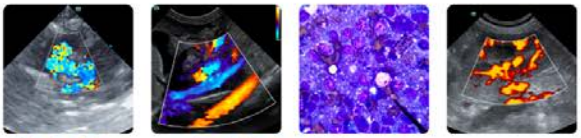

PATIENT

Luca Pimentel

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

3 Years 4 Months

WEIGHT

Not Provided

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside Animal Hospital

REFERRING VET

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PRESENTING CLINICAL SIGNS

Patient was dx w/bladder calculi over a year ago. On c/d diet and they are still present on rads. Now seeing renal mineralization. No clinical signs (apparently healthy). Receiving c/d diet, HWP/flea/tick prev. Gaba/Traz for scan.

Abnormal PE/Chem/CBC/UA Results: BUN 5; Creat 0.4; UA: USG: 1.017; blood 3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic urine. The Bladder wall appears normal with a smooth mucosal surface. In the dependent portion of the urinary bladder there is a pile of dependent mineralized debris most consistent with small stones. Measurements include 0.60, 0.31, 0.54 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi at this time.

The prostate is normal in size (0.43 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.15 cm) with mild pyelectasia at 0.23 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is a large area of shadowing mineralization visualized in the cranial medullary region, most consistent with a grouping of nephroliths/mineralization. An obstruction is not visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.51 cm) with numerous non-obstructive nephroliths involving the calyces. Examples measure 0.42 and 0.43 cm. There is pyelectasia at 0.33 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.32 cm at the cranial pole and 0.34 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.87 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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Liver

The liver is normal/borderline small in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild shadowing ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.51 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Dependent mineralizations/stones visualized in the urinary bladder.
- Bilateral nephroliths. An obstructive process is not strongly suspected.
- Bilateral pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Borderline small liver – Possible differentials include anatomic variation, portosystemic shunt, chronic liver disease, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appear to be stones visualized in the urinary bladder and too numerous to count non-obstructive nephroliths visualized in both kidneys. If a infection is present and there is still persistent cystitis/inflammation, it is likely that a cystotomy would be recommended to remove the stones and

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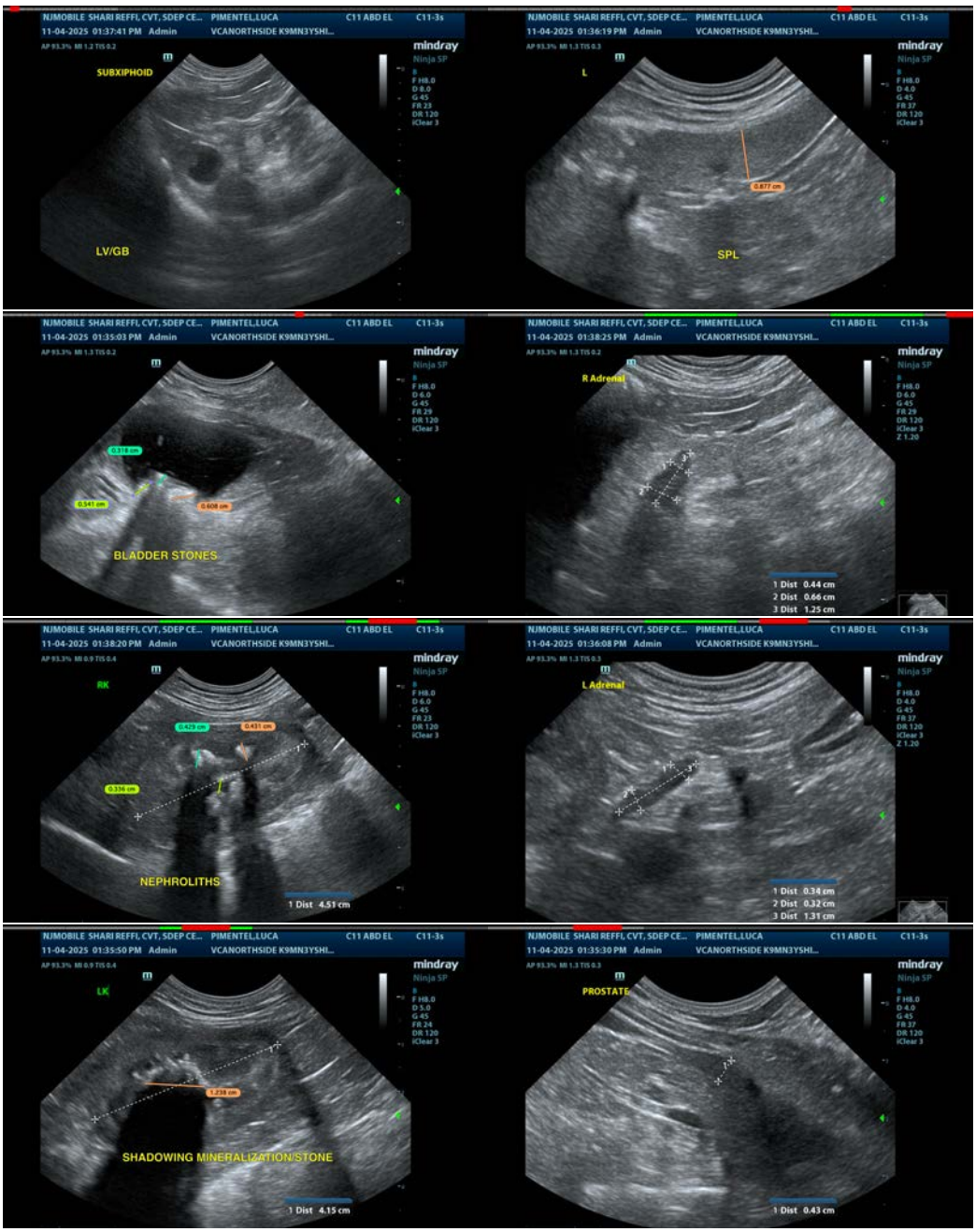
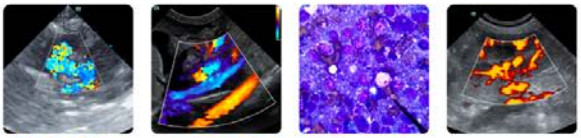
have them analyzed and cultured (provided radiographs confirm the presence of stones versus mineralized material).

The liver subjectively appears somewhat small. This could be incidental/normal for this individual. If there is any concern for a portosystemic shunt, consider pre- and post-prandial bile acids to further evaluate.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com