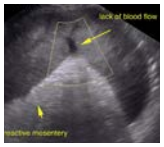
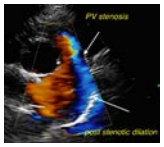
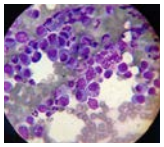
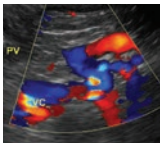
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Bella Izzo

SPECIES
Canine

BREED
Greater Mtn Swiss

SEX
Spayed Female

AGE
3

WEIGHT
126.9

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

IMAGING PERFORMED BY
Amy Priest

HOSPITAL NAME
Long Valley AH

REFERRING VET
Dr. Russell Earl

INVOICE
45389

DATE
2/21/23

PRESENTING CLINICAL SIGNS

Hx of bilateral polycystic Kidneys (last ultrasound with SonoPath 3-14-22) Recent Stranguria/ dysuria Current Medication: Cefpodoxime 200 2 SID, Renal Support Chews, Omega 3 FAs

Abnormal PE/Chem/CBC/UA Results: UA Results: pH: 8.0, USpG: 1.018, Protein: 3+, Bacteria: Rare Rods CBC: HCT: 58.5, Hgb: 21.5 Chem: SDMA: 16, Creatinine: 1.9 4DX: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is borderline small (4.86 cm). It is irregular in shape (likely due to previous infarcts) and has decreased corticomedullary distinction. Numerous hypoechoic cortical cysts are present, the largest of which measures 0.97 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.05 cm). It is irregular in shape (likely due to previous infarcts) and has decreased corticomedullary distinction. Numerous hypoechoic cortical cysts are present, the largest of which measures 1.88 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size, 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.

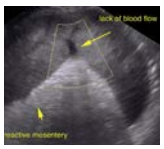
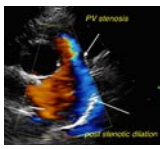
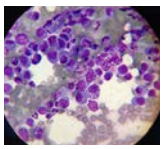
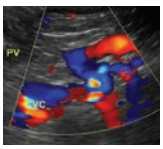
Liver

The liver is subjectively normal 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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. 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.

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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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 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

- Decreased corticomedullary distinction in both kidneys with the left kidney being small – Both kidneys are irregular and contain multiple cortical cysts. Findings are most consistent with renal dysplasia/polycystic renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract disease is visualized to explain the stranguria reported. Recommend a urinalysis and culture, looking for evidence of bacterial cystitis. If the culture is negative, then consider a digital rectal exam to try and palpate the urethra for any thickening or irregularity, and a digital vaginal exam, looking for any mass lesions, irregularities, etc. If symptoms persist, cystoscopy may be necessary to evaluate the intrapelvic urethra, etc.

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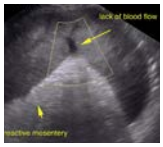
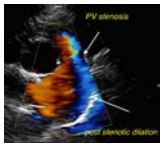
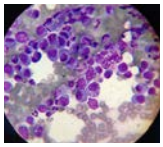
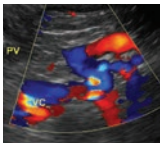

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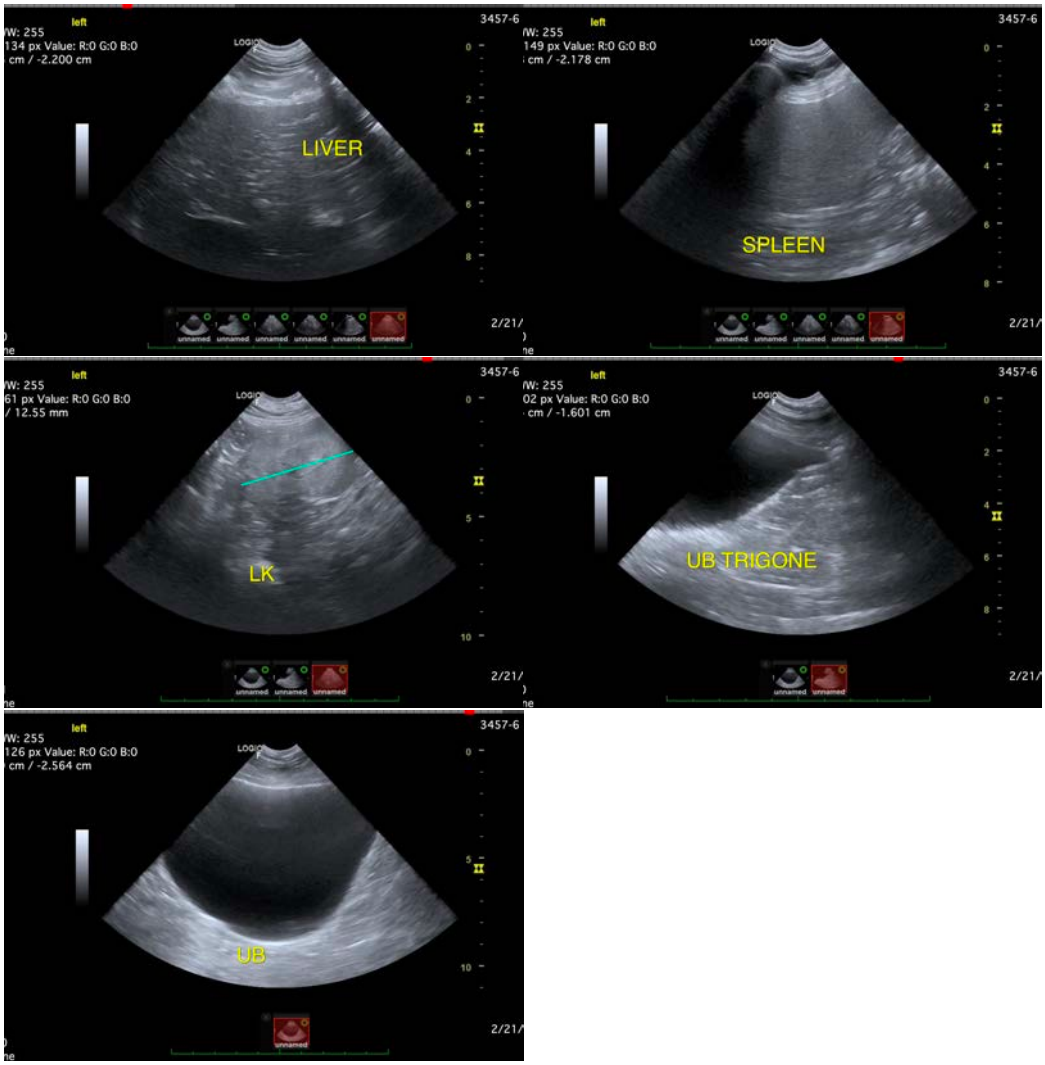

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com