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DATE PRESENTING CLINICAL SIGNS

3/3/23

Pet presented for spay on 2/17/23. In house pre surgical bloodwork indicated a BUN of 47, Creat of 1.9. USG checked and was 1.016. Spay cancelled. Full labs and UA sent to IDESS. PE- significant malocclusion with base narrow mandible and maxillary overbite. She is smaller than normal for her breed. She had a history of HOD with previous owner.

PATIENT

Nova Mays

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Intact Female

AGE

2/14/22

WEIGHT

75 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Schaupp

INVOICE

45709

Current Medications: None at this time.

Lab Results: BUN 42, Creat 2.0, SDMA 28, Alb 2.4, HCT 34.3%. UA- USG 1.015, urine protein 3+.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: sedated with torb/diazepam.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 has a normal shape and size (6.42 cm) with mild pyelectasia at 0.28 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.08 cm) with pyelectasia at 0.46 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 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 0.58 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, 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 borderline thick at 0.63 cm 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. The stomach wall appears slightly prominent, measuring at 0.63 cm (normal is <0.70 cm) with intact wall layering. This could represent normal variation or mild gastritis.

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 measured 0.43 cm. Jejunum wall measures 0.23 cm. 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.

Other

The uterus and ovaries are visualized and appear within normal limits. The left ovary measures 1.21 cm in length. The right ovary measures 1.92 cm in length.

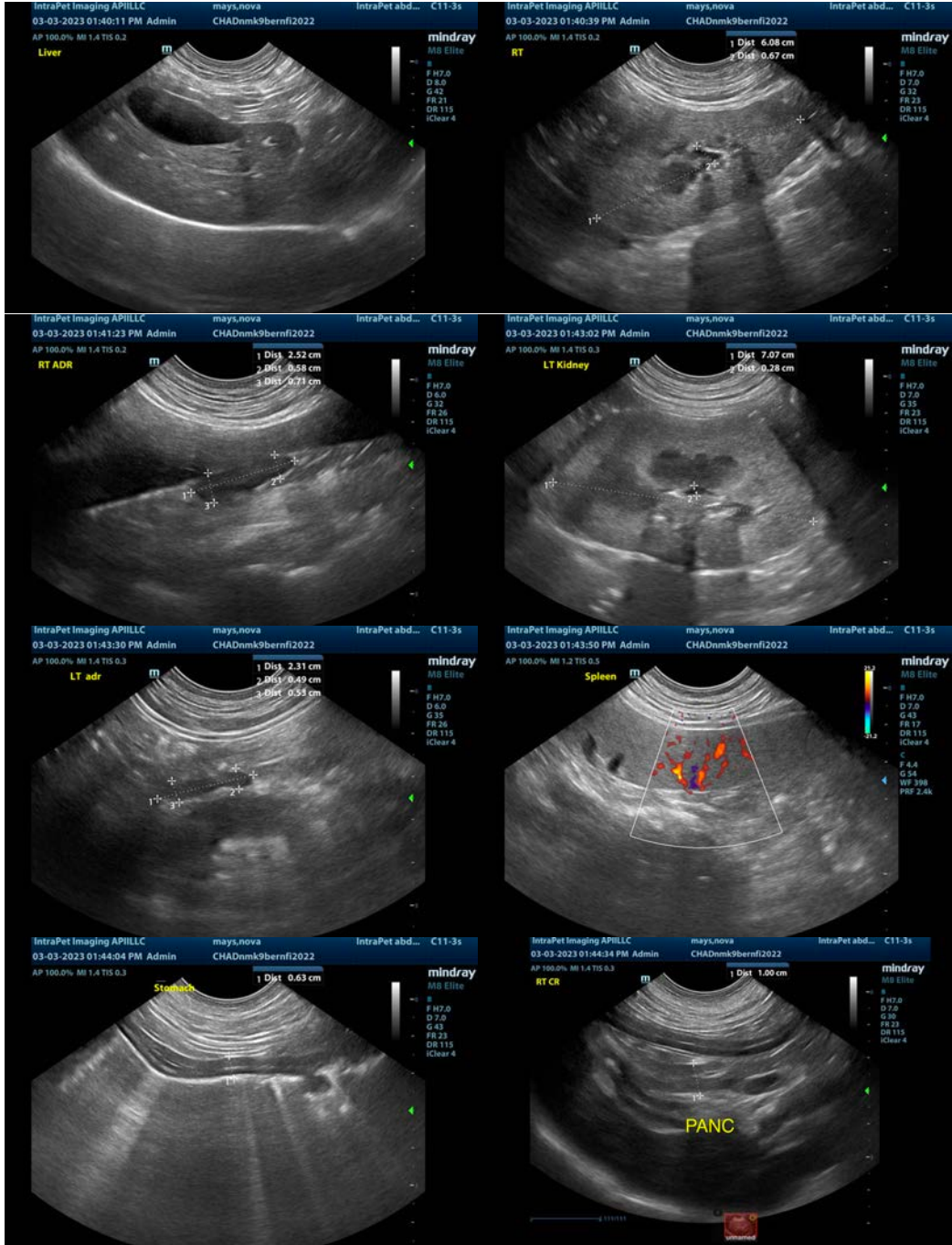
ULTRASONOGRAPHIC FINDINGS

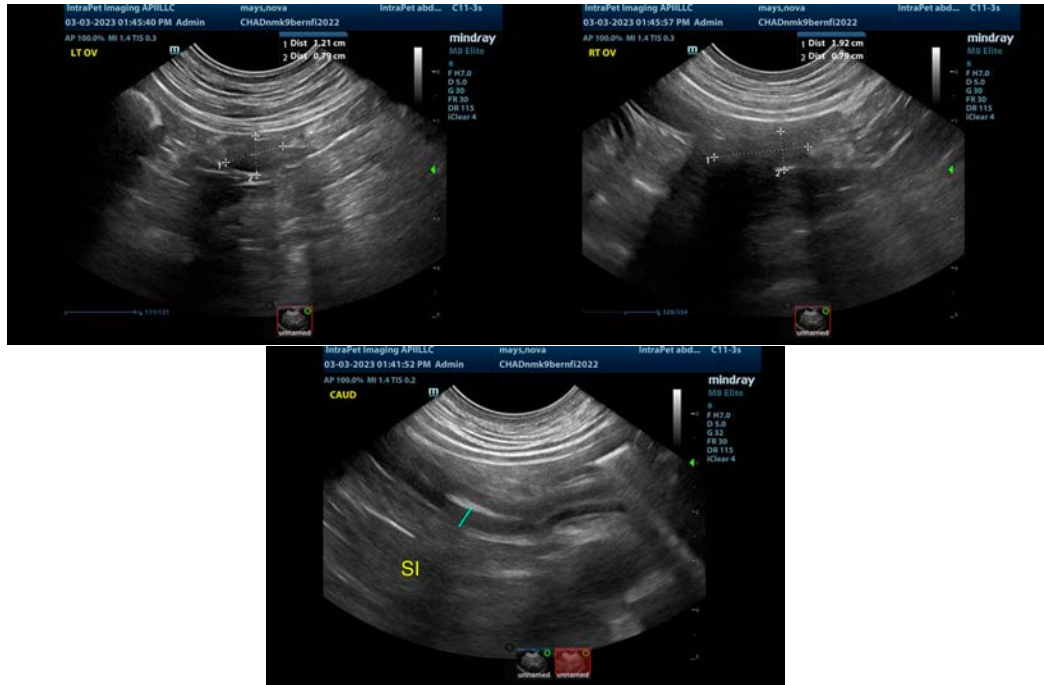
- Decreased corticomedullary distinction in both kidneys with mild pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys appear to have decreased corticomedullary distinction and mild pyelectasia. These changes are concerning for congenital dysplasia, although histopathology is necessary to definitively diagnose this. The remainder of the scan is largely normal.

Recommend blood pressure evaluation, urinalysis and culture. Additionally, consider a urine protein to creatinine ratio. If significant proteinuria is present, you may need to treat for protein losing nephropathy. Additionally, consider a liver function test, as a possible alternate or concurrent differential for the hypoalbuminemia reported. Additionally, a baseline cortisol screening for Addison's is warranted.





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.

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