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Clinical Sonography & Telecytology
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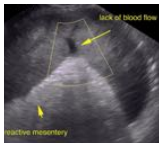
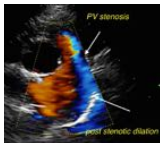
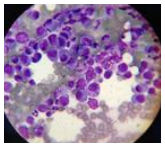
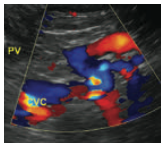




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tiger Muskat

SPECIES

Canine

BREED

Poddle Cross

SEX

Spyed Female

AGE

16 years 9 months

WEIGHT

13.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Krogman

HOSPITAL NAME

RB Northside AH

REFERRING VET

Dr. Krogman

INVOICE

10256

DATE

6/14/2023

PRESENTING CLINICAL SIGNS

Presented 5/15/2023 for annual exam -owner winters in Florida and had a bout of lameness while in Fla that was treated with carprofen sometime in April. Lameness resolved but the dog developed bloody diarrhea on the carprofen. Annual exam revealed grade 3 dental disease. Senior profile revealed Stage 3 renal disease with BUN=53, Creat=3.1 and phos of 4.4, alk phos 260 (5-131), UA=WNL Lepto titer=negative - The dog was hypertensive with a systolic BP of 186. Dog was placed on amlodipine 0.625 mg PO QD. A dental cleaning was performed with appropriate fluid support intraop. Tiger's owners called 06/12/2023 as they were over an hour and a half away from the clinic and the dog had not eaten for 24 hours and had vomited a single time. Cerenia was phoned into a pharmacy near the owner and a recheck appointment was made for 6/13/2023 (with the understanding that an ER visit may be needed.) 6/13 - the dog was BAR with a noted weight loss of 1 pound - the dog has a history of pancreatitis so is was symptomatically treated with fluids, cerenia and entyce with the instructions to return for imaging and bloodwork on 6/14 if not improving 6/14- still not eating but attitude is excellentm no vomiting Bloodwork showed a BUN- >130 Creat=9.4 Phosphorous-10.3 amylase -2127 lipase-5611

Abnormal PE/Chem/CBC/UA Results: see above. Started on fluids 100 cc SC BID, Benapril 2.5 mg QD, Cerenia 16 mg PO QD, Omeprazole 10 mg PO QD, Epakitin 2.5 mg QD, Entyce 18 mg QD - offer a bland diet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mild to moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened, and the mucosa is mildly irregular. The bladder wall measures 0.34 cm. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses, or cystic calculi. Findings are most consistent with bacterial cystitis. Recommend urinalysis and culture.

The left kidney has a normal shape and size (4.18 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 mild pyelectasia measuring at 0.26 cm. There is no evidence of nephroliths, infarcts, or hydroureter. Renal vasculature is normal.

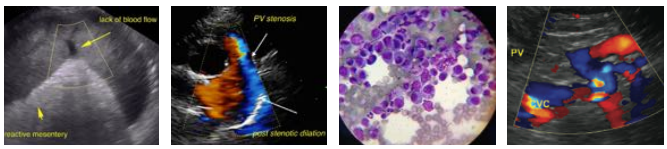
The right kidney has a normal shape and size (3.12 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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 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.

Spleen



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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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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.

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 (0.24 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

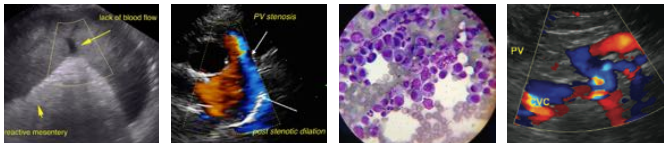
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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.

PRIMARY FINDINGS

- Mildly thickened/irregular urinary bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to a lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Decreased corticomedullary distinction in both kidneys with mild left-sided pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is



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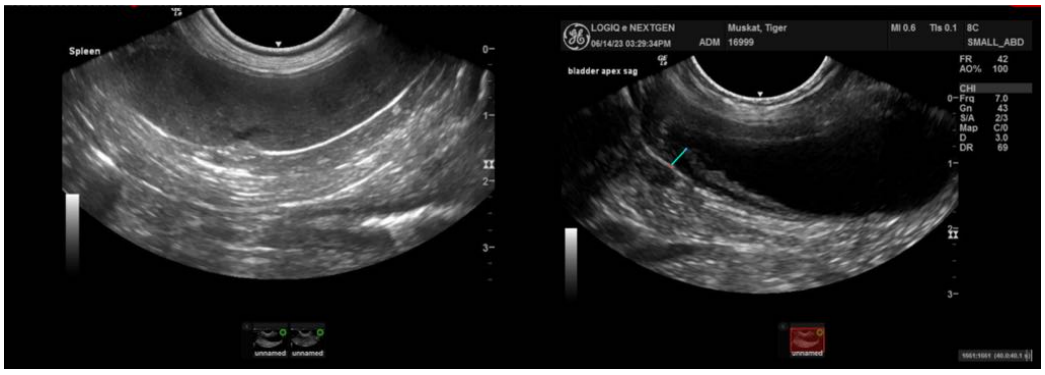
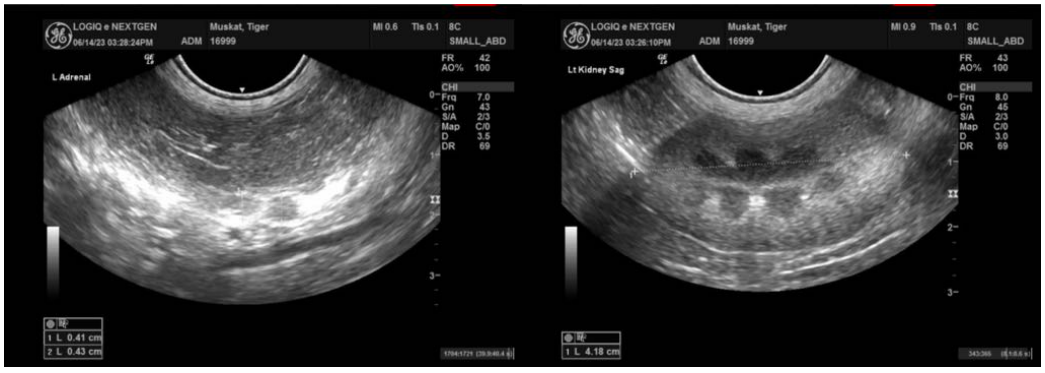
unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the urinary tract such as stones, mass lesions, etc. There is mild pyelectasia visualized associated with the left kidney which could be due to PUPD, fluids, or possibly pyelonephritis. Recommend a urinalysis and culture. The urinary bladder is only mildly to moderately distended and there is slight irregularity to the urinary bladder wall. This could be due to lack of distention or possible underlying cystitis.

Based on the history provided there would be a concern for acute on chronic renal disease. No obvious complicating factors are identified. The interval between the dental and the patient getting sick is not 100 percent clear. Typically, you would see this arise within a few days of the procedure. Recommend treatment for acute renal failure with fluid support antiemetics, antihypertensives as needed, etc. If patient responds to therapy, a maintenance phase can be sometimes maintained at the previous level before the procedure.





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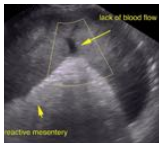
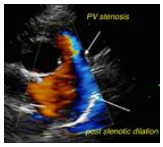
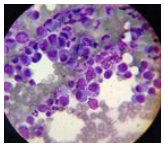
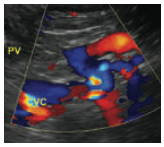

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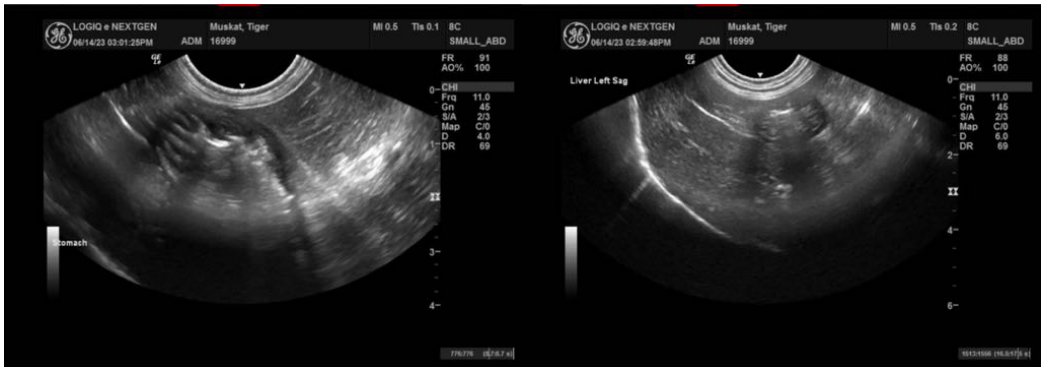

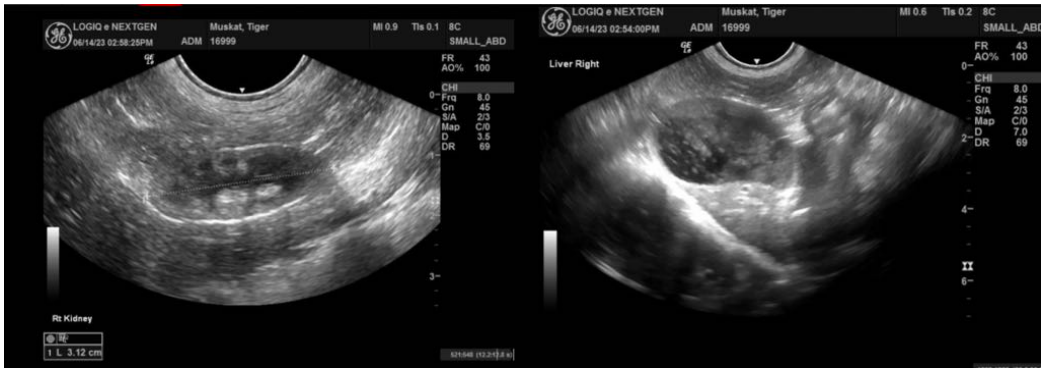

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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