

**PATIENT**

Nikki Juretech

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

5 Years

WEIGHT

42 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

38456

DATE

6/7/22

PRESENTING CLINICAL SIGNS

TTO- reviewed wellness panel as discussed in email. Per O P is doing great otherwise, normal behavior, good appetite, normal thirst/urination. Recommend ruling out infection causing recent increase in azotemia. Discussed UA possible culture (can be submitted as bundled items to Ant for discounted rate compared to separate UA IH and sending out culture after). Also recommend BP and AUS. O asked about other supplements to support kidneys. Discussed azodyl as an option, again recommend ruling out infection, hypertension to address these issues. O asked about diuresis with SQF. Explained that yes this would be a consideration pending her UA results, response to tx if infection related.

Abnormal PE/Chem/CBC/UA Results: 1/7/2022 5. Mild generalized tartar- recommend daily brushing 8. Mild pruritus, does well with cytopoint per O. 9/10. Hx of renal dysplasia, and non-clinical UTI's - consider rechecking CHP with urine culture, BP, AUS for monitoring- tx plan reviewed, O may elected to spread diagnostics out due to cost 13. Overweight- reduce amt fed to 3/4 cup BID instead of 1 cup BID **PLEASE SEE ATTACHED LABS...UA/CULTURE PENDING**

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 somewhat small in size and severely irregular in shape, with pyelectasia of 0.32 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (6.22 cm). There is decreased corticomedullary distinction and is severely irregular in shape, with pyelectasia at 0.38 cm. There is no evidence of 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 0.42 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 0.50 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. There is a hypoechoic nodule towards the tail of the spleen measuring 0.90 cm x 1.0 cm.

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 appears relatively normal with no thickening or mucosal irregularity. There is a moderate amount of intraluminal debris with early

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organization and stranding, most consistent with an early gallbladder mucocele. There is no obvious inflammation surrounding the gallbladder, and the bile duct is observed as normal/not visible.

Gastrointestinal**SPECIES**

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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. Duodenum wall measured 0.50 cm. Jejunum wall measured 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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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.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Severely dysplastic kidneys with decreased corticomedullary distinction and bilateral pyelectasia – Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Hypoechoic nodule on the periphery of the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. This is slightly more concerning due to its peripheral location.
- Early gallbladder mucocele – There is no surrounding inflammation or wall thickening observed. Recommend medical treatment and close monitoring.

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Amy Mayhew, LVT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys appear severely dysplastic, and there is bilateral pyelectasia. This pyelectasia could be secondary to PU/PD and the renal disease, but given the history of urinary tract infections, pyelonephritis is possible. Recommend urinalysis and culture. If there is evidence of cystitis and recent worsening of the azotemia, then I would consider treatment for pyelonephritis (at least 4-6 weeks of antibiotics with culture mid treatment and post treatment). Additionally, I would consider blood pressure evaluation and evaluation for excessive urine protein loss (if not already done).

There is a small hypoechoic nodule in the spleen. This is slightly more concerning due to its peripheral location. Consider a fine needle aspirate and continued monitoring with ultrasound.

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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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There is an early gallbladder mucocele visualized. This lesion does not merit emergency surgical intervention. Correlate with bloodwork findings. Consider starting Ursodiol +/- antibiotic therapy and close monitoring with ultrasound for progression to a surgical lesion.

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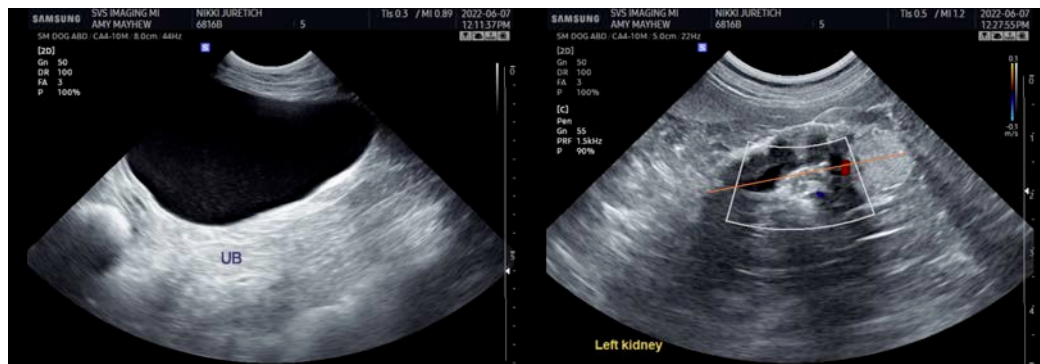
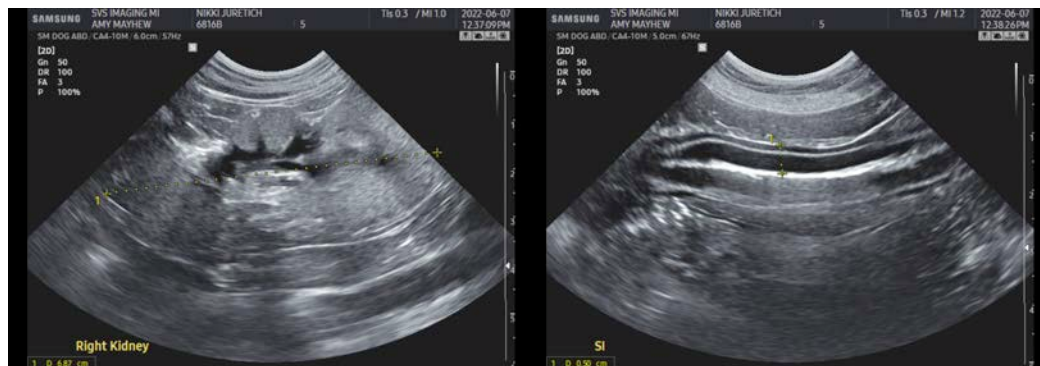
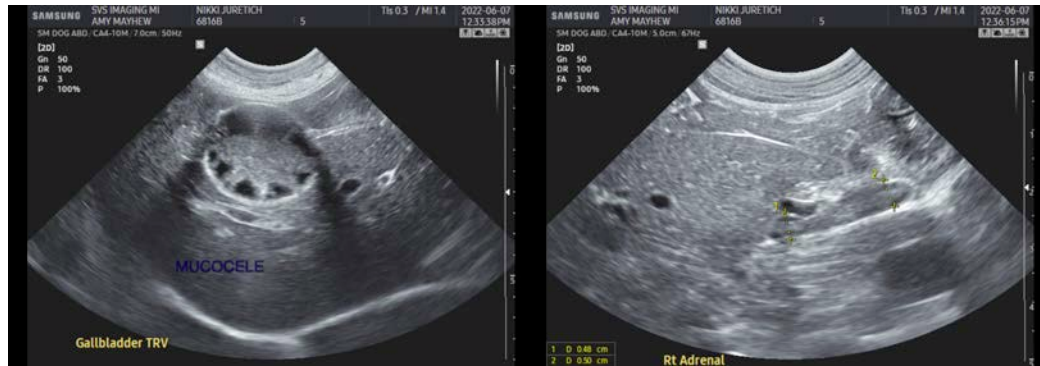
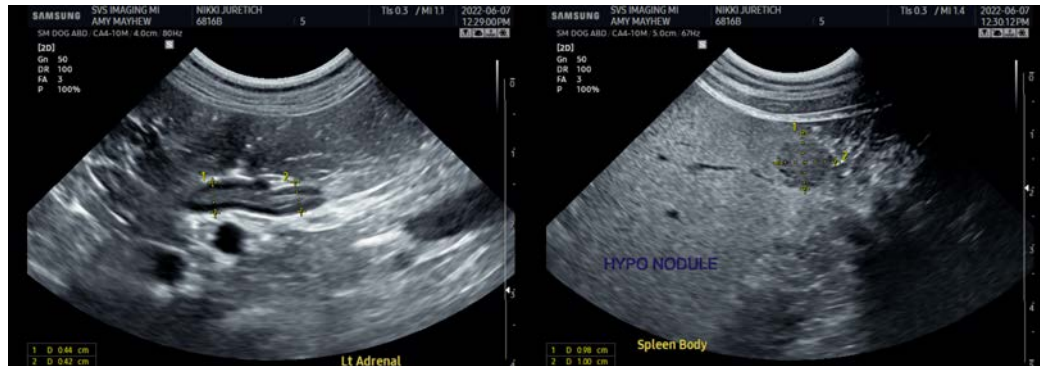
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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