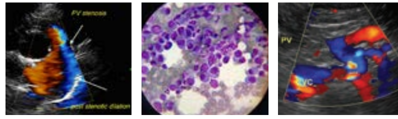

DATE
7/12/23

PATIENT
Phisto Hilliard

SPECIES
Canine

BREED
Mini Aussie

SEX
Neutered Male

AGE
4/1/12

WEIGHT
12.5 kg

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

HOSPITAL NAME
Nexus Vet Specialists

REFERRING VET
Dr. Steele

INVOICE
43948

PRESENTING CLINICAL SIGNS

Chronic hindlimb ataxia, recent MRI diagnosed large aortic thrombus. History of CKD IRIS stage II non-proteinuric, normotensive, renal infarcts also noted on prior US. Abdominal US to get baseline images of thrombus (starting rivaroxaban to try and dissolve it) and look for anything MRI may have missed as it was focused on the spine. Echo to evaluate for cardiac disease, 2/6 murmur present on exam, thoracic rads unremarkable prior to MRI.

Current Medications: Azodyl 3 pills daily, Probiotic (Proviable) once daily, Clopidogrel 37.5mg once daily Famotidine 10mg or 25mg once daily (owner unsure), SQ fluids 400mL 3x/week, OTC Vitamin (have not given lately), About to d/c plavix and start rivaroxaban 20mg once daily.
Lab Results: 5/4--creat 2.8, chol 415, SDMA 28, USG 1.013, normal UPC 0.4.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal in size (3.5 cm) but irregular in shape (likely due to previous infarcts), and subjectively has reduced blood flow on color doppler. 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 or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.37 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.45 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 0.55 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 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. Jejunum wall measures 0.20 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 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.

Other

There is solid appearing echogenic material visualized within the aorta, most consistent with a thrombus. In most places visualized, the aorta appears minimally patent with small areas of possible blood flow evident on color doppler. Minimal patency is visualized from the level of the diaphragm to the femoral arteries.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with a mildly irregular left kidney and subjectively reduced blood flow – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The irregularity of the left kidney could be due to previous infarcts.

- Extensive aortic thrombus – There are areas with minimal patency noted with color flow. The thrombus is visualized from the cranial abdomen to the femoral arteries.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings include renal changes and an extensive aortic thrombus.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.

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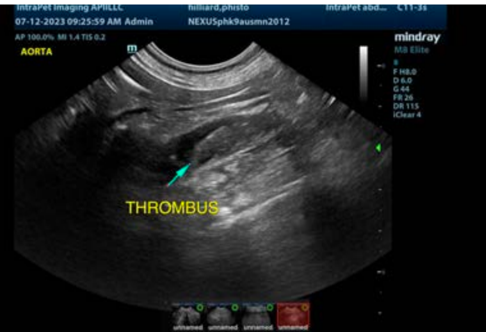
NEXUSphk9ausmn2012
mindray
MINIMAL PATENCY AT LK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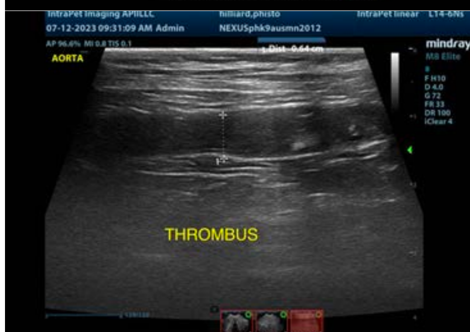
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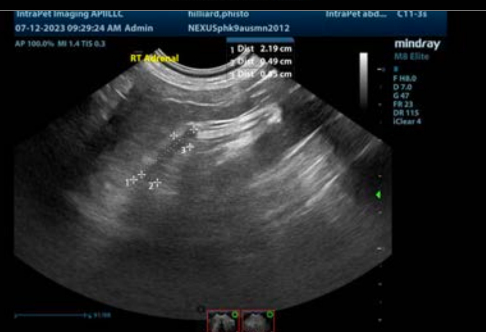
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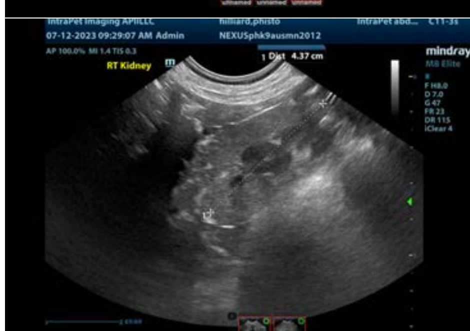
RT Adrenal
1 Dist 2.19 cm
2 Dist 0.49 cm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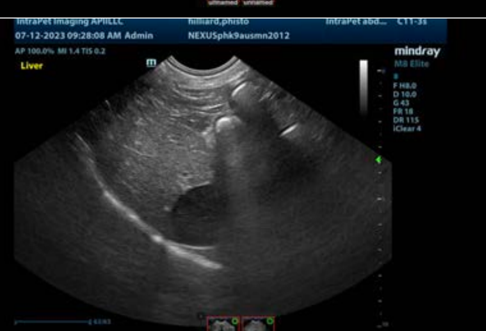
RT Kidney
1 Dist 4.37 cm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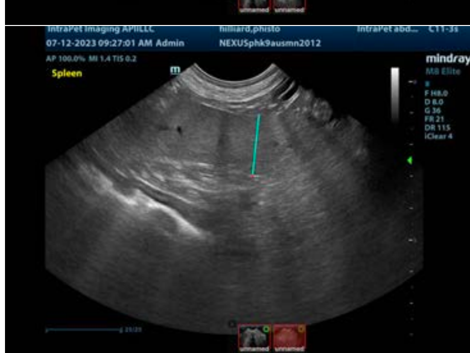
Liver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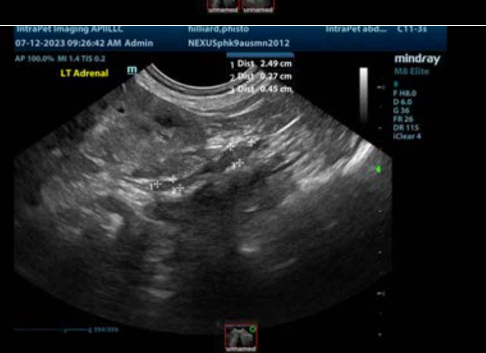
mindray
Spleen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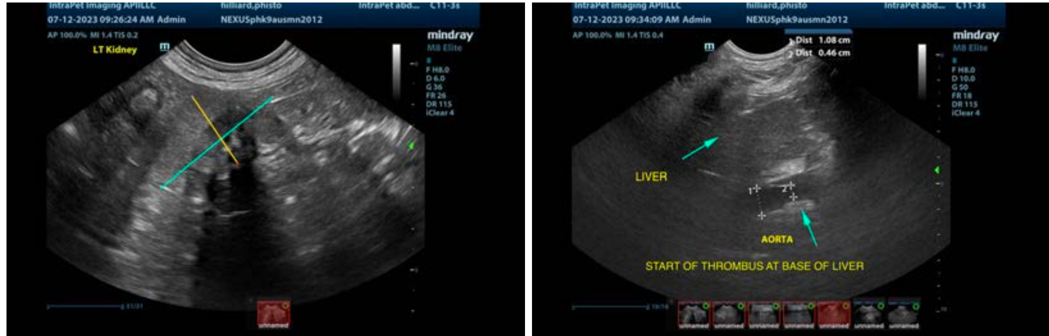
mindray
LT Adrenal
1 Dist 2.49 cm
2 Dist 0.27 cm



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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