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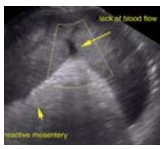
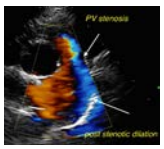
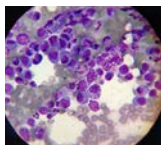
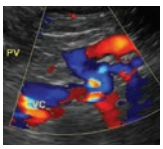

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

India Dunster

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

8 Years 7 Months

WEIGHT

51 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Harasimowicz

HOSPITAL NAME

Waterbury Vet Hospital

REFERRING VET

Dr. Harasimowicz

INVOICE

40103

DATE

8/3/22

PRESENTING CLINICAL SIGNS

Hx of PU/PD/PP and chronic intermittent vomiting (owner thinks this is secondary to drinking excessive amounts of water as vomiting is immediately after drinking water). P was rescued from India several years ago.
Abnormal PE/Chem/CBC/UA Results: Obese (BCS 8/9) with Grade 4/4 periodontal disease. Hair coat possibly a bit rough, but otherwise WNL. Recent labwork showed elevated renal values (Crea - 1.8, BUN - 36), mildly elevated protein levels (TP - 7.6, Glob - 4.4) and progressively elevated ALP (1383, was 936 in 7/2021). ALT and TBili WNL, Thyroid was WNL at 1.3, UA: USG -1.018, pH of 6.0, 3+ protein, >100 RBCs (blood noted at start of cysto collection). Urine Crea:Cort ration Neg for cushing's (13, <34 makes HAC unlikely). Fecal test 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 normal in size (7.36 cm), but irregular in shape (likely due to previous infarcts).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 or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.1 cm) with mild pyelectasia at 0.30 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.

Adrenal Glands

The left adrenal gland is normal in size measuring .59cm 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 0.70 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 large in size and hyperechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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.

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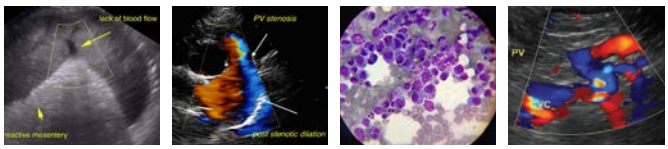

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Gastrointestinal

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 (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

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

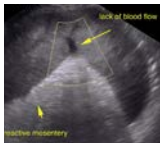
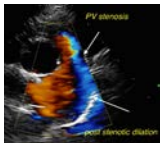
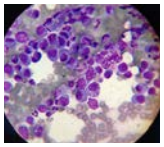
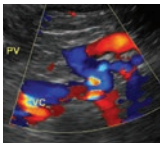
- Large, hyperechoic, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver or biliary tract. The liver is large and heterogeneous. This could be consistent with a vacuolar hepatopathy. Consider a liver function test +/- fine needle aspirate.

Both kidneys have decreased corticomedullary distinction. There is a previous infarct visualized in the left kidney and mild pyelectasia visualized in the right kidney. These changes are likely consistent with chronic progressive renal disease. Recommend a blood pressure evaluation, urinalysis and culture, and urine protein to creatinine ratio if the sediment is quiet.

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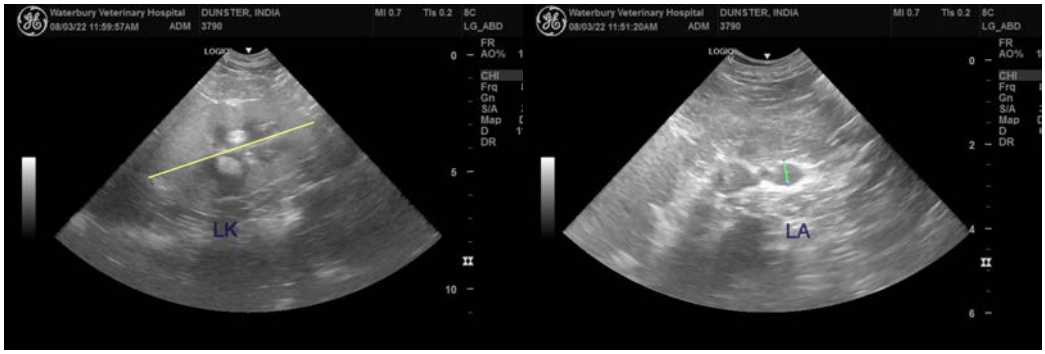
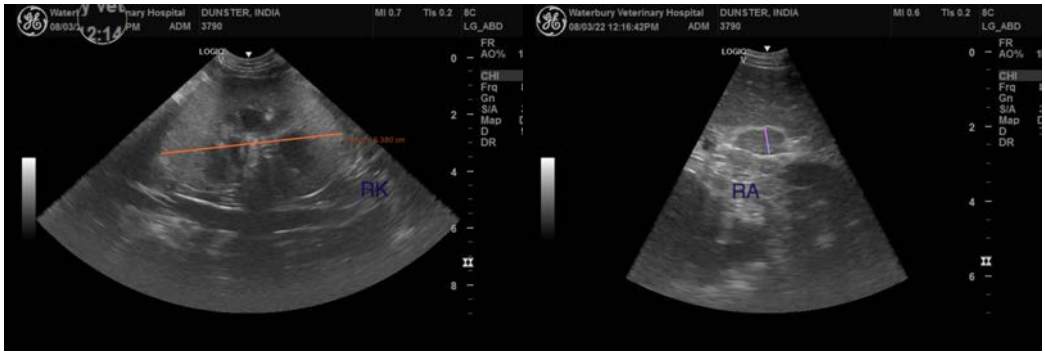
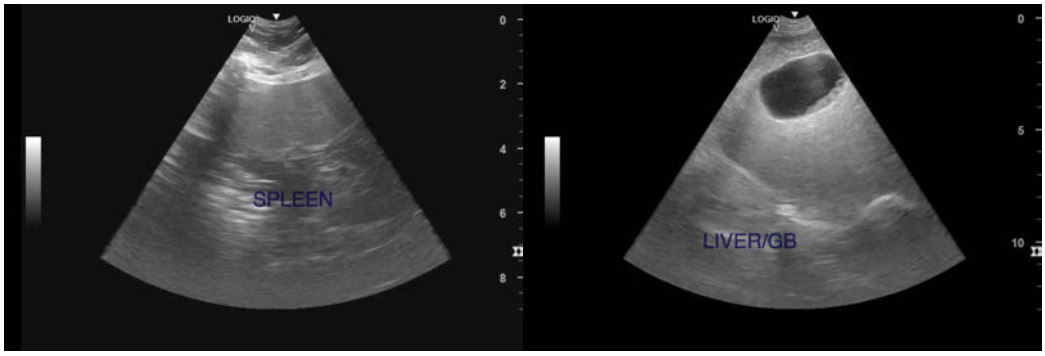
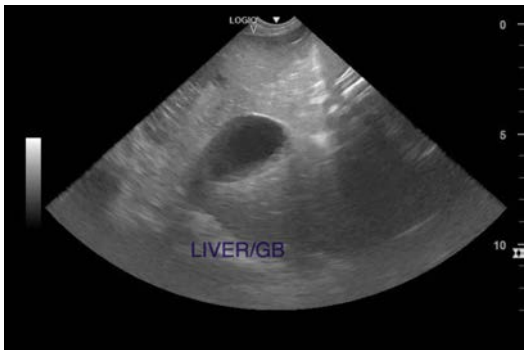
The PU/PD reported could be secondary to liver disease or renal disease. Cushing's disease is a possibility, but the adrenal glands appear relatively normal. If suspicions are high, adrenal function testing could be considered.









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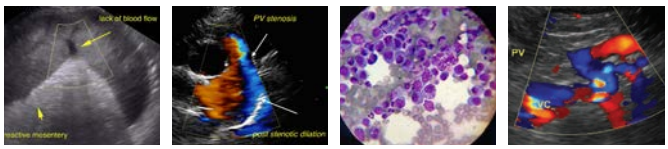

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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