IMAGING PERFORMED BY

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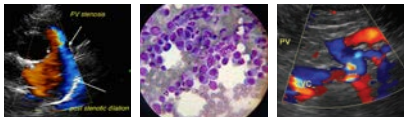

SonoPath

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**DATE**

9/2/21

**PATIENT**

Sona Copps

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

2007

**WEIGHT**

4.94 Pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Everhart Vet Hospital

**REFERRING VET**

Dr. AN

**INVOICE**

25154

## PRESENTING CLINICAL SIGNS

History: Intermittent diarrhea just treated and resolved. Came in for senior BW, pet had worsening azotemia from labs in May. Normal exam. Just presented for 48 hours of diuresis last week. Planning continued IVF and recheck lab work today.
Current Medications: none, exploring kidney diets.
Lab Results: 5/18/21: BUN 67, crea 1.7. 8/23/21: BUN 124, crea 2.9.
Radiographs: N/A
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not needed.
Stat Report: Not requested.

## 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/small in size, measuring 2.87 cm with decreased corticomedullary distinction, rare pinpoint non-obstructive nephroliths and mild pyelectasia at 0.14 cm. Renal vasculature is normal.

The right kidney is normal in size, measuring 3.35 cm with decreased corticomedullary distinction, rare pinpoint non-obstructive nephroliths and mild pyelectasia at 0.14 cm. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is borderline large in size measuring 0.71 cm at the caudal pole, 0.41 cm at the cranial pole, and 1.8 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat irregular in appearance in that the caudal pole is larger than the cranial pole, but echogenicity is uniform and there is no discreet mass effect.

The right adrenal gland is normal in size measuring 0.4 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 with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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. Jejunum wall measured 0.3 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.

## ULTRASONOGRAPHIC FINDINGS

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

- Large, hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.

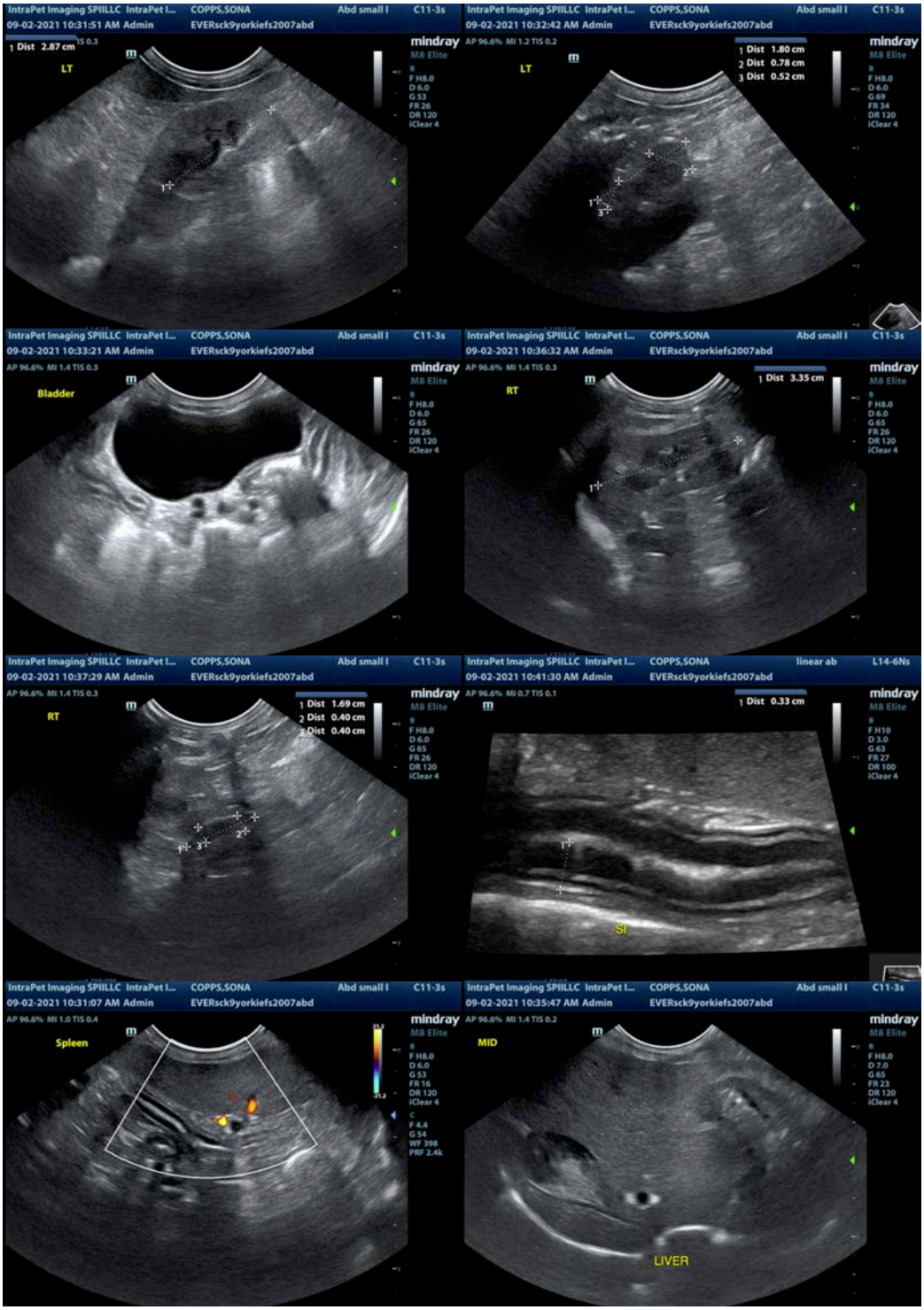
- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

- Prominent caudal pole of the left kidney – could be consistent with anatomic variation, hyperplasia, or neoplasia (adenoma, carcinoma, pheochromocytoma, etc.). A benign process is favored.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed with the kidneys are most consistent with chronic progressive disease. There is no evidence of obstruction, mass effect, or severe dilation. Recommend blood pressure evaluation, urinalysis and urine culture to rule out infection or contributing hypertension.

The left adrenal gland is somewhat irregular and enlarged at the caudal pole. The significance of this is unclear. If signs of Cushing's are present, you could consider adrenal function testing, as the liver is somewhat large and bright. If no signs of Cushing's are present, I would monitor the size of the left adrenal gland with ultrasound.


IntraPet Imaging SPIILLC IntraPet I... COPPS,SONA Abd small I C11-3s
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1 Dist 2.87 cm
LT
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... COPPS,SONA Abd small I C11-3s
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AP 96.6% MI 1.2 TIS 0.2
1 Dist 1.80 cm
2 Dist 0.78 cm
3 Dist 0.52 cm
LT
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... COPPS,SONA Abd small I C11-3s
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Bladder
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... COPPS,SONA Abd small I C11-3s
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AP 96.6% MI 1.4 TIS 0.3
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RT
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... COPPS,SONA Abd small I C11-3s
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2 Dist 0.40 cm
3 Dist 0.40 cm
RT
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... COPPS,SONA linear ab L14-6Ns
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AP 96.6% MI 0.7 TIS 0.1
1 Dist 0.33 cm
SI
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... COPPS,SONA Abd small I C11-3s
09-02-2021 10:31:07 AM Admin EVERsck9yorkiefs2007abd
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Spleen
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... COPPS,SONA Abd small I C11-3s
09-02-2021 10:35:47 AM Admin EVERsck9yorkiefs2007abd
AP 96.6% MI 1.4 TIS 0.2
MID
LIVER
mindray M8 Elite

**The information and recommendations provided are based on the images presented by the referring veterinarian. 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