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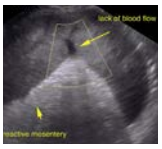
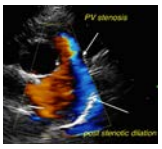
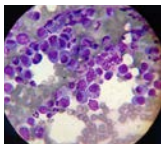
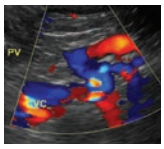

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1-800-838-4268 info@sonopath.com

PATIENT

Fanny Hamilton

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Female

AGE

4 Months

WEIGHT

4.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Donna Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Duncan Animal Hospital

INVOICE

25712

DATE

9/21/21

PRESENTING CLINICAL SIGNS

Fanny was diagnosed with UTI on August 23 when she was hospitalized for three days at the emergency clinic for vomiting, diarrhea, and lethargy. After a one-week course of clavaseptin, a free catch urinalysis showed WBC > RBC, so a second week was prescribed. Since then, WBC have been detected on two other urinalyses. Fanny has no clinical signs of UTI, and her vomiting and diarrhea resolved after her hospitalization in August.
Abnormal PE/Chem/CBC/UA Results: August 23 UA at emergency clinic: Rods present >50 WBC/hpf >50 RBC/hpf pH=8 September 7 No bacteria 46 WBC/hpf 12 RBC/hpf usg=1.031 September 14 No bacteria >50 WBC/hpf 40 RBC/hpf usg=1.035

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 has a normal shape and size (4.59 cm). Overall echogenicity is normal with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.06 cm). Overall echogenicity is normal with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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/slightly small in size measuring 0.33 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/borderline small in size measuring 0.26 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

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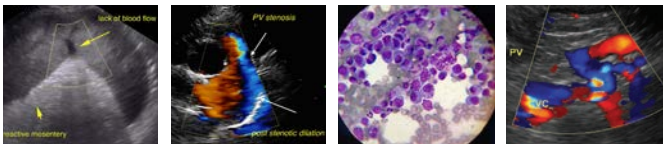

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Gastrointestinal

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. Jejunum wall measured 0.22 cm. Duodenum wall measured 0.42 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 mildly prominent and hypoechoic as compared to the surrounding isoechoic 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. Mild mesenteric lymphadenopathy is present. Mesenteric lymph nodes are visualized and measure at 0.44 and 0.51 cm. The omentum is generally of normal uniform echogenicity.

PRIMARY FINDINGS

- Subjective mild reduction in corticomedullary distinction – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. This is a very subjective finding and could be normal for this individual. Correlate with concentrating ability, blood work, and SDMA levels.
- Mildly prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is likely normal for this age of a dog.

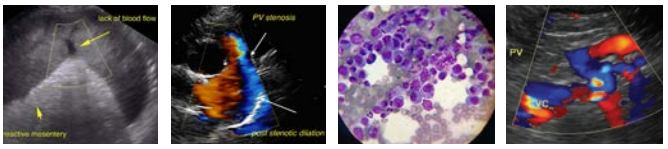
SECONDARY FINDINGS

- Subjectively reduced distinction of layering in the stomach and proximal small intestine. I suspect this may be normal for this individual, but could also represent some residual inflammation from the previous episode of GI signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I agree the kidneys look slightly abnormal for such a young dog. This can be a very subjective finding. Correlate with additional inflammation. Consider an ACTH stimulation test, as both adrenal glands appear relatively flat, in order to rule out possible Addison's disease.

Additionally, the distinction of layering in the proximal GI tract may be slightly decreased as compared



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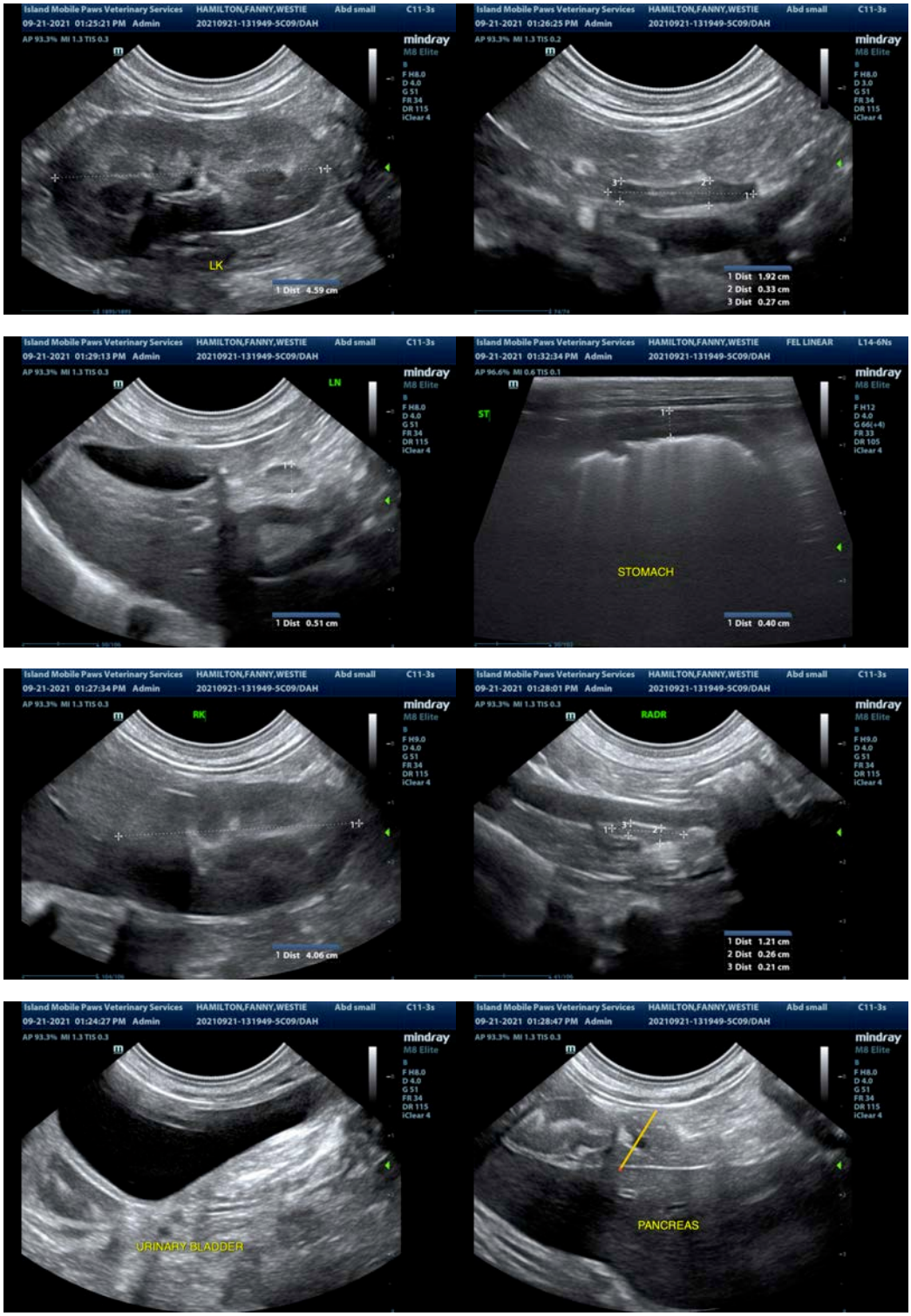
to the more distal GI tract. I suspect this is insignificant or associated with the previous GI signs. If GI signs continued, you could consider a liver function. Additionally, consider vaginitis as a differential for the inflammation observed in the urine on the free catch samples.



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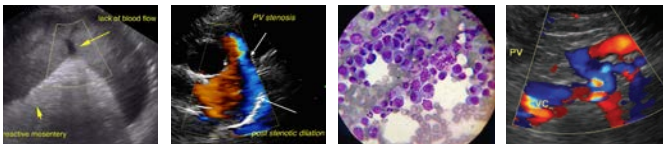

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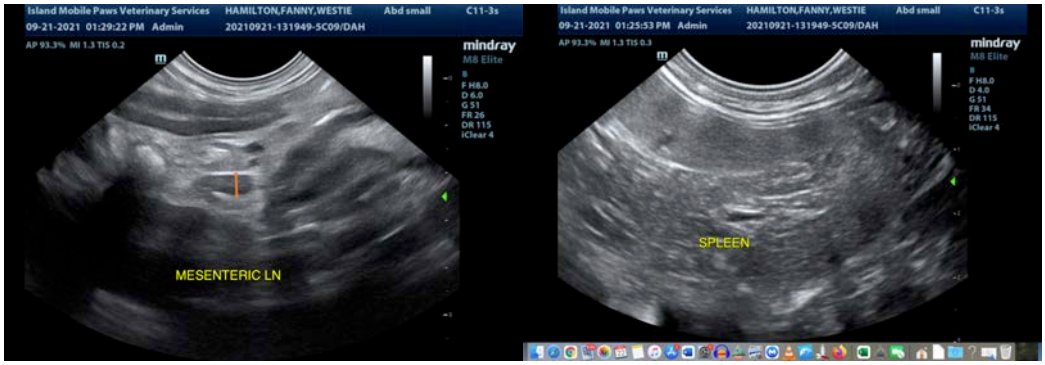

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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kathleen.sennello@sonopath.com