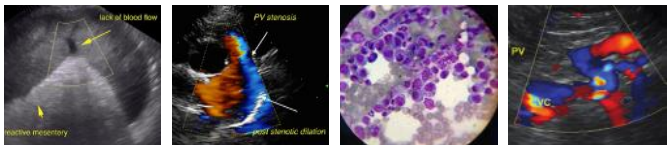
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Stella Krumery

SPECIES
Canine

BREED
Miniature Schnauzer

SEX
Spayed female

AGE
5 years

WEIGHT
14.4 pounds

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Emma Herdener

HOSPITAL NAME
Eastgate Veterinary Clinic

REFERRING VET
Dr. Herdener

INVOICE
10313ag

DATE
04/07/2022

PRESENTING CLINICAL SIGNS

History: ADR x ~1 week, went to ER vet on 3/29 for abdominal discomfort and vomiting. Bloodwork and UA unremarkable (platelets wnl, no bacteria/elevated whites on UA), radiographs performed and were unremarkable. Vomited a large amount of food in hospital, diagnosed with gastritis and treated supportively with SQF/Cerenia. Since that visit still has decreased appetite/energy/some vomiting. Chronic history of pancreatitis, o is diligent about keeping food/scraps out of reach and pt eats i/d low fat or RC GI Low Fat long term.

Abnormal PE/Chem/CBC/UA Results: Chem: Mild elevated ALP. Otherwise wnl CBC: Platelet Count 92 (LOW) 170-400, Platelet Estimate: Decreased (reviewed by tech). HCT wnl HCT 44%. UA: rods >100/hpf, Protein 3+, Occult Blood 3+ (HIGH), WBC >50 (HIGH), RBC 4-10 (HIGH)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mildly distended in size containing moderate nondependent congealed to mildly swirling particulate sediment with no evidence of macro calculi. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The left kidney presented mildly enlarged in size with moderate to significant renal pelvis dilation containing cellular fluid extending mildly into the lateral diverticuli and proximal left ureter. Areas of nonobstructive lateral diverticuli mineralization were present. A moderate loss of corticomedullary border demarcation was observed. Associated left retroperitoneal inflammation and scant free fluid was noted around the left kidney. The left kidney measured 6.0 cm in length.

Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mild to moderately increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Concurrent medullary mineral with mild pyelectasia was observed. The right kidney measured 4.7 cm in length.

Adrenal Glands

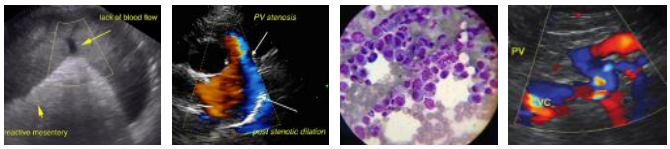
The left and right adrenal glands were not definitively visualized. at the caudal pole and – cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination.



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The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The right limb of the pancreas exhibited normal size and overall subjective contour with mildly hypoechoic parenchyma compared to adjacent mildly reactive peripancreatic omentum

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate urinary bladder sediment-likely cellular debris/protein.
- Left kidney moderate to severe pyelonephritis with nonobstructive medullary mineral and suspect mild concurrent proximal ureteritis, associated mild left retroperitoneal inflammation/free fluid.
- Right kidney mild pyelectasia with concurrent nonobstructive medullary mineral.
- Mild reactive/vacuolar hepatopathy pattern.
- Subjective mild right chronic active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding is the left kidney pyelonephritis pattern and concurrent UB sediment which correlates with the UA. Urine C/S on a sterile urine sample =/- ultrasound guided pyelocentesis of the left kidney for C/S of the pelvic fluid is recommended. Aggressive therapy for left kidney pyelonephritis is warranted with potential long term antibiotic therapy with sonographic monitoring of left kidney. Potential for concurrent right kidney low grade pyelonephritis possible although not definitive. The GB debris is considered incidental, potentially secondary to fasting.

Continued GI supportive care and conservative therapy for mild chronic active pancreatitis is recommended.

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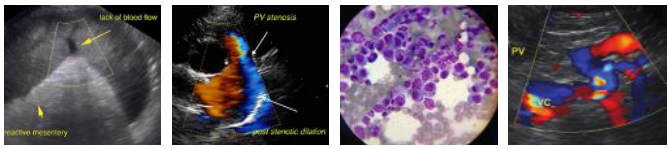

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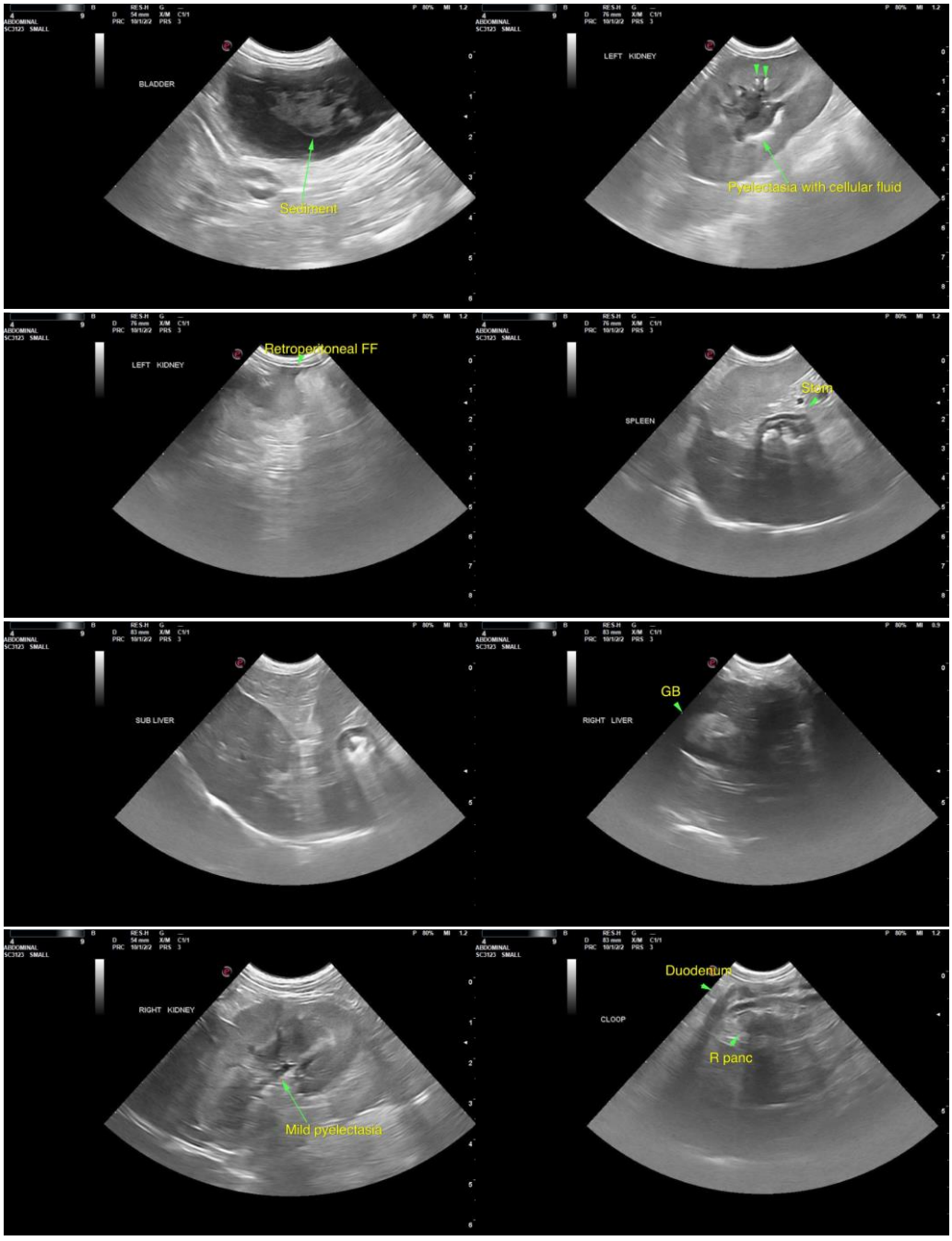

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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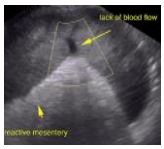

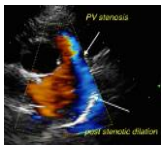

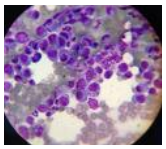
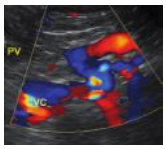

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