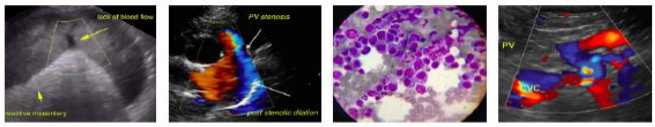
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Lewis Canadian Guide Dogs for the Blind

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

10 years

WEIGHT

33.7 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr Nigel Gumley

HOSPITAL NAME

Cedarview Animal Hospital

REFERRING VET

Dr Nigel Gumley

INVOICE

303369

DATE

9/1/22

PRESENTING CLINICAL SIGNS

History: Seen in August for weight loss – diagnosed with hypertension and Stage 2 renal disease with mild proteinuria and mild low albumin and elevated globulins. Currently on Amlodipine.

Physical Examination: Thin, initially had bounding heart sound. Mild hypertension. Palpable prescapular lymph nodes. Bilateral retinal hemorrhages.

Urinalysis: SG 1.011, UPC 0.5, culture pending.

CBC: Normal.

Serum Biochemistry: Azotemia, elevated globulins, electrophoresis pending.

Radiographic Findings: Normal thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes (left 0.4 cm, right 0.5 cm). Ureters not visualized.

Normal renal size (left 6.7 cm, right 6.9 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow and capsule. Mild bilateral pyelectasia.

Reproductive System

N/A.

Adrenal Glands

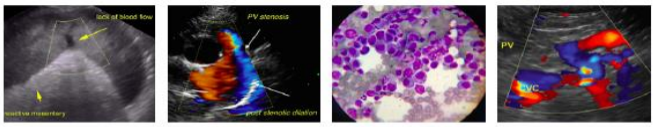
Normal shape, echogenic appearance, position, and size. Left 0.6/0.49 cm, right 0.55/0.55 cm.

Spleen

Normal size with increased echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. Focal isoechogenic parenchymal nodule in the tail of the spleen with bulging of the overlying capsule. No other evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal echogenic bile. Normal thickness (0.2 cm) and echogenic appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.61 cm, ileum 0.36 cm, colon 0.2 cm) and peristaltic activity, and no distension of the lumen. Focal mottled echogenic nodule within wall in the duodenum with the rest of the duodenum having a normal appearance and thickness. Fecal material within the colon

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Renal disease.
- Splenic nodule.
- Duodenal nodule.

Secondary Findings:

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease with pyelonephritis and bacterial nephritis, and resolving acute kidney injury differential diagnoses.

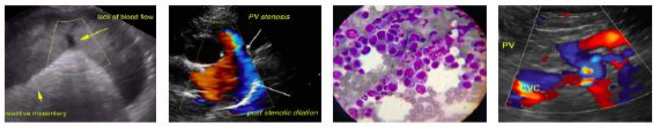
Etiologies for the splenic nodule would be reactive hyperplasia, hematoma, granuloma, abscess, and neoplasia.

Etiologies for the duodenal nodule would be incidental finding, focal perforation, ulceration, granuloma, abscess, and neoplasia.

Although the elevated SDMA can be ascribed to renal disease, occult lymphoma needs to be considered.

Further assessment would be FNA cytology of the spleen, splenic nodule, and prescapular lymph node. Assessing the duodenal nodule would most likely require a laparotomy.

Specific therapy would be dependent on an etiological diagnosis.



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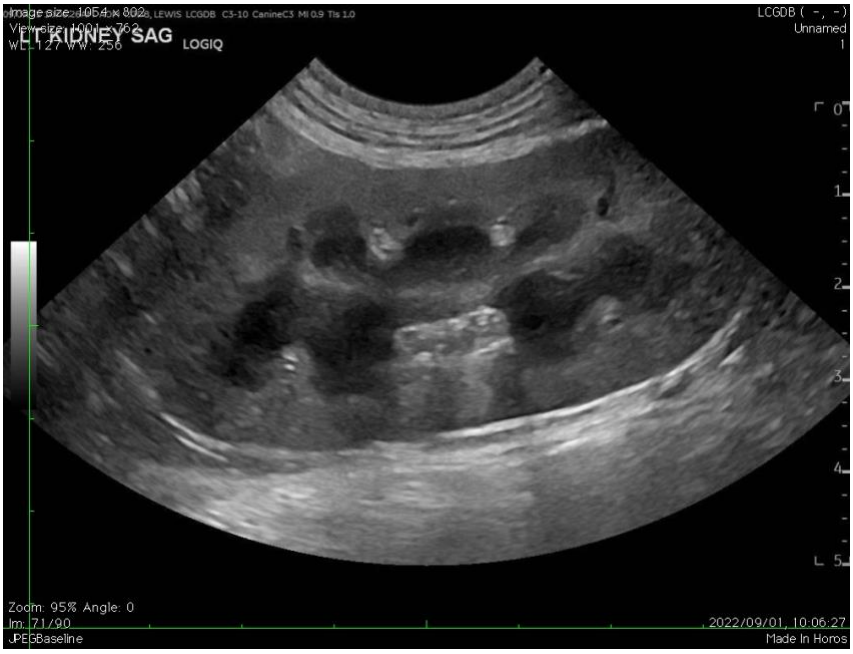
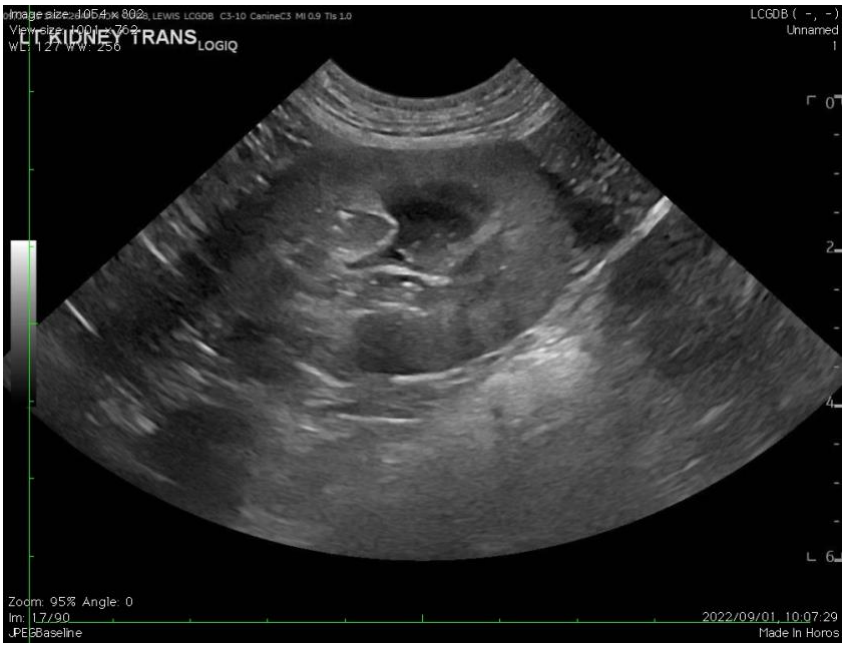
IMAGES

Left kidney





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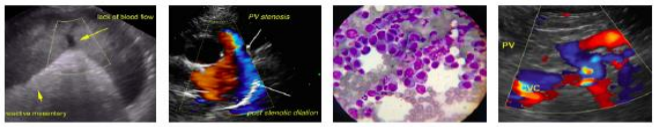

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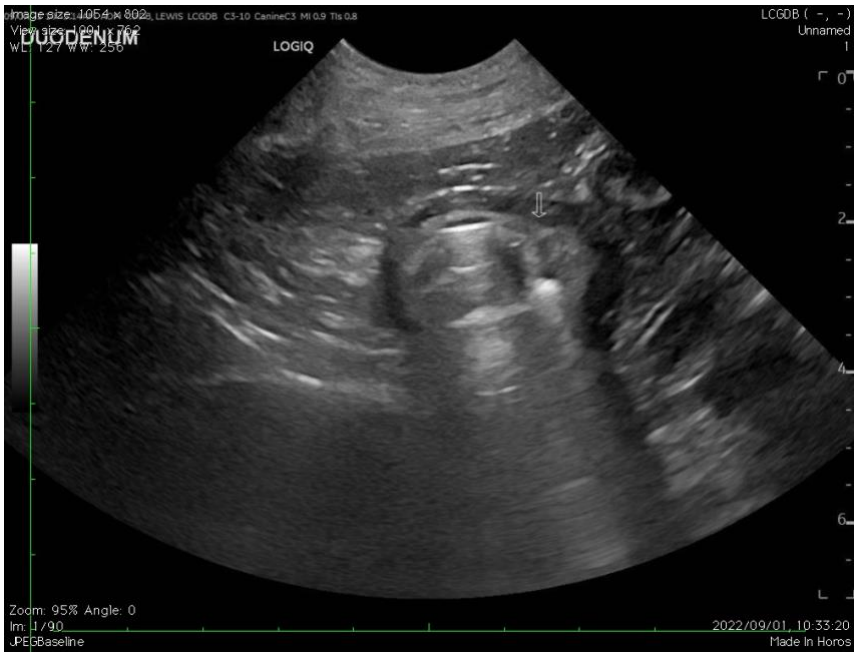
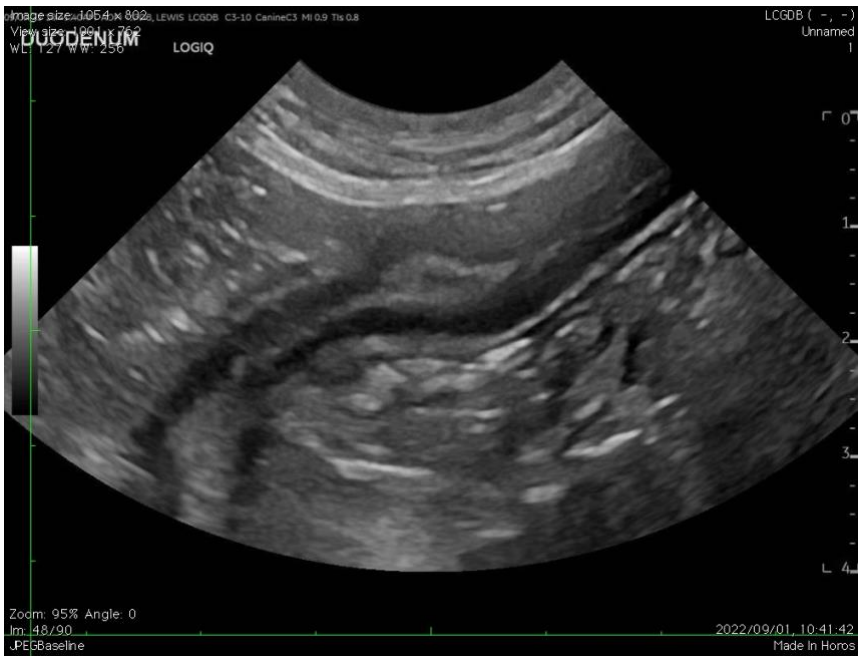
Duodenum





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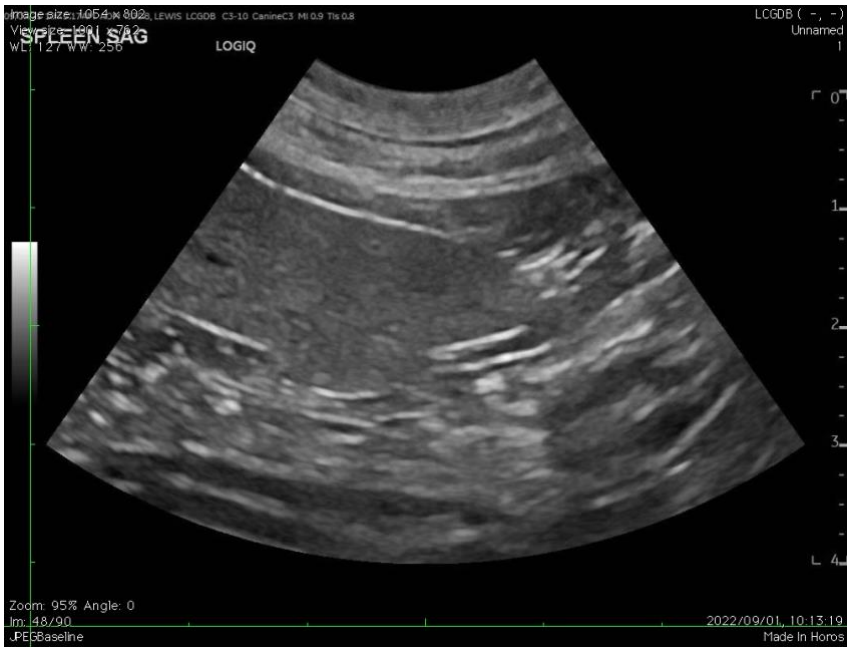
Spleen



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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za