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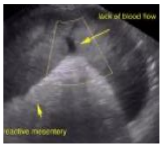
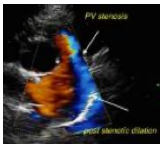
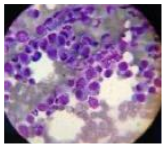
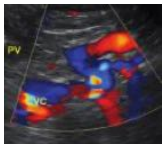

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1-800-838-4268 info@sonopath.com

PATIENT

Nessy Pursley

SPECIES

Canine

BREED

Siberian Husky

SEX

Intact Male

AGE

6 years

WEIGHT

49 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gabriel Ferrer DVM

HOSPITAL NAME

Pulse: Pet Ultrasound Svcs

REFERRING VET

Dr. Javier Rodriguez

INVOICE

13701

DATE

7.14.23

PRESENTING CLINICAL SIGNS

History: Pt presented on 7-12-23 for evaluation as pt has been having diarrhea for 3 days, but no vomiting. PT is an indiscriminate eater and had FB surgery previously (a month ago) after eating a sock. Pt was rescued about 11 months ago and was diagnosed with renal failure. Concern that diarrhea is related to FB. Pt has been on SQ fluids, Metronidazole, DiaGEL, Omeprazole

Abnormal PE/Chem/CBC/UA Results: PE: BCS 1/5, no pain on abdominal palpation. rectal showed enlarged prostate. BW: CBC: increased RDW, Decreased MCV, MCH, Reticulocytes CHEM: Increased BUN, Creat Creatinine 2.5 (0.5 - 1.8 mg/dL) BUN 38 (7 - 27 mg/dL) Amylase 438 (500 - 1,500 U/L) Rest of BW was WNL. Rads: added as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall (measuring 0.20 cm). Small amount of floating and dependent hyperechogenic sediment present. No uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes (right iliac lymph node: 0.62 cm / left iliac lymph node: 0.90 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 5.80 cm / left kidney pelvis 0.30 cm) (right kidney 6.00 cm / right kidney pelvis 0.50 cm), with increased echogenic appearance, loss of cortico-medullary differentiation, bilateral pyelectasia and irregular capsule. No infarcts, mineralization or renoliths evident.

Reproductive System

Enlarged prostate (3.70 cm x 5.60 cm) with a diffuse, hyperechogenic appearance and regular capsule. Normal appearance of the periprostatic tissue and testicles.

Adrenal Glands

Normal shape, echogenic appearance, size (left 2.70 cm in length x 0.37 x 0.38 cm in width) (right 1.58 cm in length), position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size (1.40 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full, containing small amount of hyperechoic sediment. Normal thickness and echogenic appearance of the wall (0.20 cm). Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach (0.32 cm), duodenum (0.59 cm), jejunum (0.32 cm) small intestine, ileo-cecal junction (0.33 cm), and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The ascending colon measures 0.14 cm. Small amount of fluid within the stomach.

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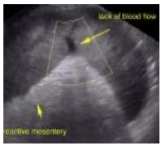
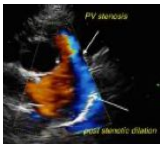
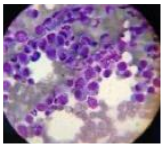
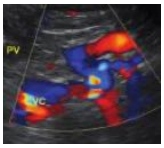

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Pancreas
Normal size (left 0.30 cm / right 1.40 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen
Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Renal disease
- prostatomegaly

Secondary Findings

- Gall and urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the kidneys would be chronic kidney disease, bacterial nephritis and pyelonephritis. On this ultrasound, there is no obvious evidence for the presenting clinical signs of diarrhea, and thus nonspecific enteritis would be the most likely diagnosis.

The appearance of the prostate would be consistent with benign prostatic hyperplasia.

Further assessment would be urinalysis, urine culture, UPC (if culture and sediment negative) and blood pressure.

Management of the renal disease would be feeding a renal diet and the use of empiric phosphate binders as needed. Ursodiol can be considered for the gallbladder sediment. However, it is most likely an incidental finding associated with the diarrhea.

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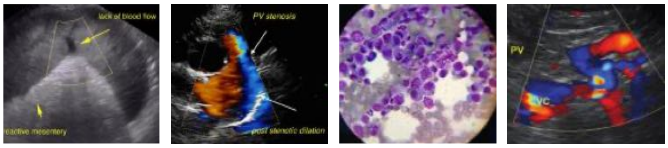

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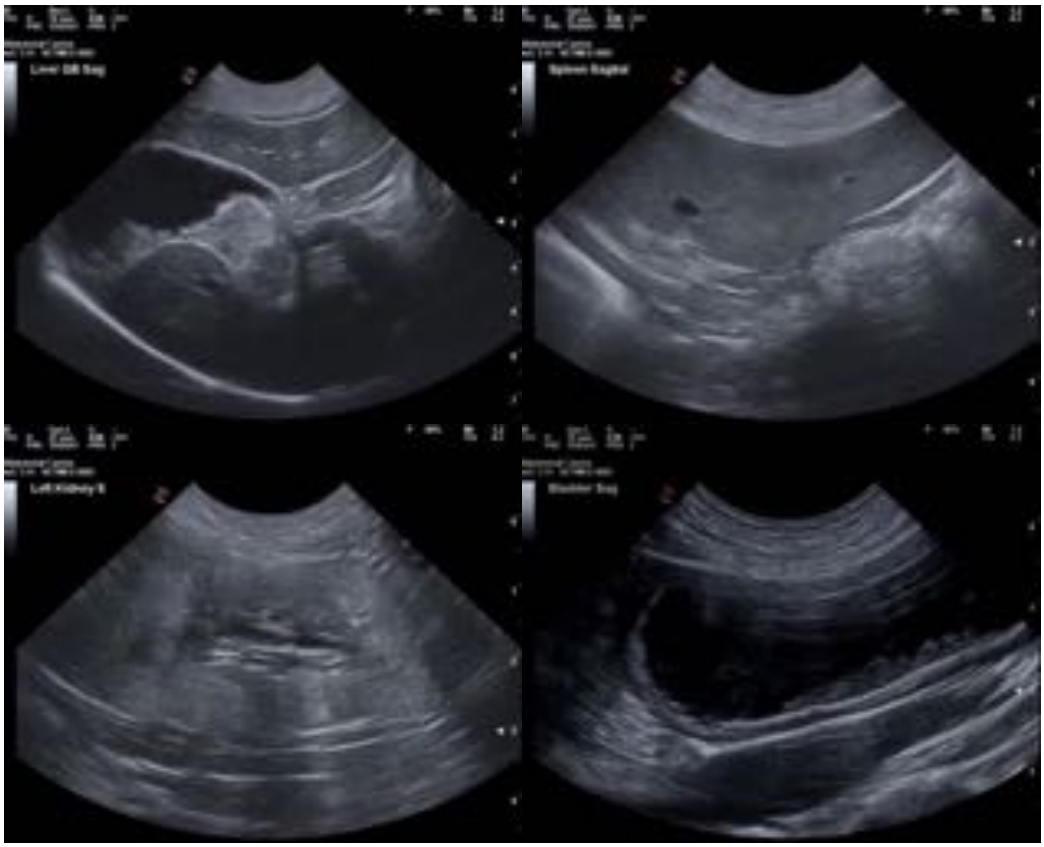

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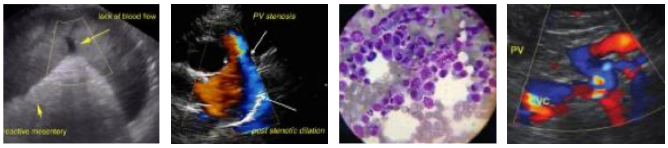

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com