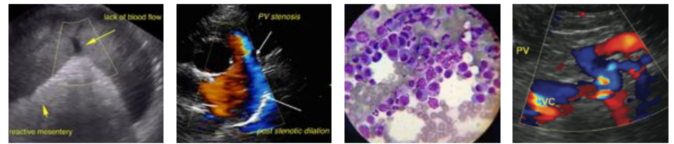


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bella Aguilar

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

5 years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers

HOSPITAL NAME

Banfield Oviedo

REFERRING VET

Dr. Nicklin

INVOICE

76331

DATE

7/31/23

PRESENTING CLINICAL SIGNS

History: Bella has chronic pancreatitis, spec CPL 1865 (0 - 200) . Also BUN and Creat elevated, SDMA elevated, urine sp g 1.020 urine protein 300, UPC >2.14 and pet has hypertension sys 186/107 dia/ 124 map. medication amoxicillin 500 mg q12h 14 d, Amlodipine 2.5mg 1tab q24h;

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. The urethra measured 0.5 cm.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. The iliac lymph nodes measured 3.2 cm.

Enlarged left kidney (6.9 cm) with increased echogenic appearance and some loss of corticomedullary differentiation and normal capsule. Mild pyelectasia was noted (0.3 cm). There were no infarcts, mineralization or renoliths evident. The right kidney is small in size (5.4 cm) with increased echogenic appearance, marked loss of corticomedullary differentiation, irregular capsule and mild pyelectasia (0.3 cm). No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The left adrenal gland measured 0.52 x 0.47 cm. The right adrenal gland measured 0.41 x 0.47 cm.

Spleen

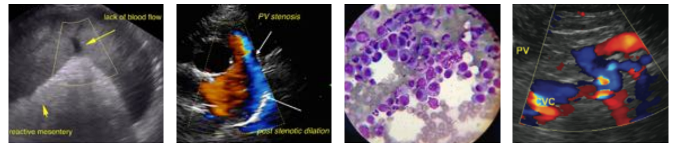
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.9 cm.

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 normal anechoic bile. Normal thickness and echogenic appearance of the wall. Dilated common bile duct (0.6 cm) with no obvious obstruction evident.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, 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. Stomach measured 0.46 cm. Duodenum measured 0.34 cm. Jejunum measured 0.29 cm. The colon measured 0.16 cm.

Pancreas

The pancreas is normal in size with a diffuse, hyperechogenic appearance and irregular capsule. Normal appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.5 cm. The right pancreas measured 1.7 cm.

Free Abdomen

Normal mesenteric lymph nodes. The mesenteric lymph node measured 1.0 cm.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nephropathy.
- Chronic pancreatitis.

Secondary Findings

- Dilated common bile duct.

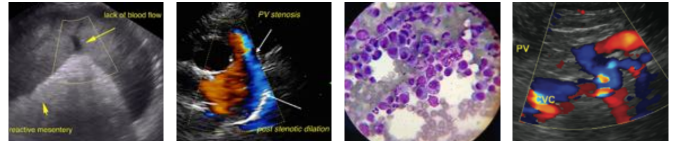
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nephropathy would be chronic kidney disease, previous acute renal injury, previous pyelonephritis, bacterial nephritis and Leptospirosis with renal dysplasia.

The appearance of the pancreas is consistent with chronic pancreatitis and in line with the history and possibly could account for the dilated common bile duct. However, previous ascending cholecystitis would be a differential diagnosis.

Further assessment would be urinalysis and urine culture. Ideal dietary management for the renal disease would be feeding a renal diet; however, feeding a low-fat intestinal diet would be indicated for chronic pancreatitis. Additional therapy for the kidneys would be ace inhibitor or receptor blocker and enteric phosphate binders as needed.

Specific therapy would be dependent on an etiological diagnosis.



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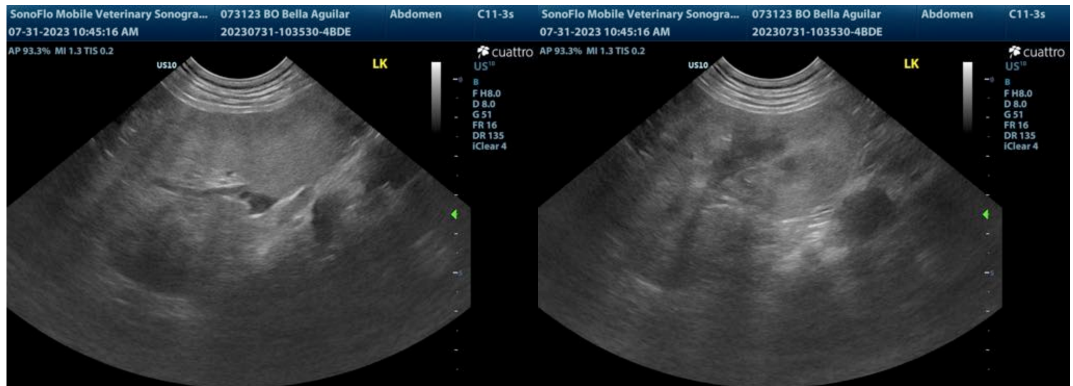

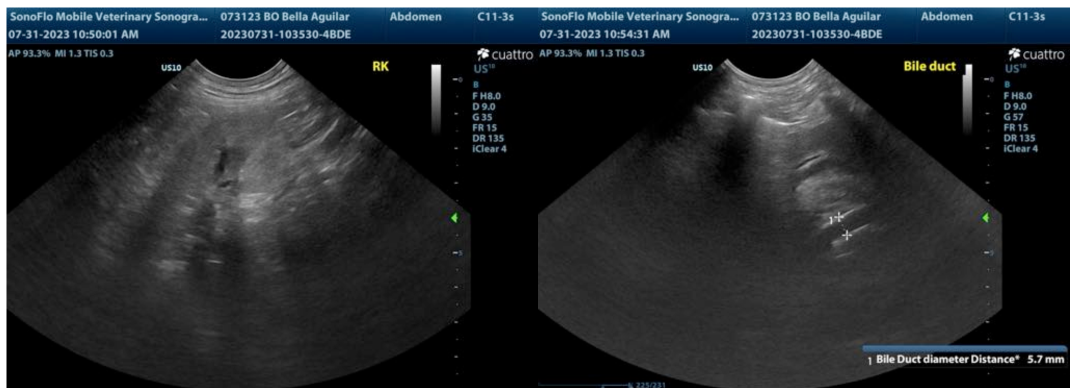

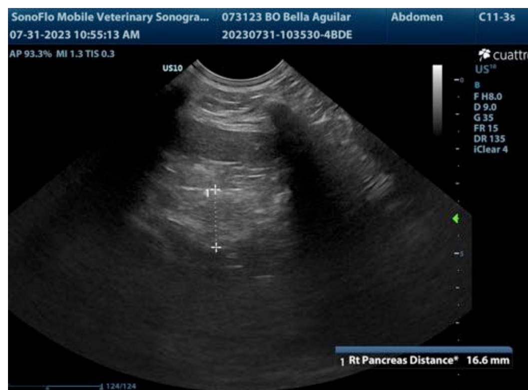

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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