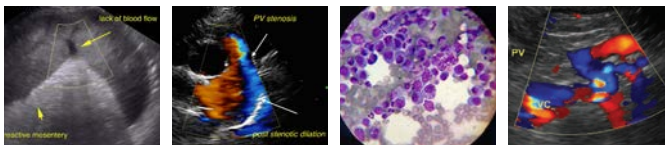
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Miley Shiavi

SPECIES

Canine

BREED

Basset Hound X

SEX

Spayed Female

AGE

8 Years

WEIGHT

39 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. James Peters

INVOICE

43608

DATE

12/20/22

PRESENTING CLINICAL SIGNS

Hx of recurrent UTI's and inappropriate urination. More recently has been lethargic and has lost weight. On CBC / Chem / T4 / U/A, Mild anemia (Hct 37%) and hypoalbuminemia (2.5), low T4 (0.6) and hyposthenuric (0.6).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is focally thickened to 3.7 mm and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. Pelvic urethra visualized to 4.0 cm.

Both kidneys are hyperechoic and exhibit mildly decreased corticomedullary differentiation. There is slight dilation of the right renal pelvis with anechoic contents. The pelvic fat in the right kidney is inflamed. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney measures 6.7 cm. The right kidney measures 6.9 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 6.2 mm cranially and 6.3 mm caudally. The right adrenal gland measures 5.4 mm cranially and 5.0 mm caudally.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (5.0 mm) with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Duodenum wall measures 4.2 mm. Jejunum wall measures 3.4 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized and normal.

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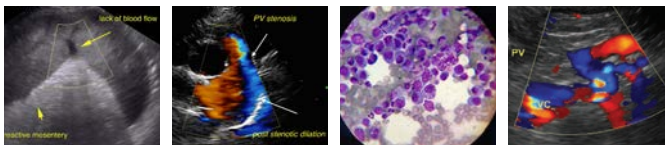

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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

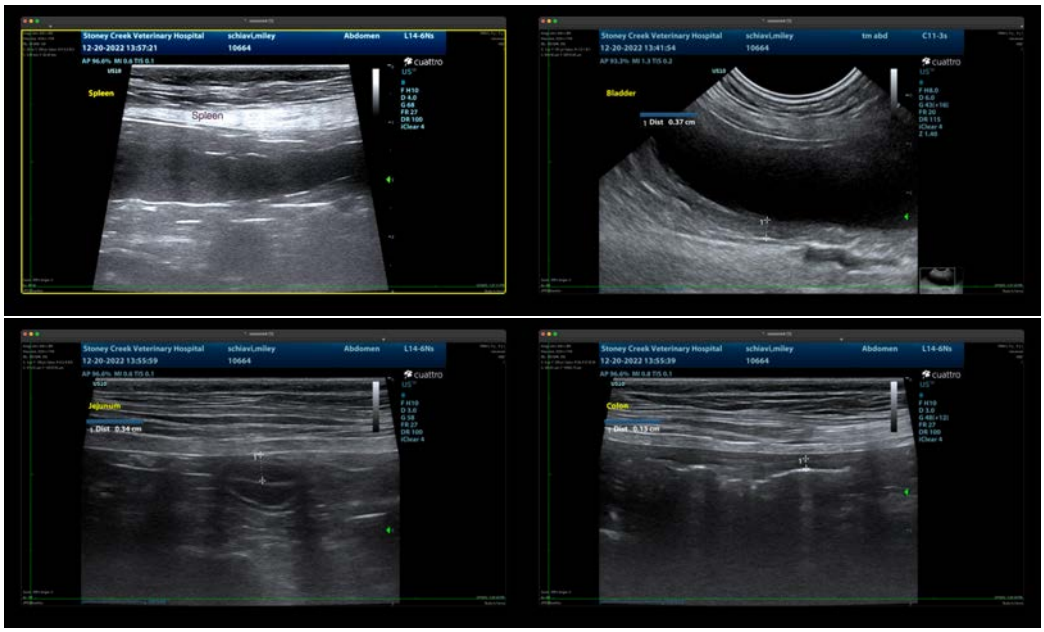
ULTRASONOGRAPHIC FINDINGS

- Mild pyelectasia and inflammation in the right kidney, suggestive of pyelonephritis
- Thickening and irregularity to the bladder wall – consistent with cystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of pyelectasia raises the concern for pyelonephritis, though mild renal pelvic dilation can also be seen with recent fluid therapy or as a chronic degenerative change. Recommendations include:

- CBC, chemistry and urinalysis with culture
- Blood pressure measurement
- If pyelonephritis is suspected, then empiric antimicrobial therapy may be started while awaiting culture results. The International Society for Companion Animal Infectious Diseases (ISCAID) Working Group recommends fluoroquinolones or cefpodoxime as initial empiric treatment choices, with a total therapy duration of 10 - 14 days.
- Chronic cases of pyelonephritis may require longer courses of treatment than the recommended 10 -14 days. Historically, treatment for up to 4-6 weeks has been recommended, with follow up culture shortly after discontinuation of therapy.



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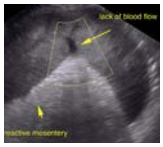
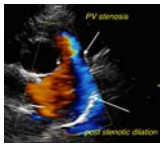
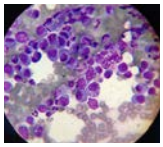
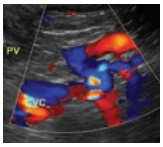

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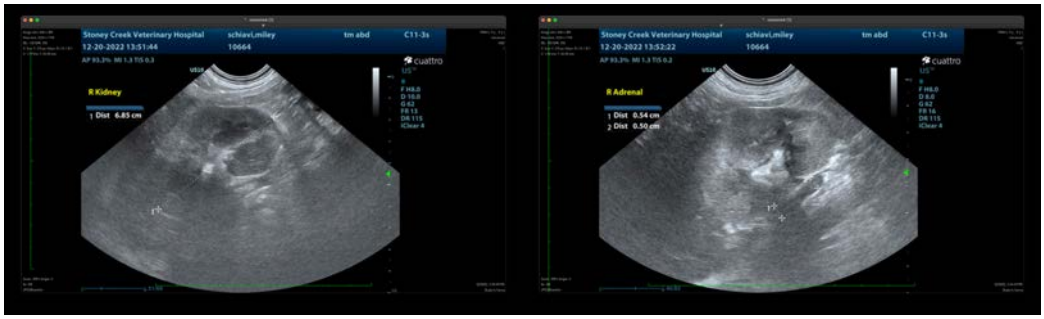

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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