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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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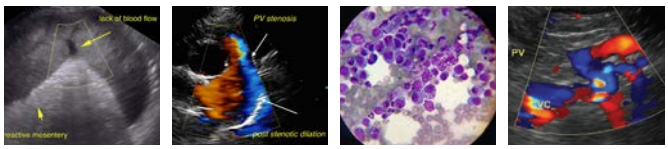

PATIENT
Susie Damon

SPECIES
Canine

BREED
Mini Schnauzer

SEX
Spayed Female

AGE
13.9 Years

WEIGHT
14 Pounds

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

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Tam Mengine

INVOICE
40888

DATE
8/30/22

PRESENTING CLINICAL SIGNS

Had severe pancreatitis progressing to DKA in 2018. Since that time has been well-regulated on insulin. Last routine labwork in 6/22 - renal values normal, urine SpGr 1.041. This weekend presented to ER for vomiting and lethargy, BG was 38, ALP 617 (stable for her) and patient was azotemic (BUN 66, creat 3.2). Stopped insulin for 48 hrs, now BG has been "HI", and patient still vomiting. U/A & culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visualized to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are hyperechoic and exhibit poor cortico-medullary differentiation. There is mild dilation of the renal pelvis, with anechoic contents. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureter is not visible (normal).

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 measures 4.8 mm at the cranial pole and 4.6 mm at the caudal pole. The right adrenal gland measures 7.5 mm at the cranial pole and 6.7 mm at the caudal pole.

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 diffusely hyperechoic and subjectively enlarged. 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 and a small amount of freely-moveable echogenic sludge. 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 (5.8 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. Jejunum wall measures up to 4.7 mm. Duodenum wall measures 4.8 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.4 mm) with intact wall layering. The ileocecal junction.

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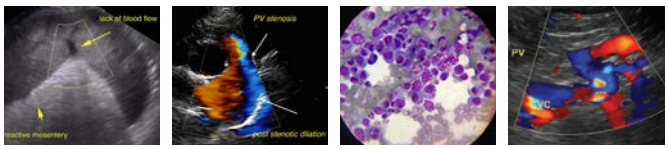

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Pancreas

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.

PRIMARY FINDINGS

- Chronic renal change with pyelectasia, which may or may not indicate pyelonephritis

SECONDARY FINDINGS

- Reactive hepatopathy

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.

The changes to the liver are typical of a reactive hepatopathy, which is expected in this diabetic patient, and can also be seen with her breed.

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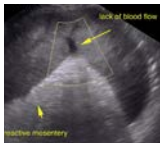
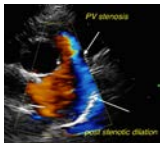
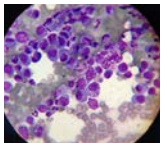
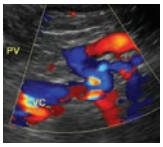

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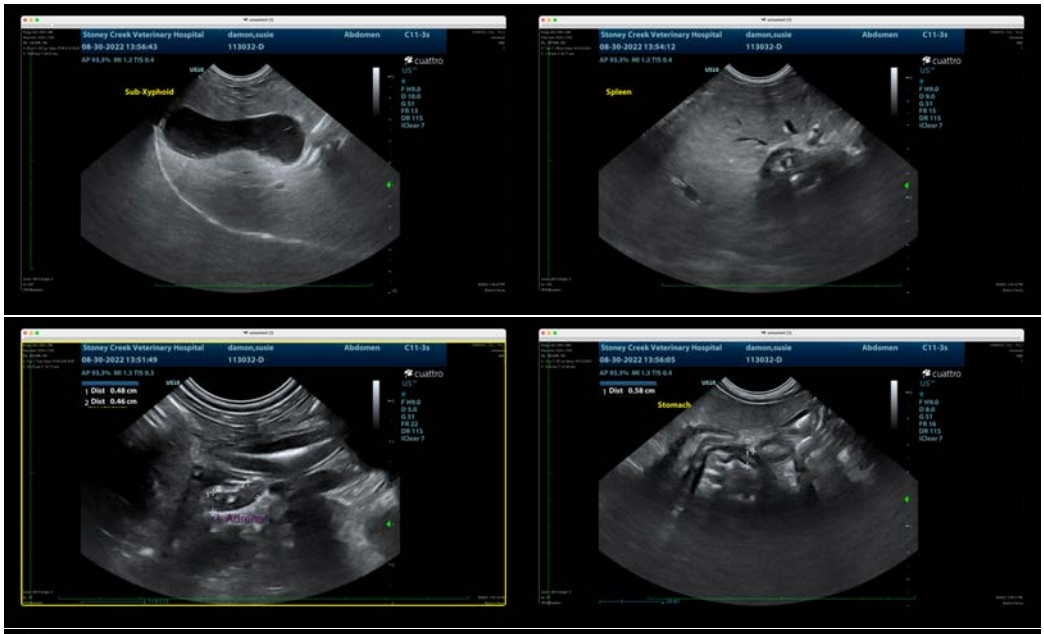

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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