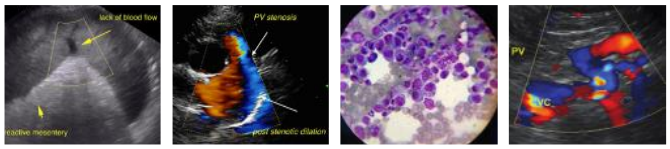
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bob Treu

SPECIES
Canine

BREED
Dalmatian

SEX
Neutered male

AGE
13 years

WEIGHT
53 lbs

INTERPRETED BY
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Dr. Gallick

HOSPITAL NAME
Magnolia Springs VC

REFERRING VET
Dr. Gallick

INVOICE
10893

DATE

PRESENTING CLINICAL SIGNS

History: Explained the Renal values are elevated along with pancreatitic values and spec cpl. Cortisol is wnl and thyroid is wnl. UA is unremarkable. Recommend next steps being an abdominal ultrasound to further eval internal organs. CBC shows an eosinophilia. Chemistry B-35. Creatinine 2.4. Spec cPL 206. USG 1.019. No proteinuria. Inactive sediment. Normal T4 and resting cortisol levels.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

In the images provided, the urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.89 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic. Several, small cortical cysts are observed. Moderate pyelectasia is present (0.68 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

(No images provided of right kidney. All images are labeled “Left Kidney.”)

Adrenal Glands

(No images provided).

Spleen

The spleen is normal in size (2.23 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is not visualized in its entirety. In the visualized portions, the parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of partially dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slightly disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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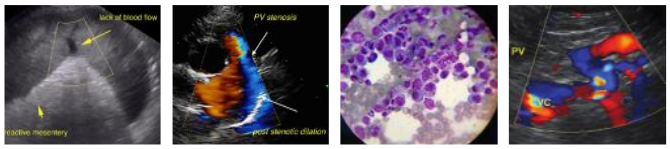

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A 3.58 cm jejunal lymph node is visualized. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic, nonspecific left renal changes

Secondary Findings

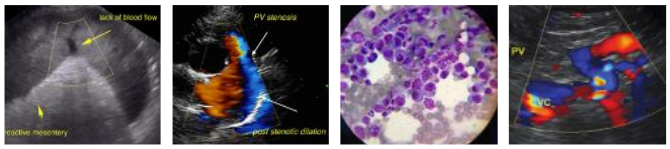
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bowel pattern consistent with inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- The prominent jejunal lymph node is likely reactive
- Trace ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Images of the right kidney and adrenal glands are recommended to assess for pathology in these organs (all kidney images are labeled "Left Kidney").

Regarding the azotemia, consider the following:

1. Urine culture and sensitivity
2. Baseline blood pressure measurement
3. Consider transitioning to prescription renal diet if the patient will tolerate it.
4. Thoracic radiographs (3-view) are recommended to assess cardiopulmonary status,



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particularly if fluid therapy is to be initiated at any point.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com