



PATIENT	PRESENTING CLINICAL SIGNS
Willie Hoerner	recently noted azotemia, patient has been PU/PD and finicky appetite. On paroxetine 7.5 mg sid Abnormal PE/Chem/CBC/UA Results: SDMA 24, cre 2.6, BUN 44; USPG 1.015
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.61 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.
Shih Tzu	
SEX	Prostate is normal in size, echotexture and echogenicity for a neutered male.
Neutered Male	Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. The left kidney measured 3.89 cm. The right kidney measured 4.3 cm. Non-obstructive mineral is present bilaterally.
AGE	Adrenal Glands
11 Years	The right adrenal gland is normal in size (1.66 cm long x 0.98 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	The left adrenal gland is normal in size (1.75 cm long x 0.50 cm at the cranial pole and 0.61 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
17.5 Pounds	Spleen
INTERPRETED BY	The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
Beth Johnson, DVM DACVIM	Liver
IMAGING PERFORMED BY	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
Diane McFadden	
HOSPITAL NAME	REFERRING VET
Millburn Vet Hospital	Dr. Turowsky
INVOICE	Gastrointestinal
40105	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
DATE	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions
8/3/22	



PATIENT

Willie Hoerner

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SPECIES

Canine

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

Shih Tzu

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

SEX

Neutered Male

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Age related kidney changes with non-obstructive mineral noted bilaterally
- **Chronic Cystitis** - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

WEIGHT

17.5 Pounds

- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Diane McFadden

Testing for Leptospirosis is recommended.

HOSPITAL NAME

Millburn Vet Hospital

A blood pressure is recommended if not recently evaluated.

If any protein is noted in the urine, quantification of the protein with a urine protein to creatinine ratio would be recommended.

Otherwise, medical management of chronic kidney disease is recommended, beginning with a diet, if tolerated, and proteinuria and/or hypertension management, if indicated.

REFERRING VET

Dr. Turowsky

Antiemetics, gastroprotectants +/- appetite stimulants could be considered, given this patient's reportedly finicky appetite. If that doesn't improve appetite, subcutaneous fluid therapy could be considered.

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Long-term close monitoring of blood pressure, proteinuria, electrolytes, hematocrit, etc. and intervention as necessary is recommended.

DATE

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SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

11 Years

WEIGHT

17.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Millburn Vet Hospital

REFERRING VET

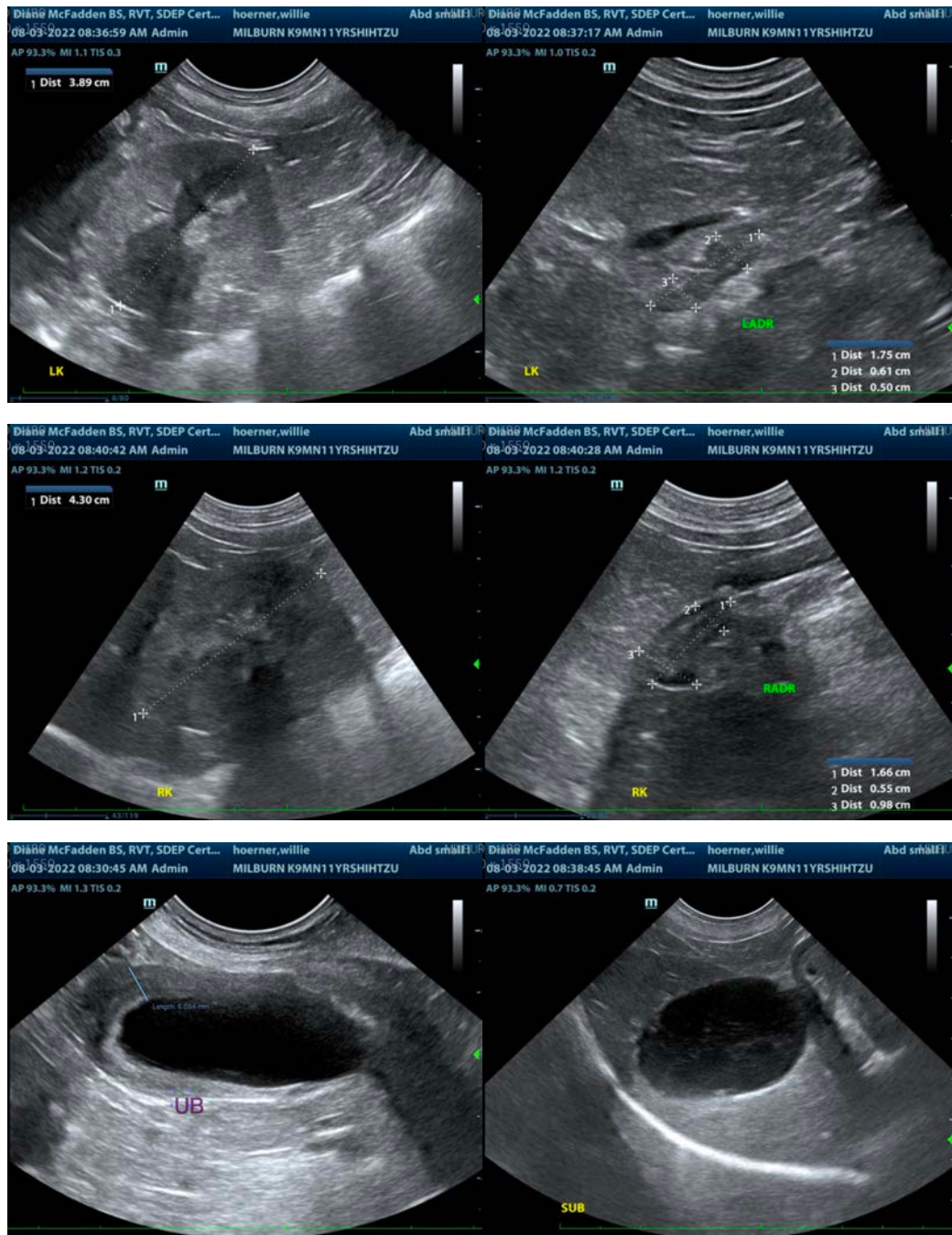
Dr. Turowsky

INVOICE

40105

DATE

8/3/22



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com