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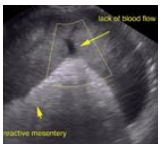
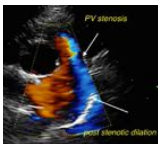
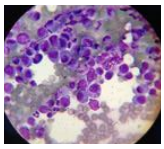
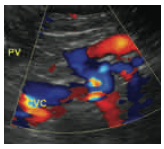

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1-800-838-4268 info@sonopath.com

PATIENT
Barley Lemin

SPECIES
Canine

BREED
Mix

SEX
Neutered male

AGE
1 year 3 months

WEIGHT
58.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. O'Hara

INVOICE
95199

DATE
1/12/22

PRESENTING CLINICAL SIGNS

Persistently elevated renal values and low urine SG since 7/19/2021. Found on pre-anesthetic BW for neuter. No symptoms per owner. On K/D diet since then. Sedated with 0.5mL Butorphanol.
Abnormal PE/Chem/CBC/UA Results: 7/19/21 SDMA 15, Creat 1.9, BUN 30, SG 1.014, RBC 2/HPF, WBC 11/HPF. 8/2 SDMA 21, Creat 2.0, BUN 36, SG 1.020. 12/15 SDMA 20, Creat 1.6, BUN 20; rest BW WNL. 12/17 UPC 0.3 12/24 UPC 0.3
Lepto tested Negative and Baseline cortisol normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The prostate was uniform and measured 2.63 cm.

The **kidneys** presented non-specific increased cortical echogenicity and some loss of corticomedullary definition. Slight pyelectasia was noted. The right kidney measured 5.46 cm. The left kidney measured 6.07 cm. Blood flow to the kidneys appeared slightly subnormal on power Doppler assessment.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.63 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 0.91 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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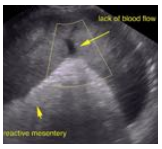
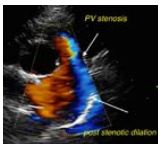
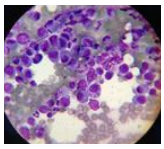
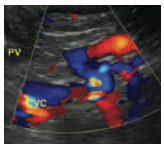

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Some retention of ingesta was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

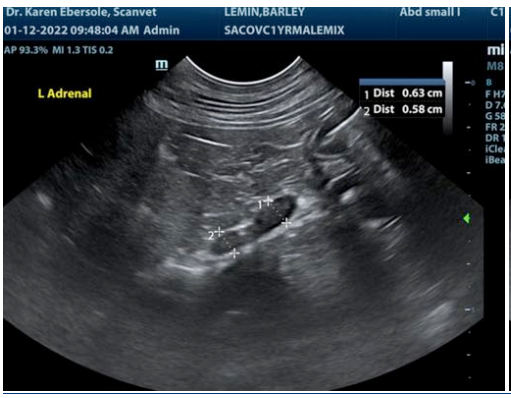
Non-specific, thickened renal cortices.

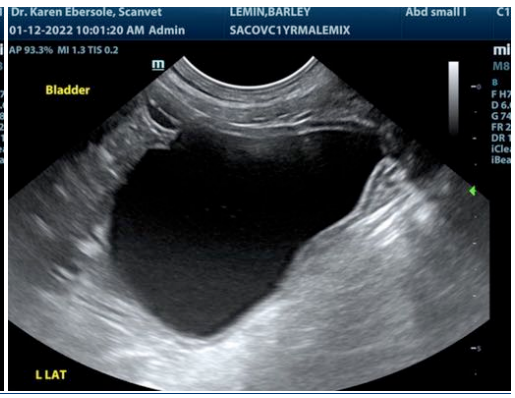
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy is ideal in this patient. Urine culture and sensitivity and blood pressure measurements are all indicated. The prognosis is guarded. There is a strong potential for primary renal dysplasia with secondary degenerative changes and UTI.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services





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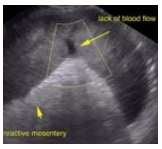
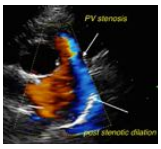
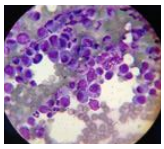
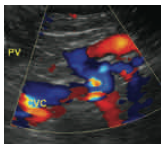

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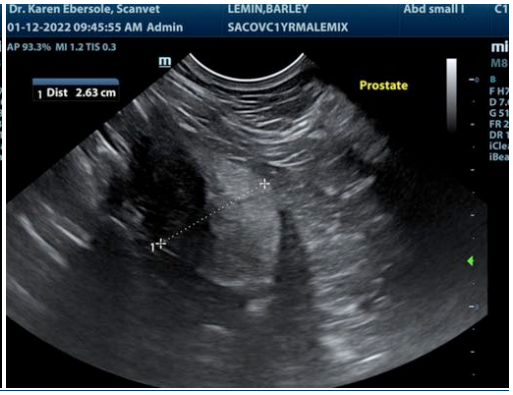

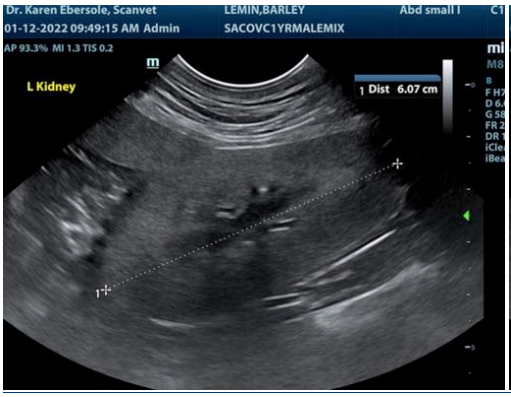

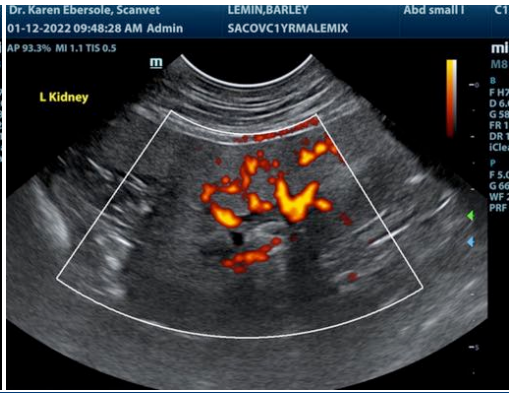

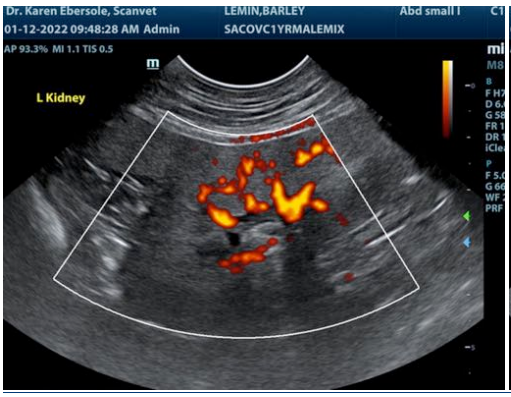

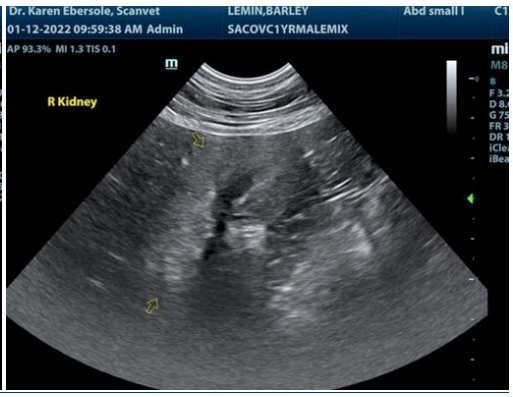

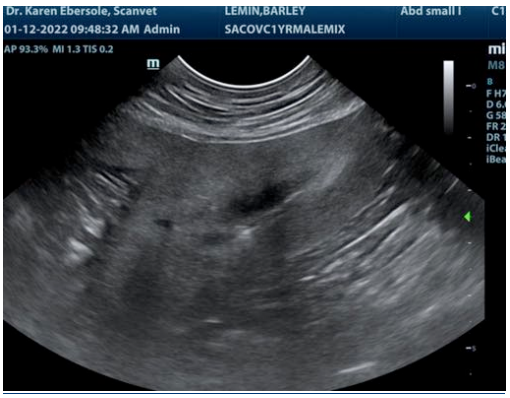

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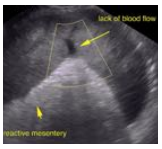

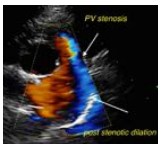

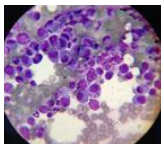
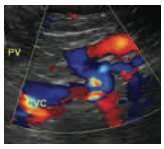

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com