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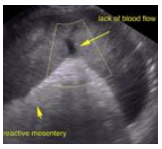
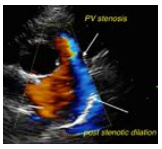
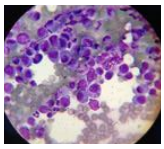
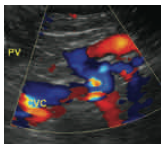

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Louie Santomassimo

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Neutered male

AGE

10 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

95317

DATE

1/18/22

PRESENTING CLINICAL SIGNS

PU/PD hx of Cushing's recent dx of renal dz hepatosplenomegaly on rads r/o neoplasia Current meds Vetoryl Trazadone, renal diet
Abnormal PE/Chem/CBC/UA Results: BUN 30 Creat 2.5 all other values WNL U/A protein 3 + hyaline casts Ca oxalate crystals SG 1.010

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. Sand accumulation was noted and measured 1.5 cm and was non-obstructive at the time of the sonogram. This should be medically manageable. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Slight mineralization was noted in the kidneys. Trace pyelectasia was noted. The right kidney measured 4.13 cm. The left kidney measured 4.26 cm.

Adrenal Glands

The left **adrenal gland** was 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 1.53 x 0.52 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland was mildly enlarged and measured 1.91 x 1.12 cm at the cranial pole and 0.69 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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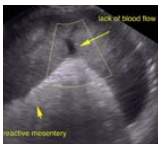
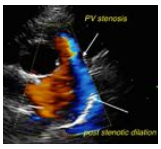
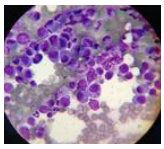
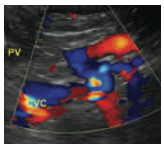

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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

Mild adrenal hypertrophy, possible emerging PDH.

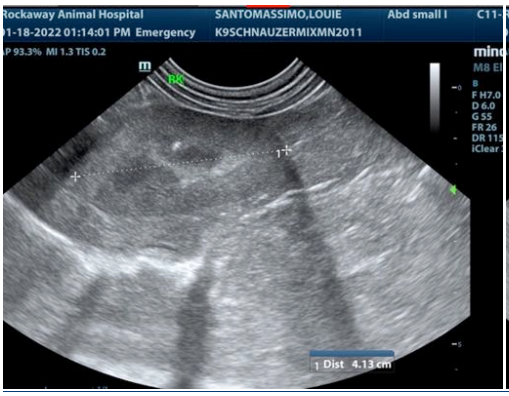
Benign hepatopathy.

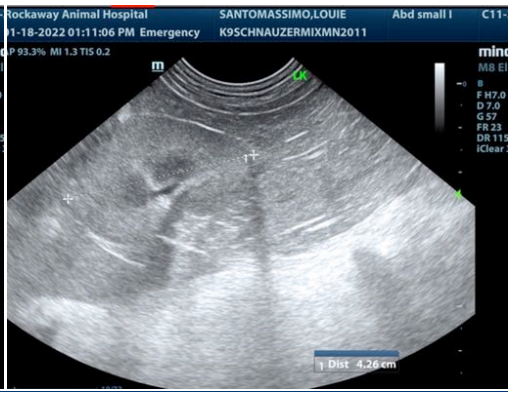
Minor bladder sand.

Kidneys 40-50% compromised.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Early renal failure may be owing to complicating factors such as passage of sand or calculi recently. 72 hour IV fluid protocol with reassessment of the azotemia is recommended.





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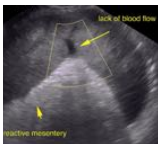
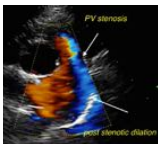
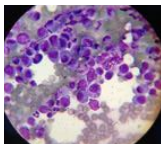
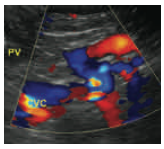

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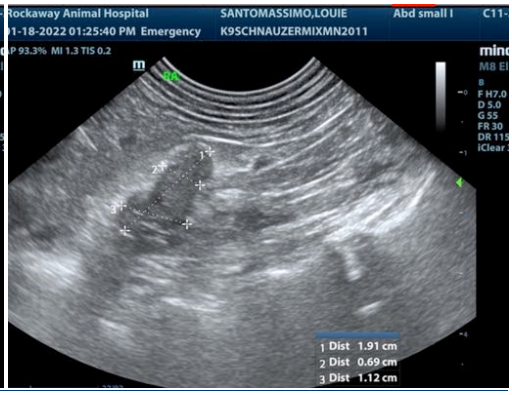

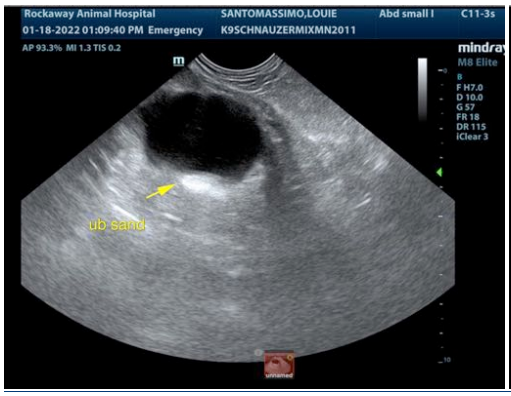

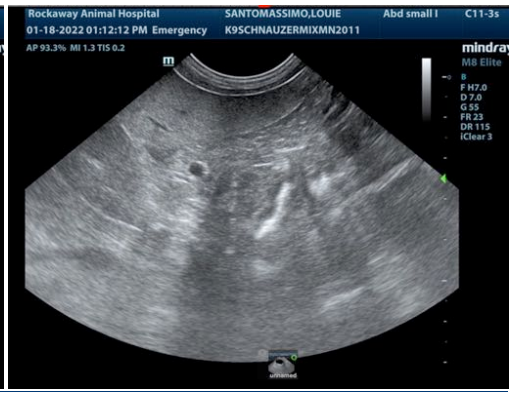

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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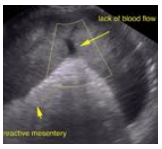

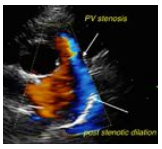

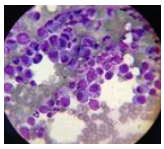
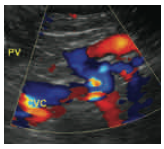

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