



PATIENT

Bruce Sutcliffe

SPECIES

Canine

BREED

Bulldog

SEX

Neutered Male

AGE

4 Years

WEIGHT

75 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Baenen

INVOICE

42886

DATE

11/19/22

PRESENTING CLINICAL SIGNS

PU/PD for past several weeks; elevated kidney values discovered on pre-anesthetic bw prior to cruciate SX.

Abnormal PE/Chem/CBC/UA Results: 11/11/22: USG: 1.012; BUN: 62; CRE: 2.4

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate measured 5.0 mm.

The **kidneys** revealed diffuse hyperechoic cortical remodeling. Loss of corticomedullary definition noted. The renal presentation is most consistent with interstitial nephrosis. The left kidney measured 5.4 cm. The right kidney measured 4.95 cm. Blood flow to the kidneys appeared to be subnormal on power doppler assessment of the renal cortices. Cortical cysts noted in the right kidney.

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 0.50 cm. The right adrenal gland measured 0.60 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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 were 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.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.



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Pancreas

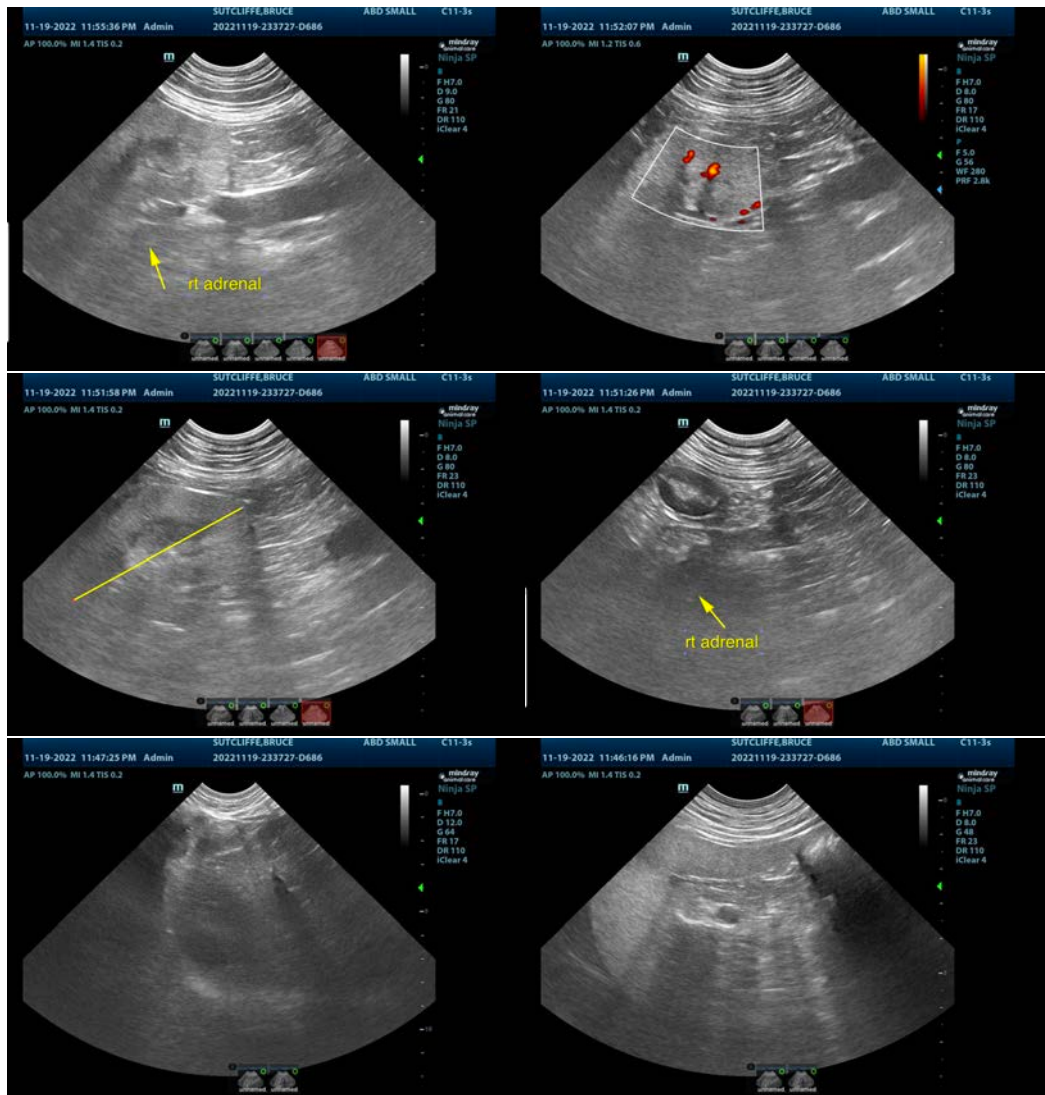
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic interstitial nephrosis pattern
- Full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic Leptospirosis or similar should be considered. There is a mild potential for underlying renal dysplasia with secondary degenerative changes. Chronic insult suspected. Renal biopsy necessary for further definition. Leptospirosis titers, IV fluid support, blood pressures, urine culture all indicated, 72-hour IV fluid protocol, and reassessment of the clinical signs. Baseline cortisol could be considered to rule out potential underlying Addison's, even though the adrenal glands appear structurally normal. Prognosis is guarded to poor.





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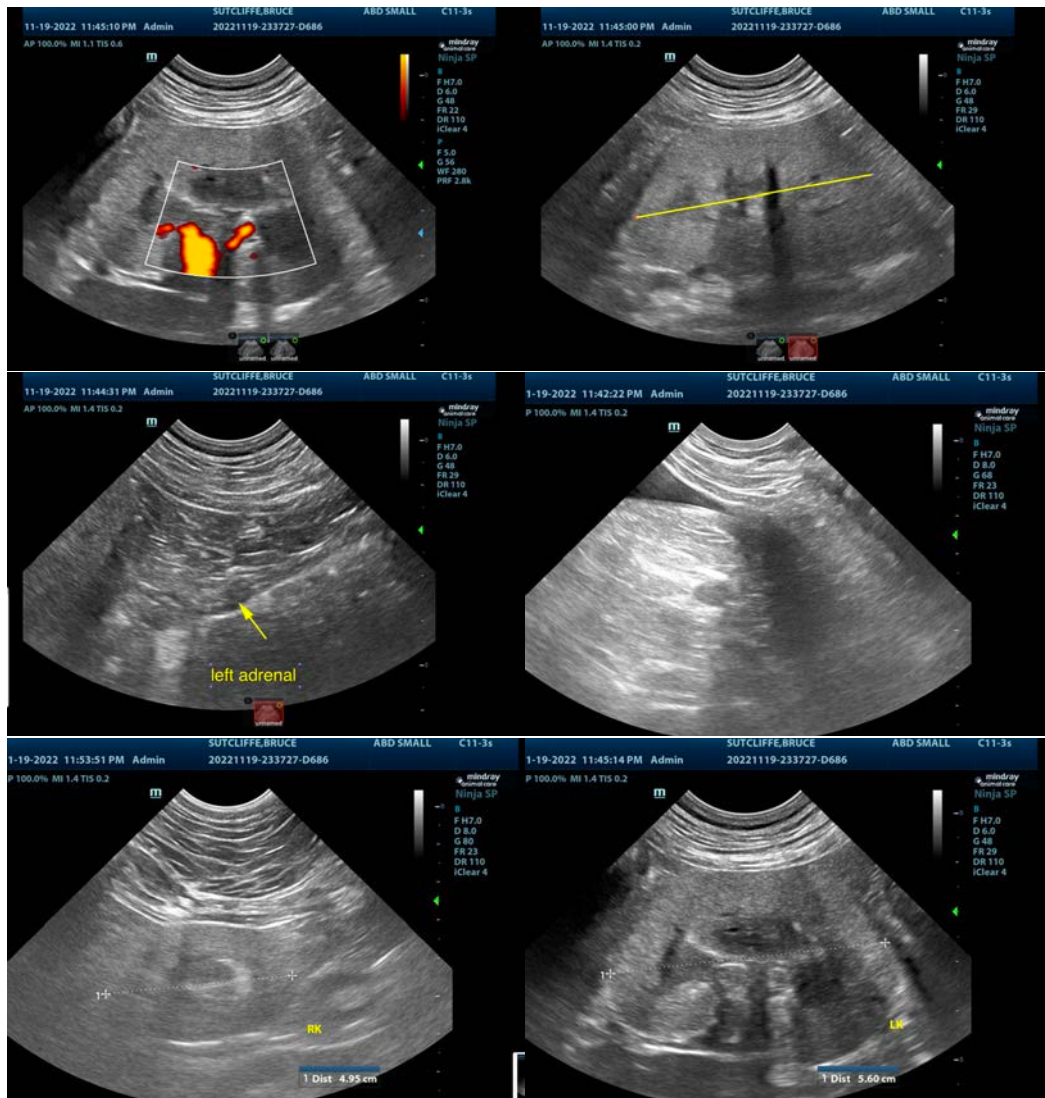
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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