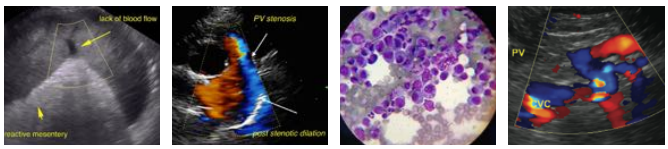

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1-800-838-4268 info@sonopath.com

PATIENT

Bella Stadler

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed female

AGE

12 years

WEIGHT

20.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Brenner

INVOICE

42347

DATE

12/26/22

PRESENTING CLINICAL SIGNS

History: Pollakiuria August 2022 had focal urinary ultrasound scan 8/23/22- urethral papillae mildly thickened, pinpoint renal mineralization, moderate renal degenerative changes, mild Left pyelectasia. Urine culture tried for 4 weeks on best antibiotic, enrofloxacin, could only GI tolerate 2 weeks- wasn't eating well. Pollakiuria returned early December. Urine started Simplicef and clinical symptoms improved. When finished symptoms recurred 2 days later. Diet K/D, and vegetables. Rimadyl prn less than once a week.
Abnormal PE/Chem/CBC/UA Results: Urinalysis 12/14/22 USG 1.001, pH 6.0, Occassional cocci, WBC TNTC, 3+ squamous epithelial cells, occasional RBC. Renal panel SDMA 40 (0-14), BUN 83 (7-27), Creat 8 (0.5-1.8), P 7.4 (2.5-6.8).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The right kidney revealed trace pyelectasia. The capsule was acceptably uniform without significant irregularities. Renal mineralization was noted similar to the prior sonogram. The right kidney measured 4.7 cm. The left kidney measured 3.67 cm with pinpoint mineralization and moderate degenerative changes with loss of corticomedullary definition. There was no significant progression from the prior sonogram. Blood flow to the kidneys appeared to be adequate.

Adrenal Glands

The left **adrenal gland** was slightly heterogenous, yet normal in size with a fairly normal contour. The left adrenal gland measured 1.93 x 0.46 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland was uniform and measured 1.5 x 0.6 cm.

ULTRASONOGRAPHIC FINDINGS

Trace pyelectasia in the right kidney with renal mineralization.

Left renal mineralization with age related changes.

Slightly heterogenous left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia noted on the prior sonogram is largely resolved in the left kidney. Trace pyelectasia was noted in the right kidney. It is possible that this patient is passing calculi periodically as the mineralization in both kidneys appears to be small enough to pass. Concurrent UTI and medullary

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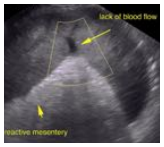
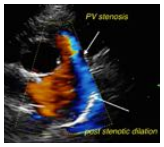
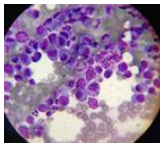
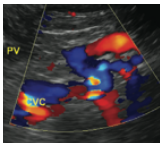

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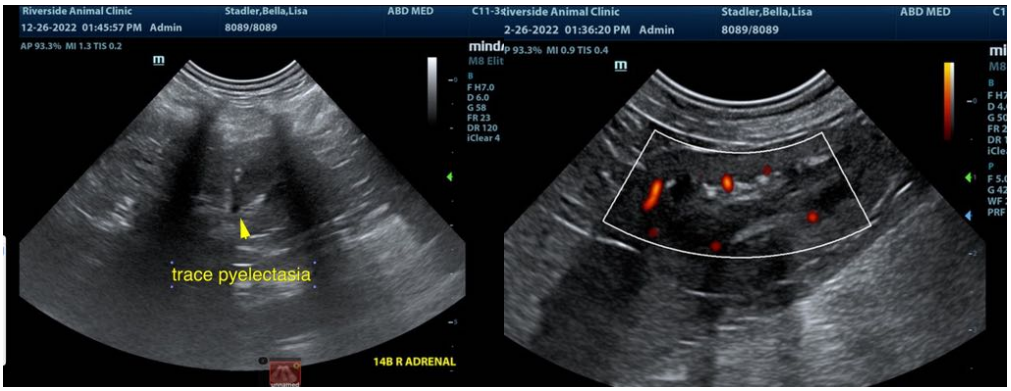
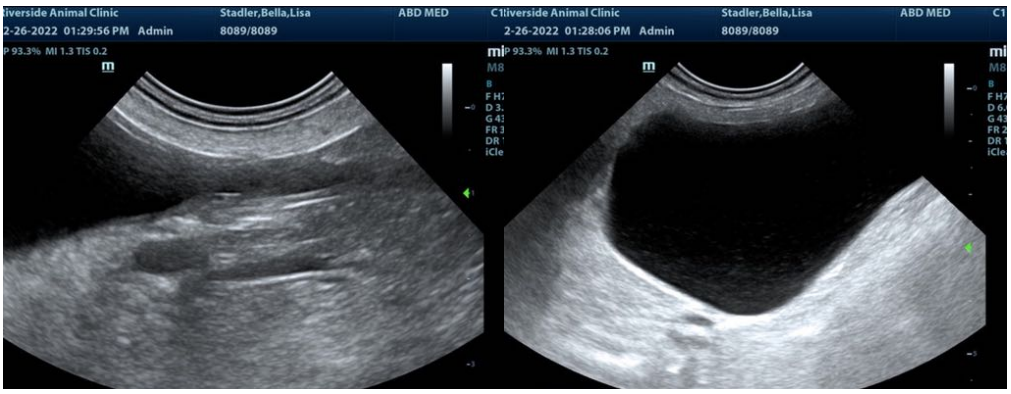
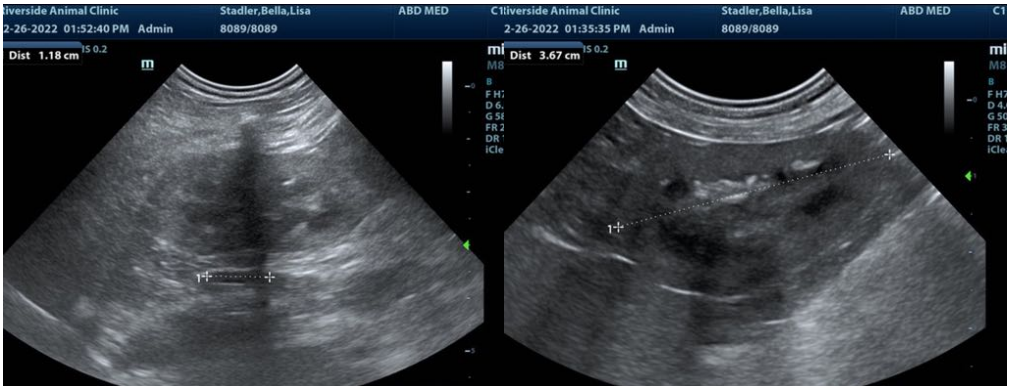
washout are likely playing a role in this patient. The kidneys appear 50-60% compromised. 72-hour IV fluid protocol is recommended to correct azotemia. If azotemia is persistently an issue then blood pressure measurements are warranted. Coverage for UTI and consideration for pulse antibiotics would be recommended. It is possible that infection is buried in the chronic changes in the kidneys and mineralization.

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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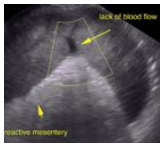
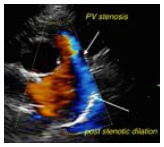
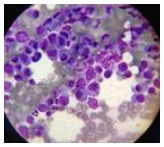
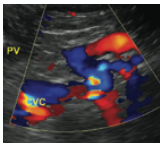

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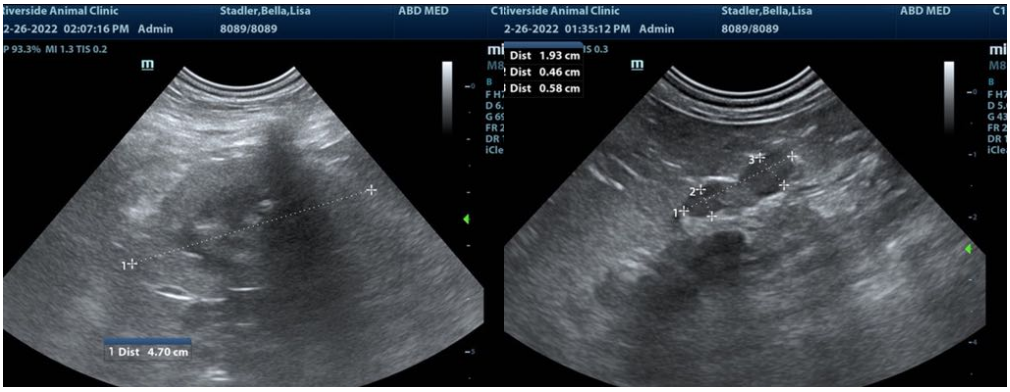

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com