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Clinical Sonography & Telecytology
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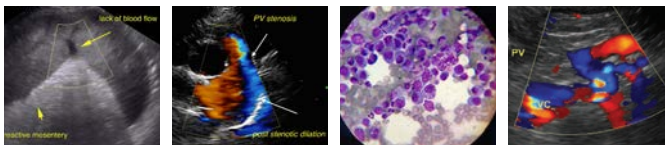

SonoPath.com™
1-800-838-4268 info@sonopath.com

**PATIENT**
Effie Rodriguez

**SPECIES**
Canine

**BREED**
Labrador Retriever

**SEX**
Spayed Female

**AGE**
8 Years

**WEIGHT**
69.4 Pounds

**INTERPRETED BY**
Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Dr. Carlos Abdul-Chani

**HOSPITAL NAME**
Byram AH

**REFERRING VET**
Dr. Carlos Abdul-Chani

**INVOICE**
43197

**DATE**
12/5/22

## PRESENTING CLINICAL SIGNS

Mild Elevation of Kidney Values, mild Urinary Incontinence. Current Meds: None
Abnormal PE/Chem/CBC/UA Results: Creat. = 1.9 ; SDMA = 14.2 Urinalysis = All WNL except S.G. = 1.012 Urine Specific Gravity = 1.012

## 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 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed moderate degenerative changes with cortical infarct and collapse in both kidneys The right kidney measured 6.22 cm in length. Significant remodeling and loss of corticomedullary definition noted in both kidneys. The left kidney measured 5.75 cm. Primary renal dysplasia with secondary degenerative changes cannot be ruled out. Blood flow to the kidneys was subnormal in both kidneys on power doppler assessment. No evidence of active inflammation.

### *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 2.67 cm x 0.67 cm at the caudal pole and 0.78 cm at the cranial pole. The right adrenal gland measured 2.25 cm x 1.46 cm at the cranial pole and 0.78 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 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*

The **stomach** was filled with shadowing material. If the patient was NPO, there is strong concern for gastric foreign matter measuring up to 4.0 cm. The small intestine and colon were unremarkable.

### *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.

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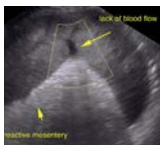
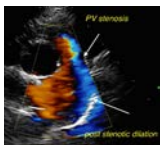
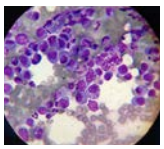
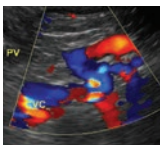

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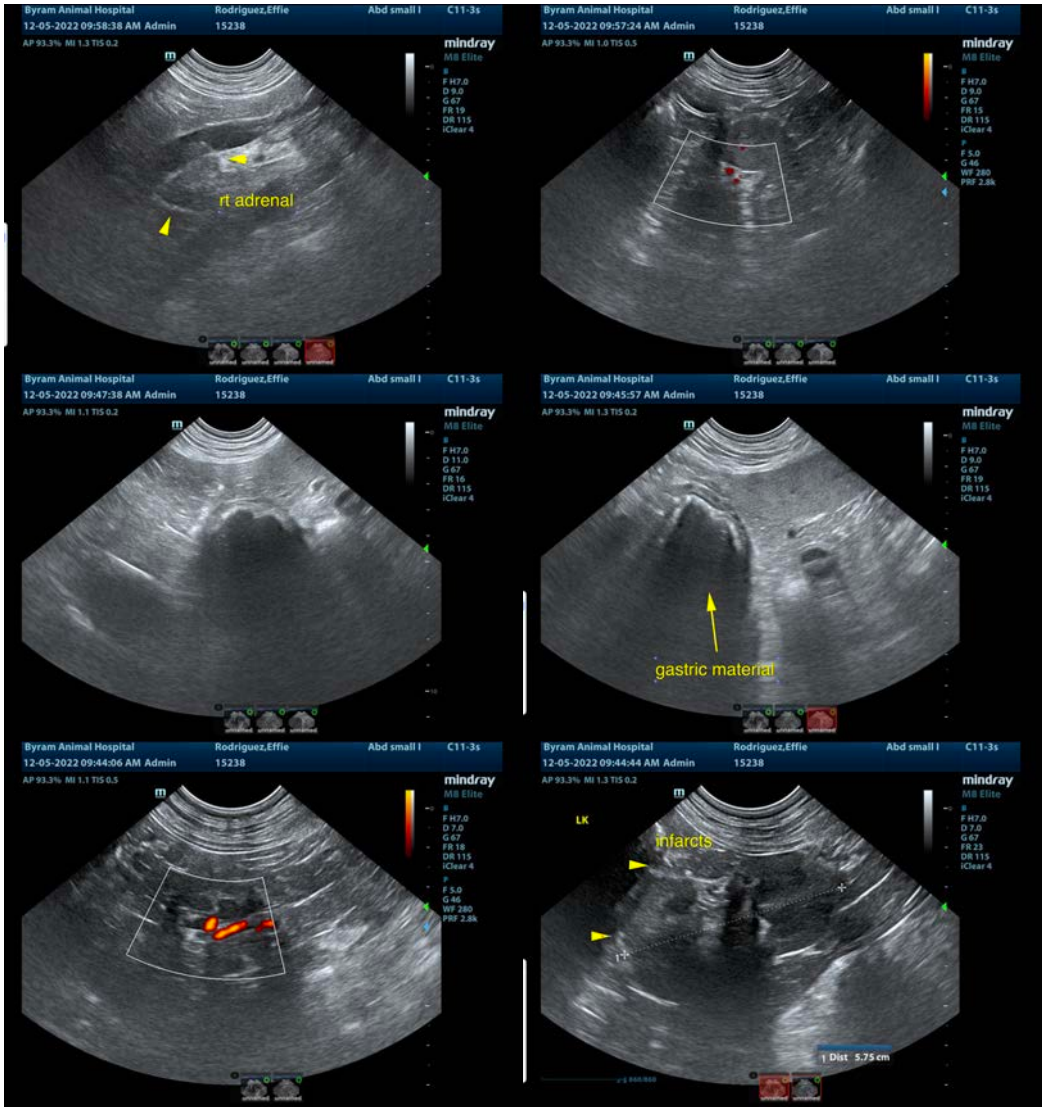
## ULTRASONOGRAPHIC FINDINGS

- Significant degenerative renal disease with infarcts and remodeling – possible primary renal dysplasia with secondary degenerative changes or history of acute on chronic insult.
- Shadowing gastric material – suspect foreign matter depending upon the clinical history.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm strongly concerned about long-term viability of the kidneys in this patient. If the patient was not NPO, I would recommend imaging the pyloric outflow (SDEP #13) primarily on complete NPO status. If gastrotomy is to be performed, then renal biopsies should be performed at that time. Prognosis is guarded long-term.



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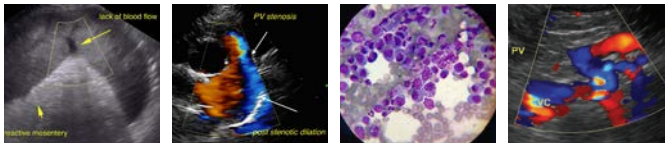

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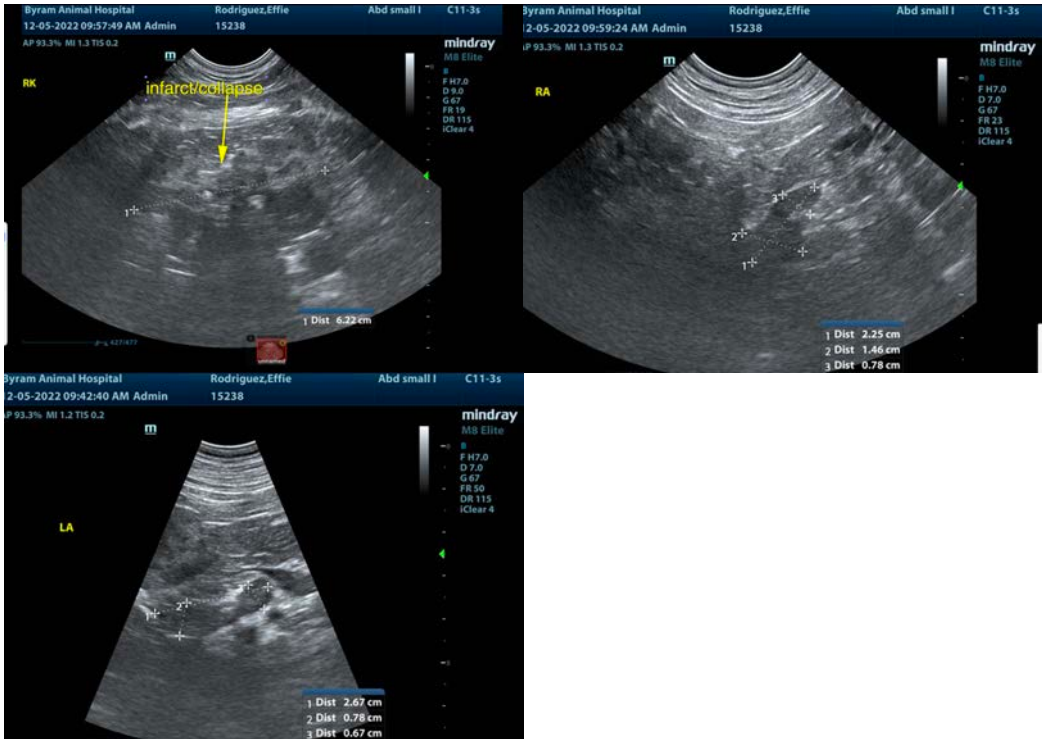


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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