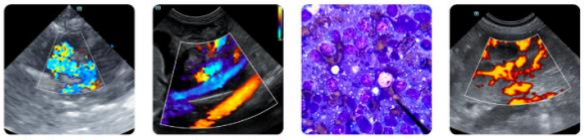

PATIENT

Lucy Galbraith

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

66 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Meghan Myers VMD

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Dr. Susan Zhang DVM

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PRESENTING CLINICAL SIGNS

- Seen 3/9 for urinary accidents. UA-USG 1.013 with rods present. Started amoxi 10 d course. cbc/chem/T4--BUN 56, creat 2.5, ALT 136, ALP 1001, alb 3.1. Recheck chem 3/23 P doing well athome--creat 2.8, BUN 82, ALT 168, ALP 1745. UA recheck 1st AM--USG 1.018, rare WBCs, no bacteria, UPC 5.5. P clinically is doing well at home. Historically has been vaccinated for lepto but overdue by 6m.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was moderately thickened with slight echogenic mural changes. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. A trace amount of sand was noted. Bladder wall thickness measured up to 0.70 cm. The urethra revealed poor tone and dilation of the deep pelvic urethra measuring up to 0.67 cm. Underlying urinary incontinence may be an issue in this patient.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 6.0 cm in length. The right kidney measured 6.2 cm in length. Regional cortical infarcts, mineralizations and slight pyelectasia were present bilaterally with cystic renal lymph node measuring 2.2 cm x 1.1 cm. Blood flow to the kidneys appeared to be adequate.

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 0.60 cm width at the cranial pole and 0.60 cm width at the caudal pole. The right adrenal gland measured 1.0 cm width at the cranial pole and 0.60 cm width at the caudal pole. Mineralizations were noted in the adrenal glands.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal

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contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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

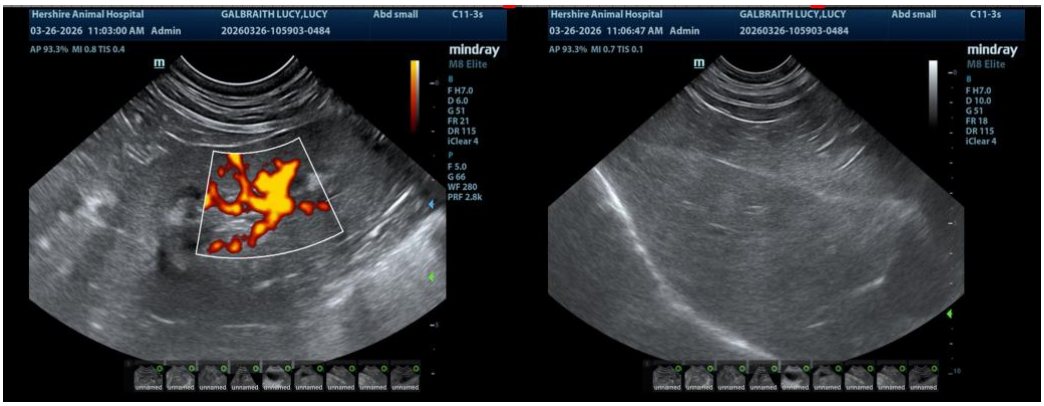
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic cystitis blader pattern.
- Poor urethral tone- suspect occult incontinence.
- Age-related renal changes with infarcts, pyelectasia and mineralizations with renal cystic lymph node.
- Hepatic remodeling.
- Mineralized adrenals- cannot rule out emerging PDH even though measurably normal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute on chronic renal failure is suspected with likely UTI. Examination of vaginal vestibule for pre-disposing issues such as recessed vulva or urine pooling is indicated given the UTI history. Kidneys subjectively do not appear end-stage. Complicating factors such as hypertension, UTI, hydration and pre-renal disease should all be considered as well as acute or chronic insults such as leptospirosis.



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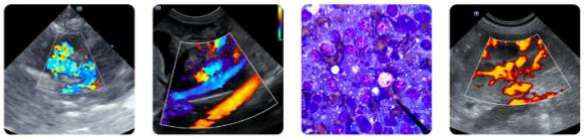

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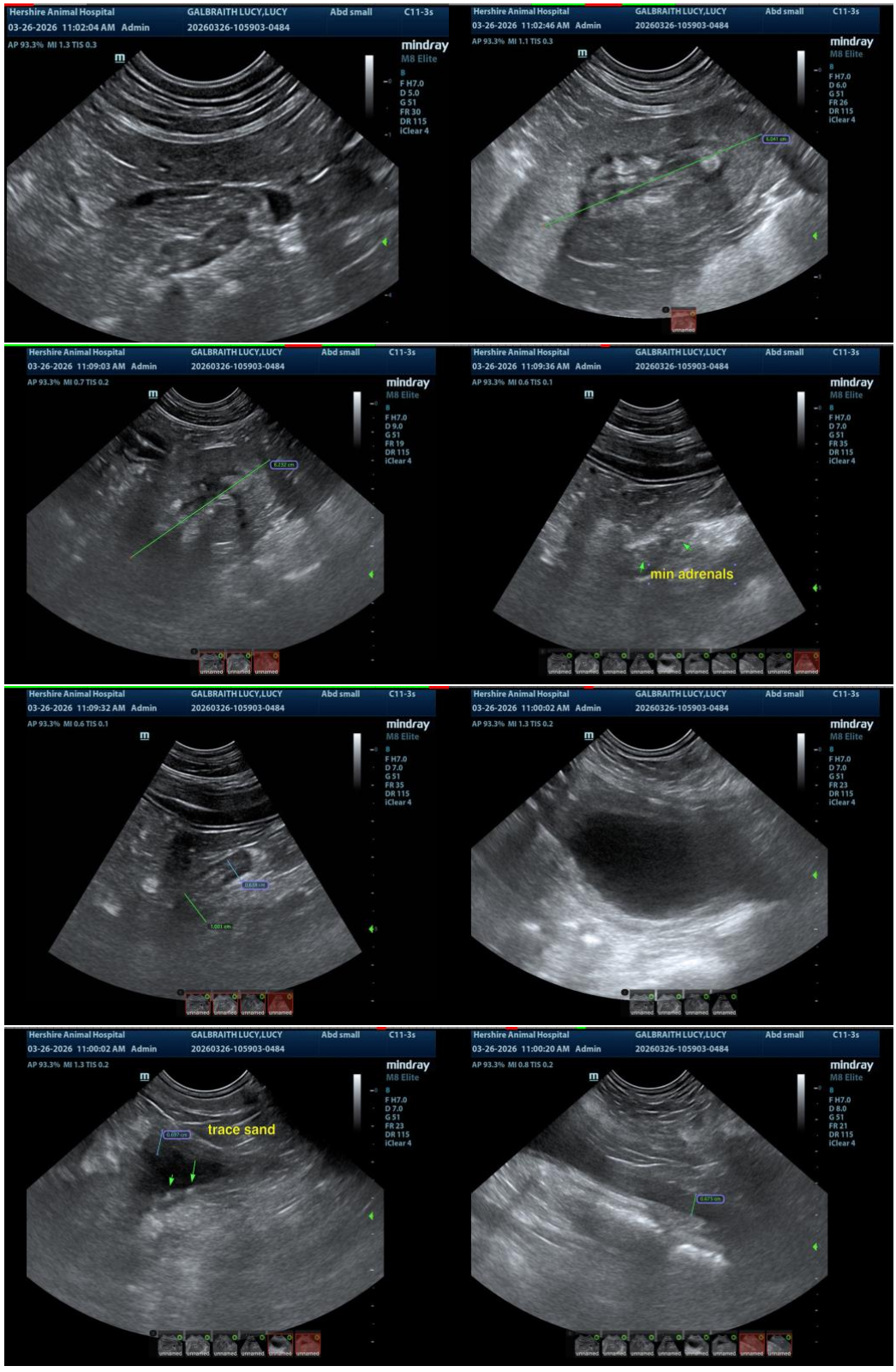

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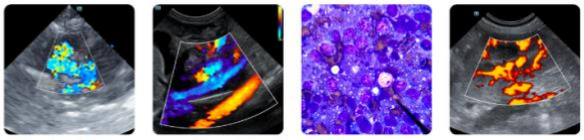

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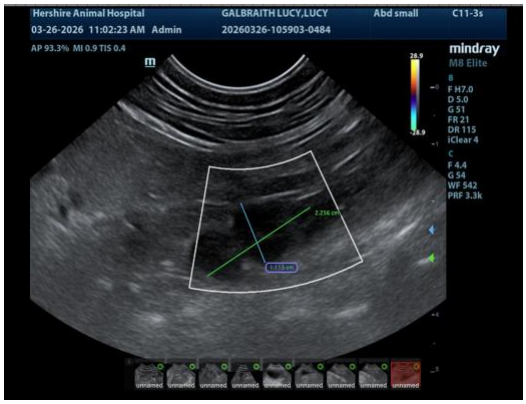

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com