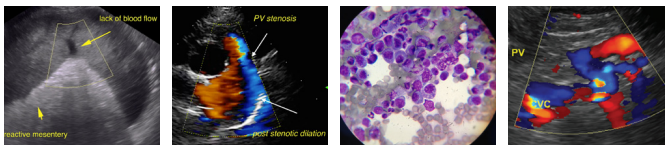
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Henny Graham

SPECIES
Canine

BREED
Lab

SEX
Spayed Female

AGE
1 Year 10 Months

WEIGHT
60 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Christina Sitton

HOSPITAL NAME
Sherwood Family PC

REFERRING VET
Dr. Christina Sitton

INVOICE
36659

DATE
4/1/22

PRESENTING CLINICAL SIGNS

brief case recap: Henny has a hx of chronic colitis and had a fecal PCR and QI2502 panel run on 1/18 (a month ago) Fecal PCR all negative and treated with metronidazole Colitis has resolved since and pt doing clinically great, no concerns. Even with colitis, she was otherwise normal although Henny is persistently underweight. No bloodwork previous to 1/18. On that panel she had bacturia, 2.5 albumin (2.7 - 3.9 g/dL), SDMA 25, BUN 30 and Creat 1.8 (0.5-1.5) Some degree of concern for pyelonephritis vs incidental bacteruria, Started 14 days of Clavamox Recheck QI780 2/1 showed persistently elevated renal values SDMA 20, BUN 37 and Creat 1.7 with "rare rods" on UA We submitted urine culture, which came back no growth. No further treatment but recommended to recheck renal values again to see if they were taking a bit longer to come down, if associated with bacteruria Recheck renal values in house 2/21 show elevated Creat 2.2 (0.5-1.8) and BUN 37 (7-27) Called and SW Dr. Beth Hermann, Internal medicine specialist with Idexx to review case and get 2nd opinion. My thoughts were Ab US, repeat urine culture, UPC, lepto titers and consider dietary modification To her knowledge, no correlation between the hydrolyzed protein diet and renal value elevation. She agrees with the recommendations. Her quote was "the more we rule out reversible things, the more concerned I get about non-reversible causes".
Abnormal PE/Chem/CBC/UA Results: leptoPCR/UC/UPC test pending see above for elevated creatinine/low albumin notes

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. Moderate distention at the time of the sonogram. 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 **kidneys** were subnormal in size and presented significantly disrupted architecture with deviated and dilated renal pelvises. Cortical collapse, loss of corticomedullary definition and pyelectasia noted. Nodular changes also noted. The left kidney measured 4.8 cm. The right kidney measured 4.0 cm.

Adrenal Glands

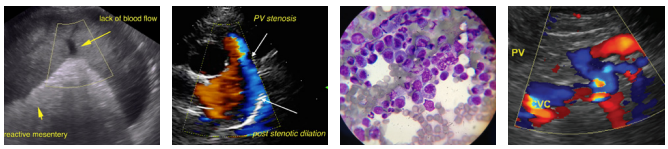
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.0 cm at the cranial pole and 0.60 cm at the caudal pole. The left adrenal gland measured 0.50 cm.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

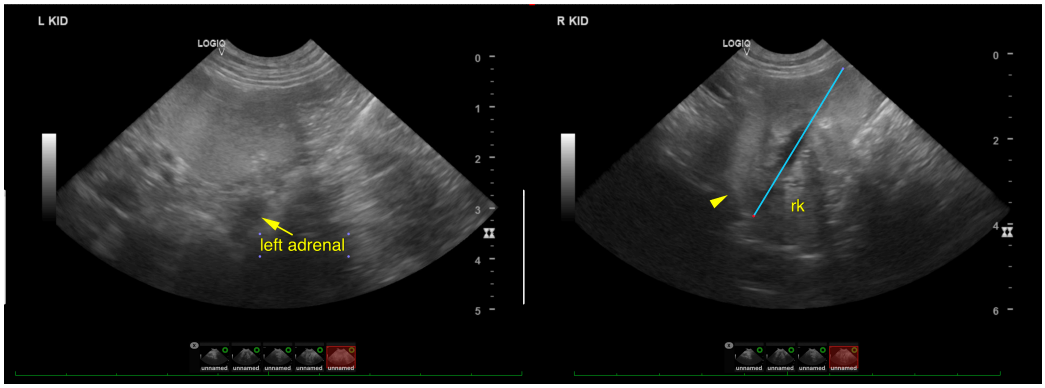
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

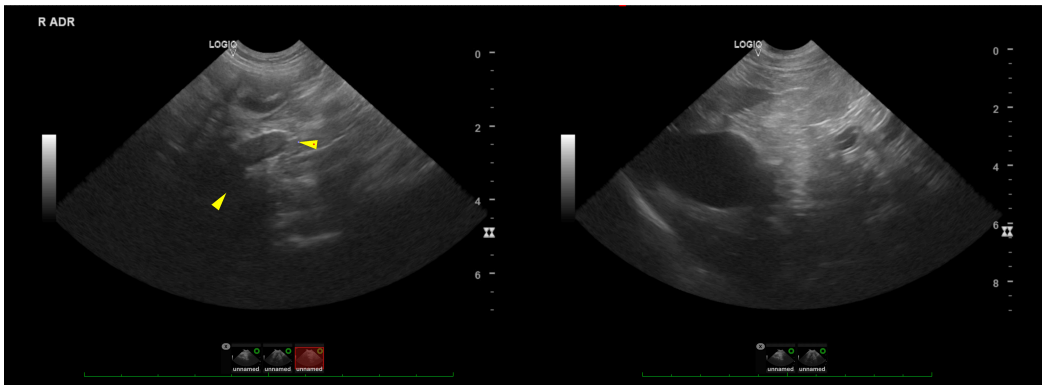
ULTRASONOGRAPHIC FINDINGS

- Renal dysplasia pattern with significantly disrupted architecture and pyelectasia. Pyelectasia likely owing to primary renal dysplasia, but also concurrent UTI.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol, blood pressures, urine culture all indicated if not already performed. Prognosis long-term is guarded. Renal biopsy is necessary in this patient, given the suspicion for primary renal dysplasia. Breeding line should be evaluated for similar renal changes.





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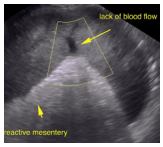

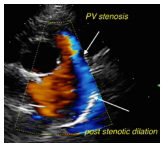

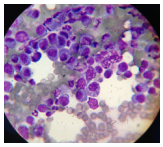
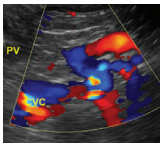

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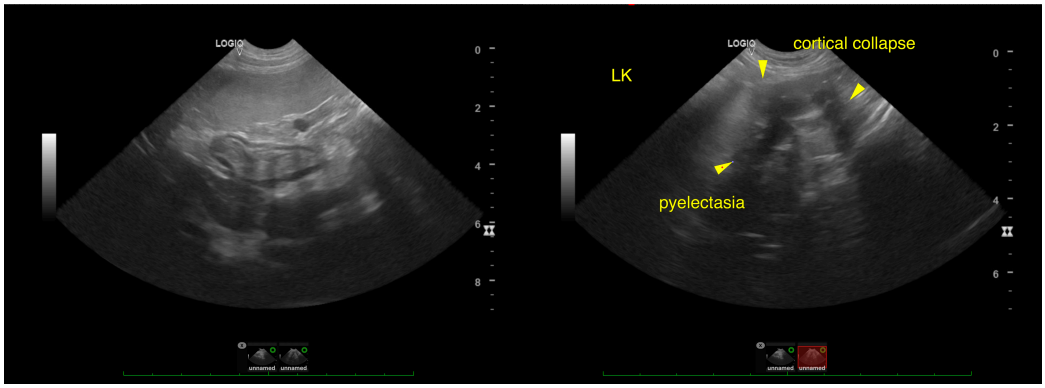

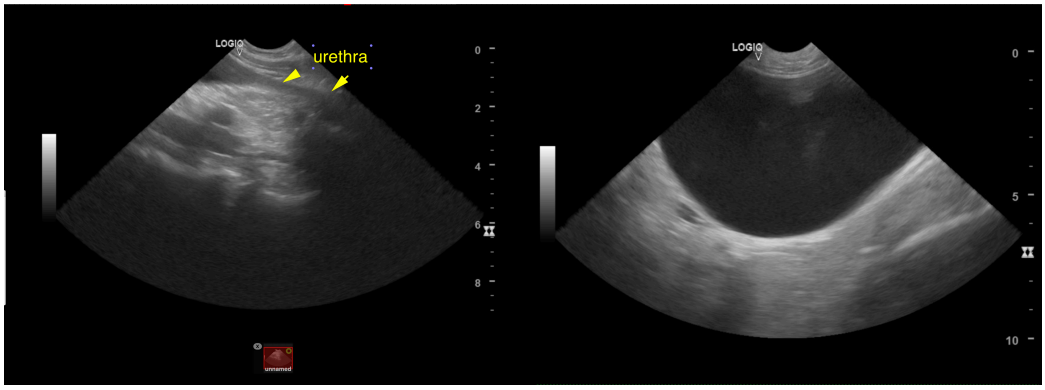

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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