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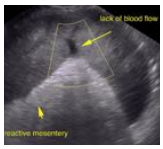

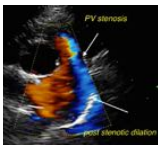

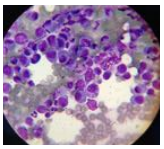
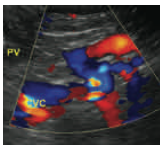

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1-800-838-4268 info@sonopath.com

PATIENT

Henry Dutshmann

SPECIES

Canine

BREED

Great Dane

SEX

Neutered male

AGE

3 years

WEIGHT

149 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Branchville Country Vet

REFERRING VET

Dr. Talbot-Valerio

INVOICE

98121

DATE

4/7/22

PRESENTING CLINICAL SIGNS

History: Evaluate kidneys; Hx of elevated BUN, CREAT, SDMA, proteinuria, no infection. PU/PD, preputial discharge on and off.
Abnormal PE/Chem/CBC/UA Results: TBil 0.5, BUN 33, CREAT 1.9, CHOL 329, AMYL 1268, PSL 452, SDMA 16.6, U/A-USG 1.015, PROT 2+, WBC 4-10, PROT/CREAT RATIO 0.9

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. . An apical ventral polyp was noted and measured 0.81 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The residual prostate measured 1.24 cm.

The **kidneys** presented chronic interstitial nephrosis pattern. The kidneys revealed irregular contour. Blood flow appeared to be subnormal. Renal infarcts were noted. Significant disrupted architecture was noted with irregular renal pelvises. The renal cortices were nodular. The left kidney measured 8.38 cm. The right kidney measured 8.95 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 left adrenal gland measured 2.7 x 0.59 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 2.16 x 1.29 cm at the cranial pole and 0.69 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 was 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.

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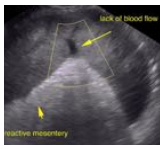
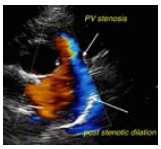
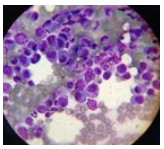
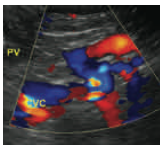

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Gastrointestinal

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.

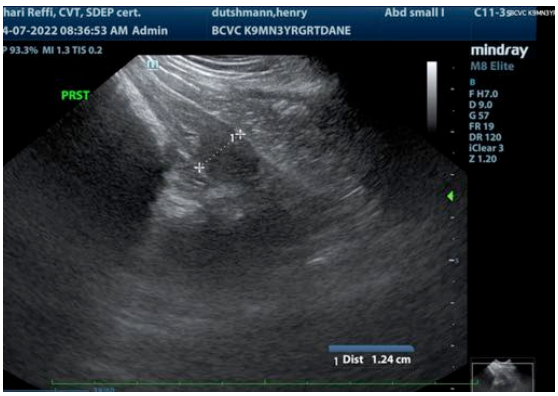
ULTRASONOGRAPHIC FINDINGS

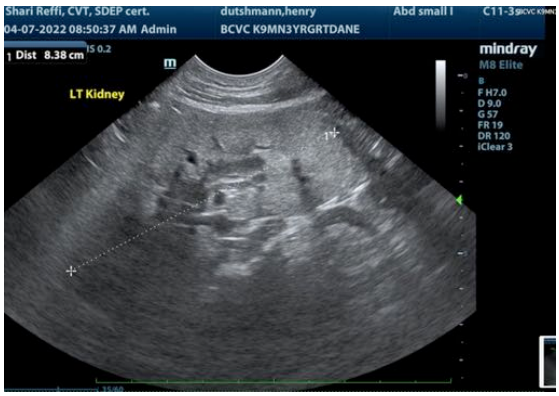
Chronic interstitial nephrosis pattern with irregular renal pelvises and cortices.

Apical ventral bladder polyp, likely benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is strongly consistent with primary renal dysplasia and secondary degenerative changes. Underlying Leptospirosis should be considered as a potential. Renal biopsy is necessary for further definition; however, the prognosis is guarded based on potential response to therapy. The breeding line should be evaluated for similar changes as suspected renal dysplasia is highly variable in degree patient to patient. Histopathology of the kidney would be ideal for further definition. There is a chance of chronic interstitial nephrosis pattern causing a similar sonographic appearance, yet less likely.





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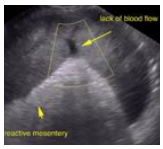
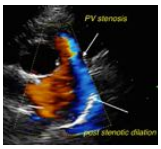
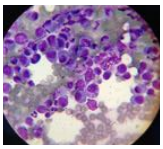
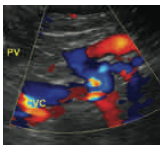

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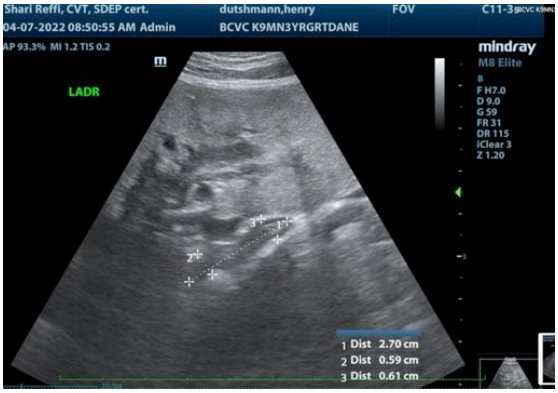

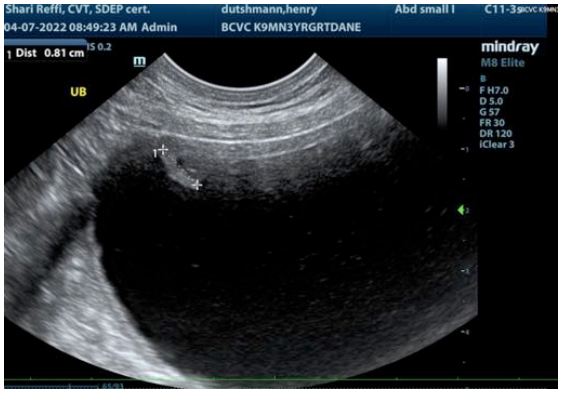

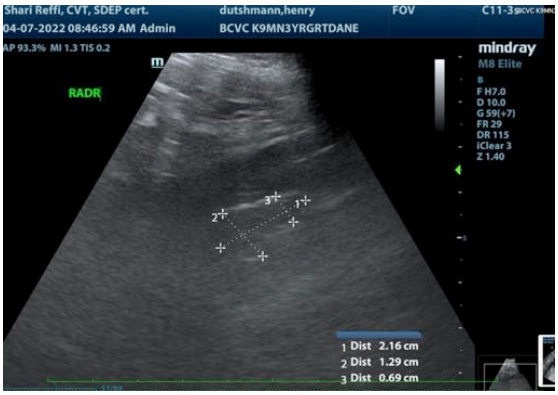

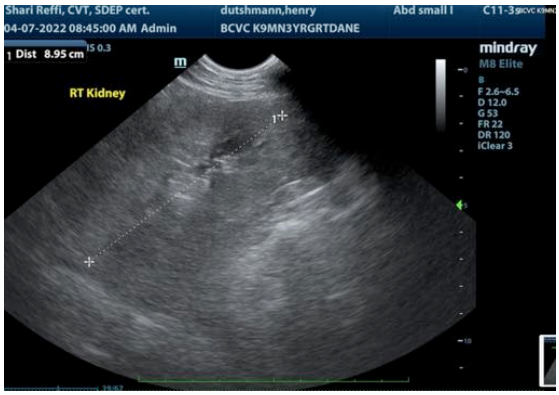

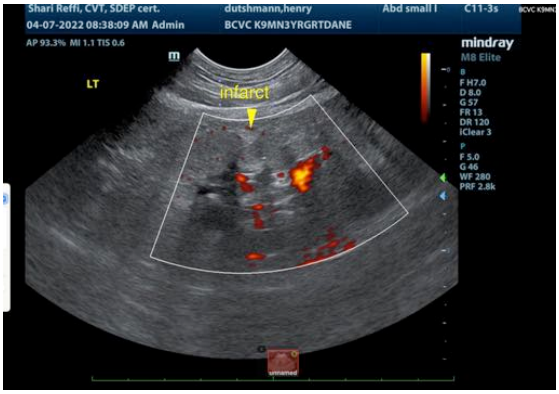

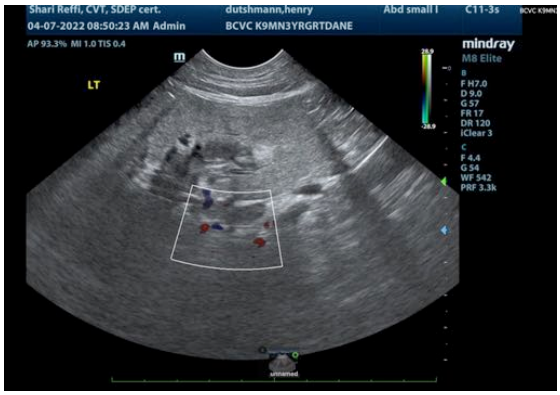

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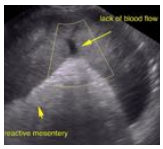

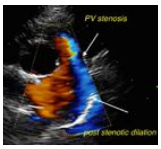

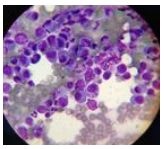
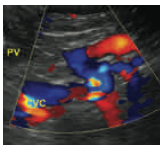

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com