



PATIENT

Jayla Byrne

SPECIES

Canine

BREED

Shih Tzu X

SEX

Spayed Female

AGE

8 Years

WEIGHT

4.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

47283

DATE

5/10/23

PRESENTING CLINICAL SIGNS

Hx of MUD, acute renal failure.
Abnormal PE/Chem/CBC/UA Results: Elevated BUN/Creat

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 3.0 cm beyond the cystourethral junction.

The **kidneys** were subnormal in size with diffuse interstitial nephrosis pattern and minor pyelectasia. The left kidney measured 2.6 cm. The right kidney measured 2.48 cm. Blood flow was mildly subnormal. Minor cortical cysts noted in the right kidney.

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 1.28 cm x 0.46 cm at the cranial pole and 0.30 cm at the caudal pole. The left adrenal gland measured 1.0 cm x 0.39 cm at the caudal pole and 0.20 cm at the cranial 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 mildly edematous with fluid filled lumen, consistent with gastritis, likely uremic gastritis. 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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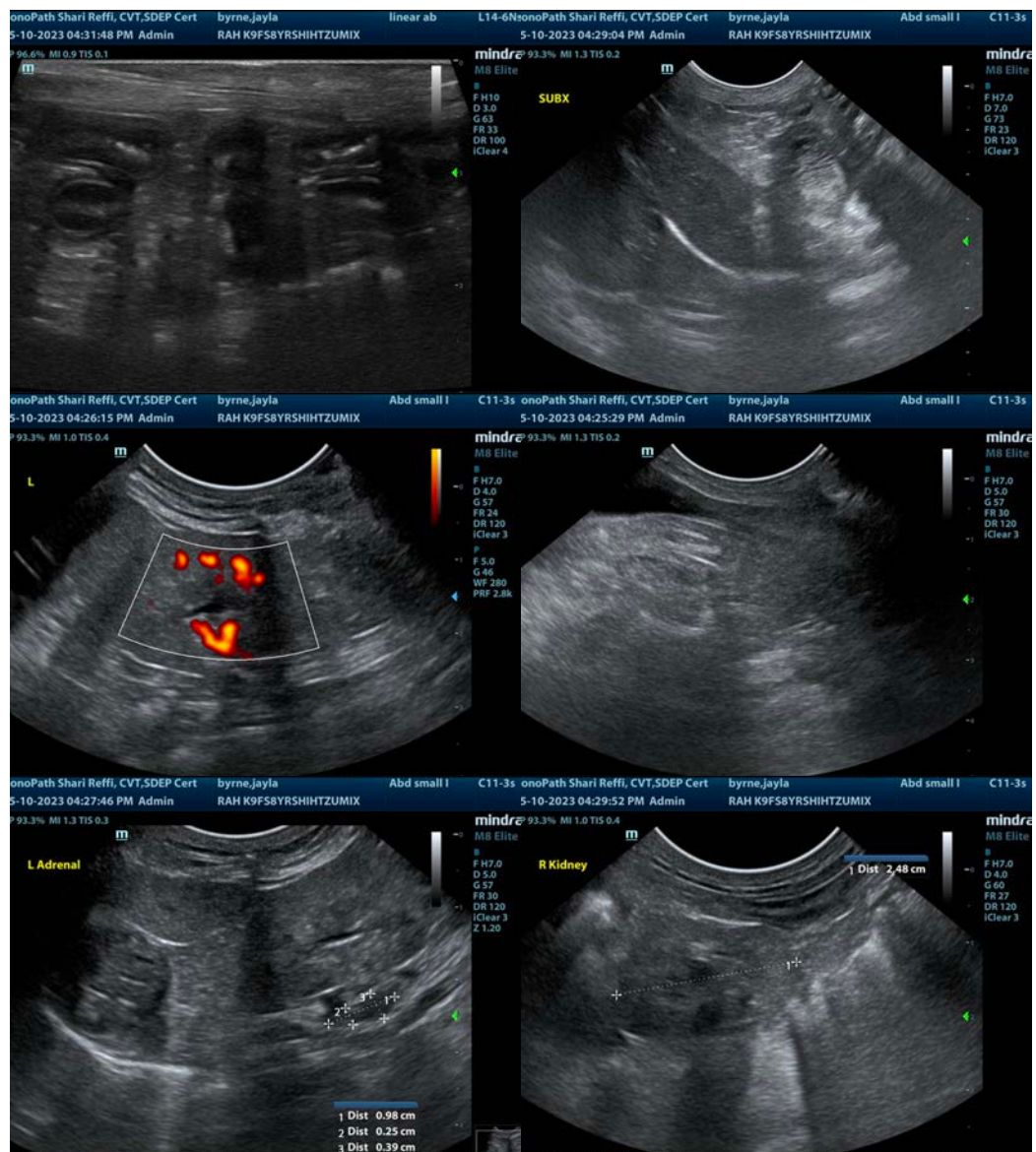
5/10/23

ULTRASONOGRAPHIC FINDINGS

- Subnormal renal size with interstitial nephrosis pattern – possibility of primary renal dysplasia and secondary degenerative changes.
- Gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol warranted and reassessment of the clinical profile to assess if the azotemia can be resolved. However, prognosis is extremely guarded. The kidneys appear subjectively end stage. Urine culture and sensitivity and blood pressures warranted to assess for complicating factors.





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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

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