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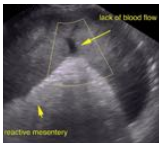
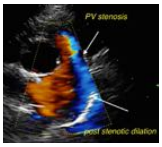
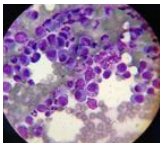
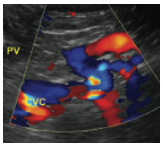

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1-800-838-4268 info@sonopath.com

PATIENT
Mylo Yip

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Neutered male

AGE
13 ½ years

WEIGHT
5.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Vivian Wang

HOSPITAL NAME
Back Bay VC

REFERRING VET
Dr. Wang

INVOICE
76394

DATE
8/2/23

PRESENTING CLINICAL SIGNS

History: Renal insufficiency
Feb. 2023 SDMA 20, CREA 1.5, USG 1037 Aug. 2023 SDMA 20, BUN 54, CREA 1.7, USG 1.018

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. A trace amount of sand was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. The left kidney was subnormal in size and measured 2.34 cm. The right kidney measured 3.2 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 1.26 x 0.32 cm at the caudal pole and 0.38 cm at the cranial pole. The right adrenal gland measured 1.2 x 0.3 cm at the cranial pole and 0.3 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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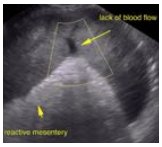
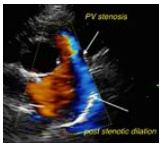
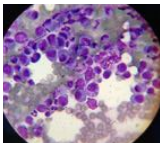
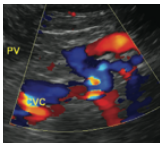

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Gastrointestinal

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.

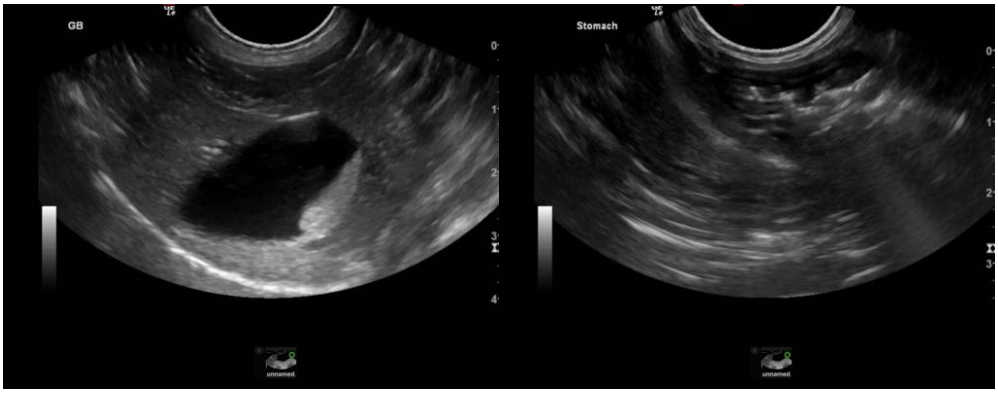
ULTRASONOGRAPHIC FINDINGS

Moderate, age related renal changes with pinpoint nephrolithiasis, non-obstructive.

Trace amount of bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may be passing small calculi periodically contributing to the clinical history as the degenerative changes in the kidneys are relatively mild to moderate and do not appear end stage. Screening for underlying Addison's would be indicated although this is not overtly suspected and should be ruled out given the history of prerenal azotemia. Baseline cortisol or ACTH stimulation is warranted. Urine culture and sensitivity is warranted if any inflammatory sediment is present. Blood pressure measurements, ensuring adequate hydration and no pre renal disease are mainstays. Geriatric or renal oriented diet would be appropriate.



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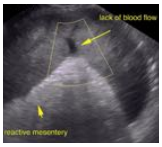
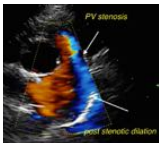
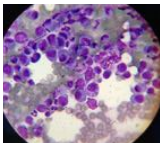
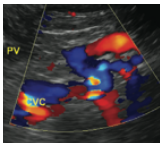

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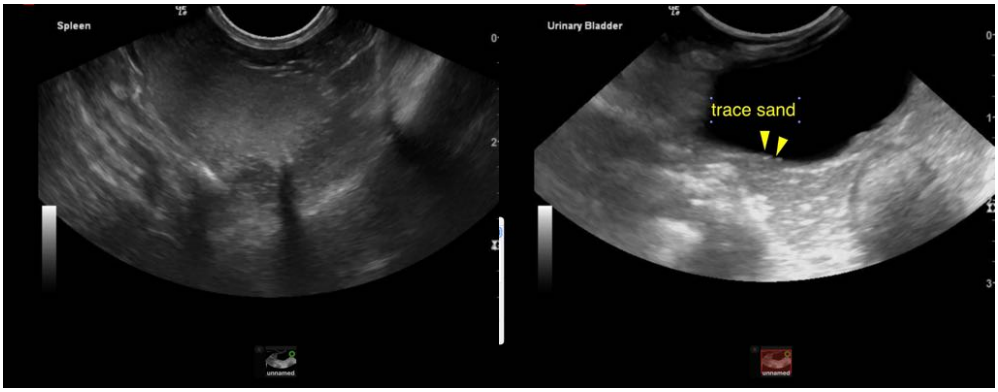

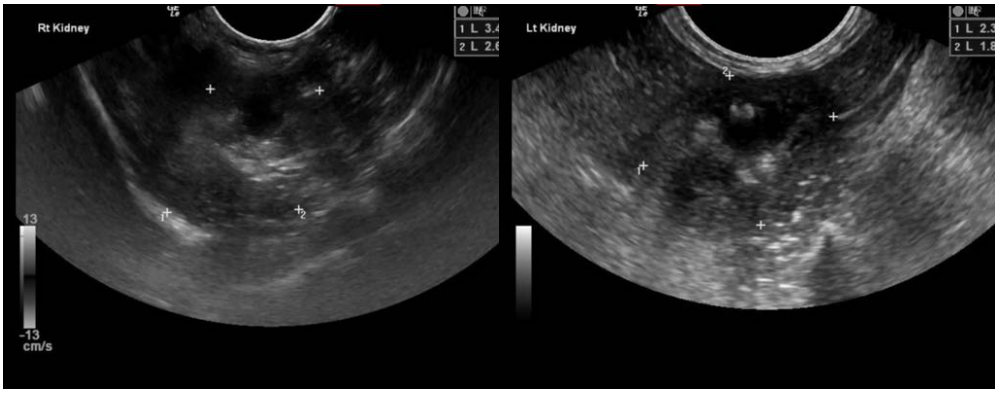

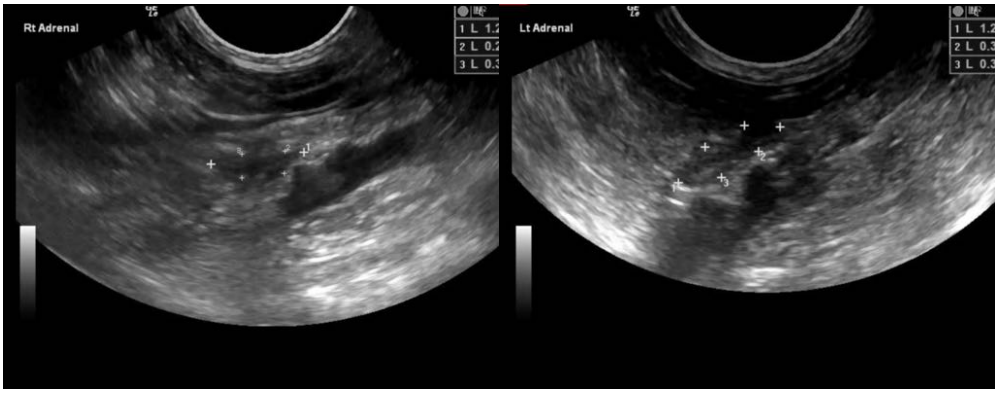

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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