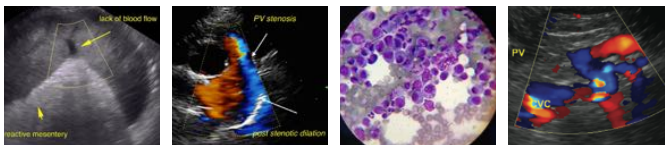
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Phoenix VonderLieth

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed female

AGE

11 years

WEIGHT

46.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano-Kaplan

INVOICE

32250

DATE

8/9/22

PRESENTING CLINICAL SIGNS

History: pet has lost 7 lbs since last seen 2019, has not been to any other vet, overdue all vax pu/pd x 1 week, urinary accidents in house (very unusual for pet) had one accident in her sleep on O'd bed, vomited yesterday and today, bile and grass, no appetite - diarrhea last 2 days normal diet Merrick Healthy Weight, no cs not on any preventions per O
Abnormal PE/Chem/CBC/UA Results: SDMA: 15H, Crea: 2.1H, BUN: 44H Glob: 4.2H, Lipase: 287, Retic: 121L, Retic HG: 22.7L, PLT: 512H 4DX neg, USG: 1.008, UPC: 1.2 UCS: neg Lepto PCR pending AXR and CXR unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed diffuse, hyperechoic cortical changes with loss of corticomedullary definition. Minor pyelectasia was noted. This is most consistent with chronic interstitial nephrosis. The left kidney measured 7.47 cm. The right kidney measured 6.8 cm. The kidneys subjectively appear 40-50% compromised from a structural standpoint.

Adrenal Glands

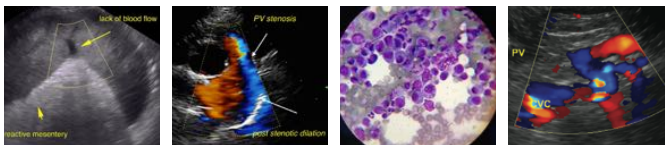
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 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



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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.

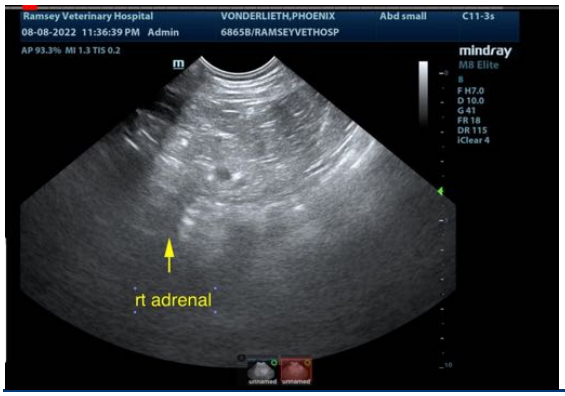
ULTRASONOGRAPHIC FINDINGS

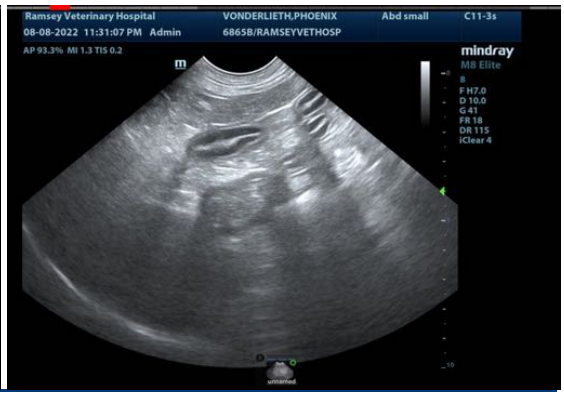
Acute on chronic renal failure of unknown cause. Moderate degenerative changes.

Otherwise, normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively the kidneys are not end stage. Blood pressure measurements, empirical treatment for infectious agents, urine culture and sensitivity is warranted if any inflammatory sediment is present. There is a remote potential for Addison's even though the adrenal glands appear normal.





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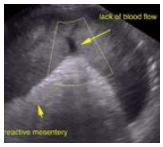
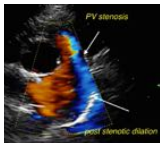
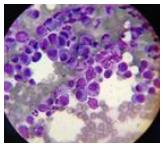
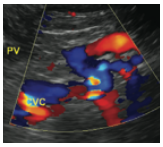

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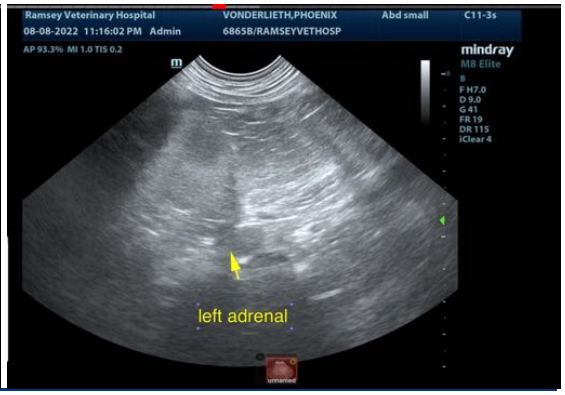

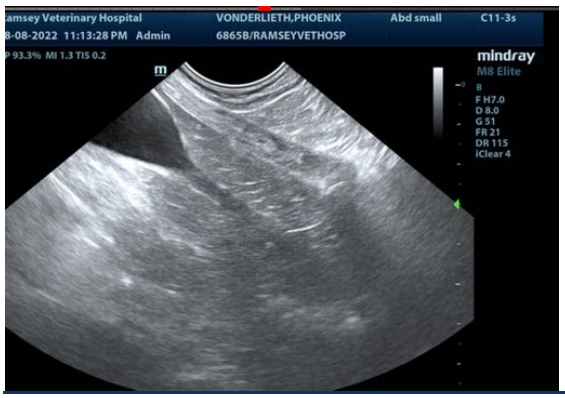

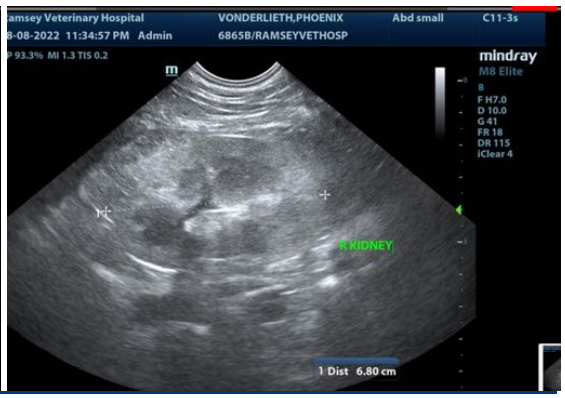

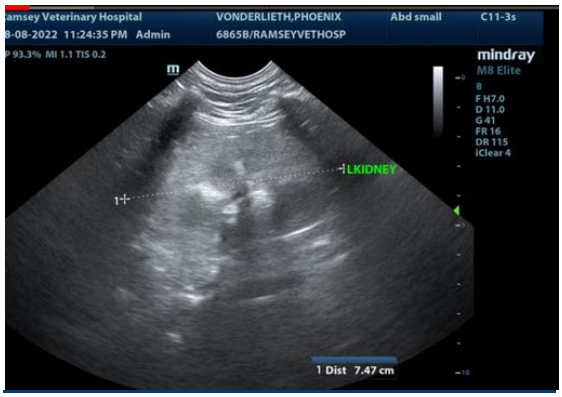

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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