



PATIENT

Jackie Sills

SPECIES

Canine

BREED

Jack Russell Mix

SEX

Spayed female

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stevens

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Stevens

INVOICE

39505

DATE

9/20/22

PRESENTING CLINICAL SIGNS

History: Elevated renal and liver values since 5/2022 that continue to worsen. Patient is currently managed on Aminavast and Denamarin and SQ fluids.

Abnormal PE/Chem/CBC/UA Results: CHEM17: CREA 2.2, BUN 63, ALT 380, ALKP 1507

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and 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. Medullary structure differed distinctly from that of the cortex. Pyelectasia was noted with cortical cysts. Increased cortical echogenicity was noted. The left kidney measured 4.0 cm. The right kidney measured 4.4 cm with slight mineralization.

Adrenal Glands

The left **adrenal gland** was uniform and measured 0.5 cm. The right adrenal gland revealed mild, heterogenous parenchymal changes. The right adrenal gland was 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** is swollen and irregular in contour with multi-focal, coalescing, non-disruptive hyperechoic nodular changes. This is most consistent with vacuolar hepatopathy and nodular hyperplasia. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy 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.



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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

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Moderate degenerative renal disease.

Jack Russell Mix

Pronounced nodular hyperplasia, vacuolar hepatopathy liver pattern.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed female

The renal values should be monitored carefully in this patient. FNA of the nodular changes and general parenchyma would be ideal. 72-hour IV fluid protocol is recommended to correct azotemia. Full urinary work-up +/- culture and sensitivity is warranted. Blood pressure measurements are indicated. Geriatric or renal oriented diet is indicated. The prognosis long term is guarded.

AGE

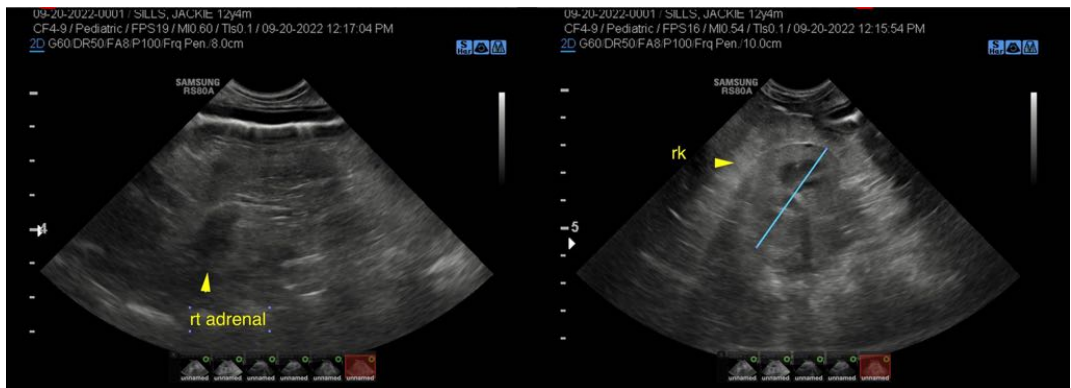
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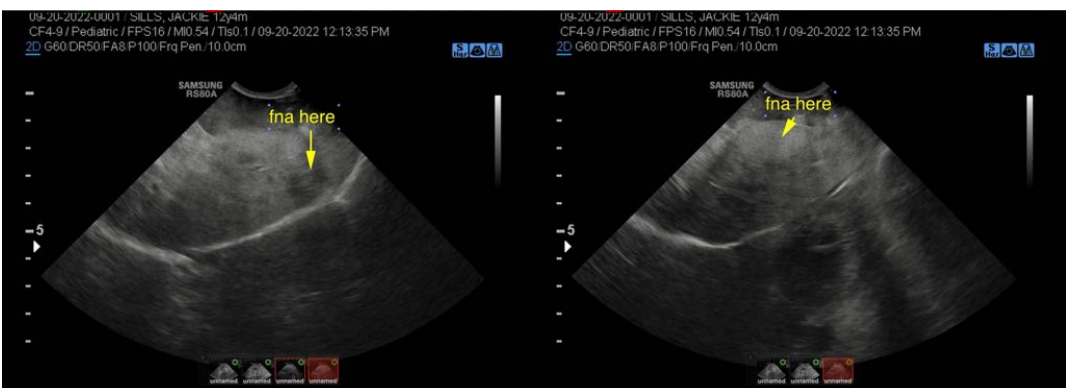
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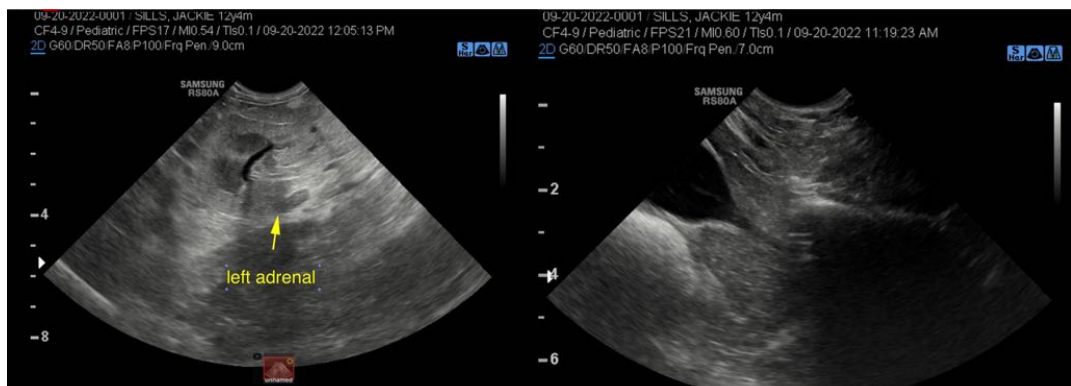
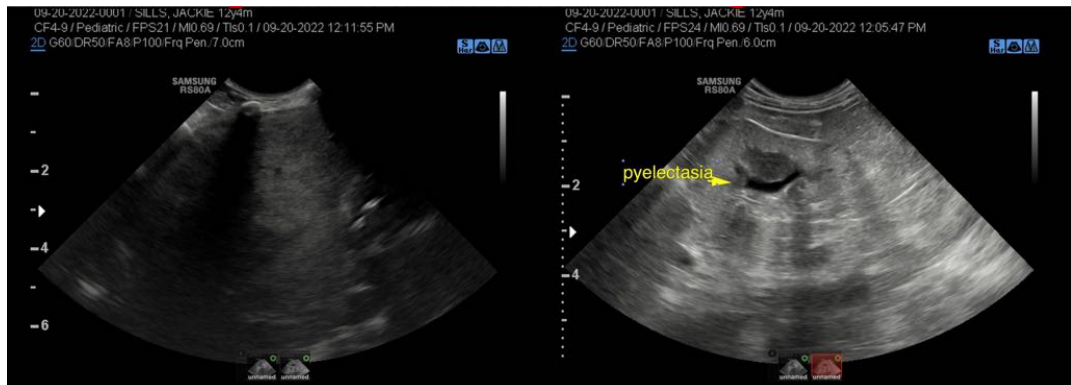
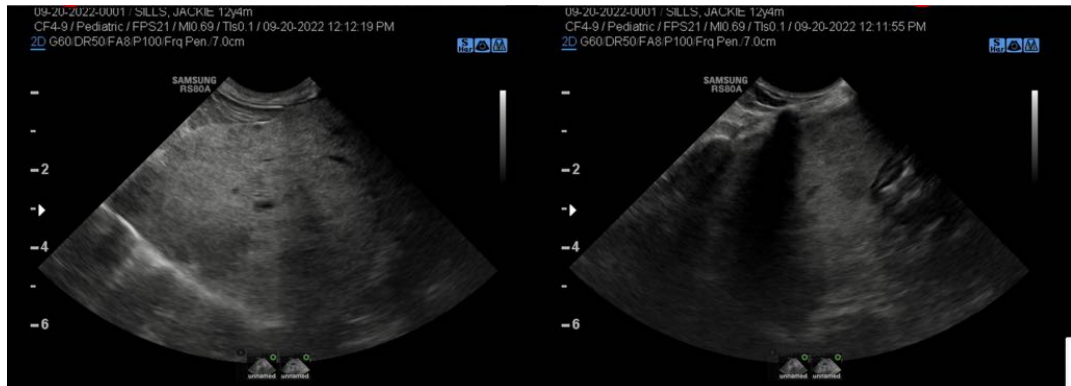
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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