

**DATE**

9/30/21

PRESENTING CLINICAL SIGNS

Azotemia on pre-anesthetic BW for neuter.

Current Medications: None

Lab Results: Creat 3.6; BUN 79; SDMA 33; USG 1.014

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

PATIENT

Bowie McGilvray

SPECIES

Canine

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.

BREED

Airedale

The prostate was uniform and measured 2.0 cm. The right testicle was intraabdominal parabladder position adjacent to the body wall and measured 2.55 cm. The descended testicle was unremarkable.

SEX

Intact male

The **kidneys** revealed diffuse, hyperechoic cortical remodeling. This is consistent with interstitial nephrosis. An anechoic cyst was noted at the caudal pole of the right kidney with loss of corticomedullary definition. The kidneys revealed hypovascular cortical changes on color flow assessment. The left kidney measured 5.91 cm with a hyperechoic medullary rim.

AGE

2/27/21

WEIGHT

42.8 lbs

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 2.27 x 0.51 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 2.64 x 0.51 cm at the caudal pole and 0.58 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

HOSPITAL NAME

Bay Country VH

REFERRING VET

Dr. McLean

INVOICE

92115

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

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

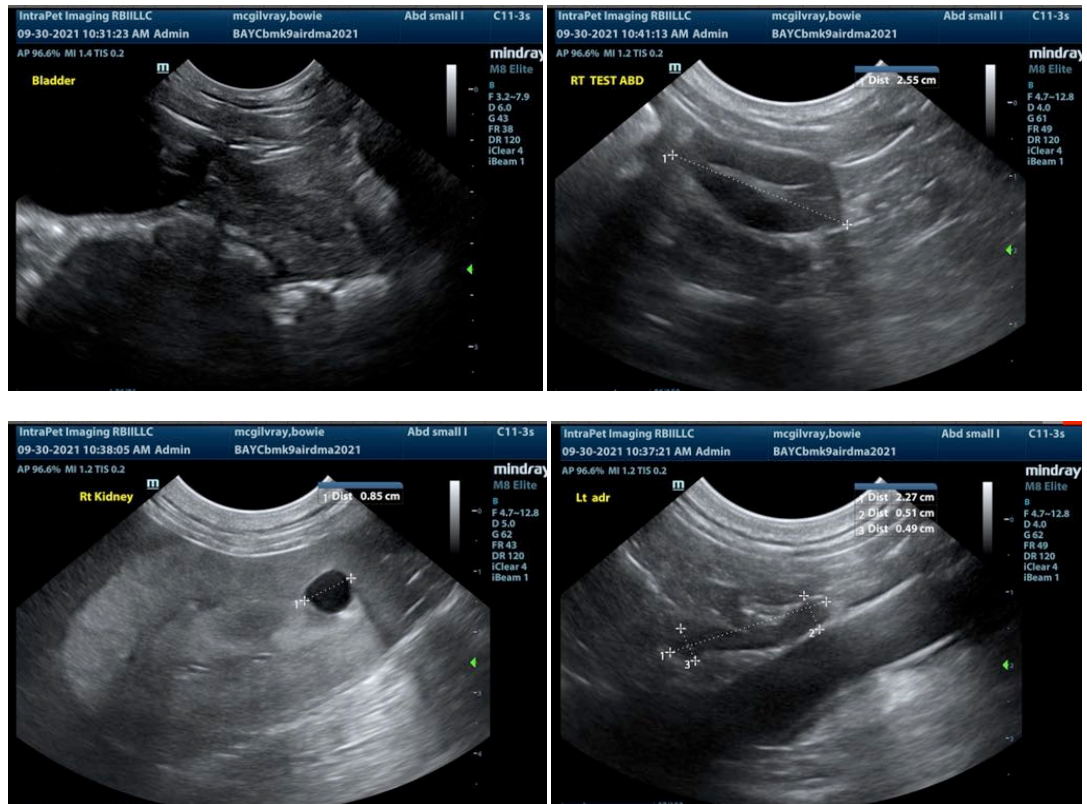
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

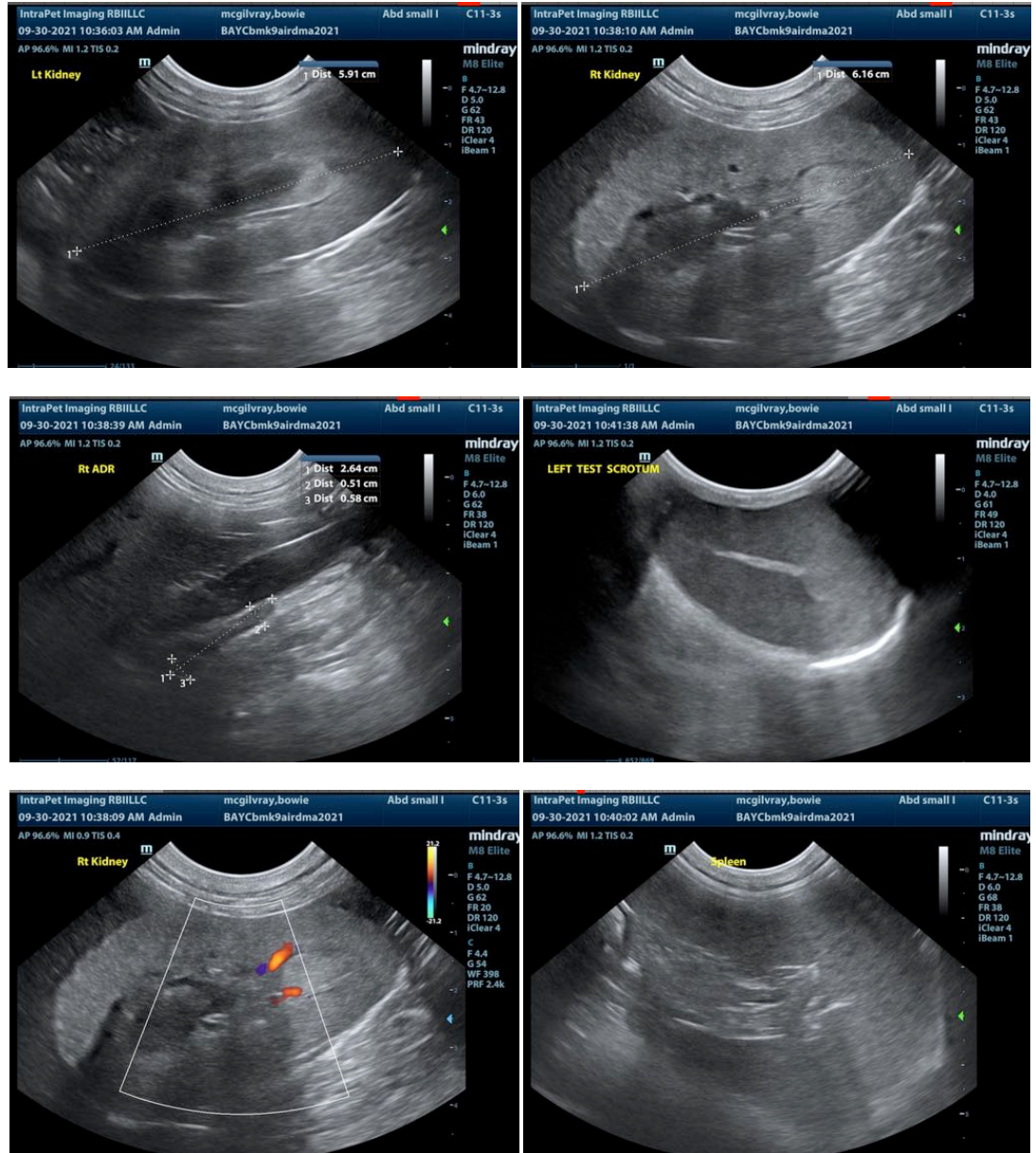
ULTRASONOGRAPHIC FINDINGS

Diffuse renal degenerative disease with possible primary renal dysplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core biopsy of the kidneys would be warranted after blood pressure measurements and coagulation panel. Leptospirosis or other acute on chronic insult is possible. IV Ampicillin, 72-hour IV fluid protocol, blood pressure measurements, urine culture and GI protectants are all indicated with renal biopsy and ideally splenic FNA.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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