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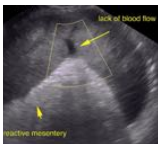
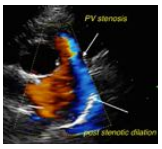
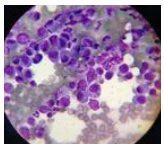
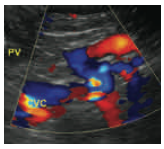

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Arya Puckett

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

2 years

WEIGHT

74 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Daniel Finch

HOSPITAL NAME

Neighborhood Pet Health Center

REFERRING VET

Dr. Finch

INVOICE

91730

DATE

9/8/21

PRESENTING CLINICAL SIGNS

History: See attached medical condition sheet
Hematocrit 38, SDMA 64, creatinine 5.6, BUN 89, albumin 2.3, cholesterol 355, amylase 1633

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 **left kidney** is severely dysplastic and subnormal in size. There was complete loss of structural architecture. The right kidney was excessively long. Thickened, irregular cortices and loss of corticomedullary definition was noted along with disrupted and dilated renal pelvis. Echogenic remodeling was noted. The right kidney measured 8.5 cm. The left kidney measured 2.87 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 0.47 cm at the caudal pole and 0.34 cm at the cranial pole. 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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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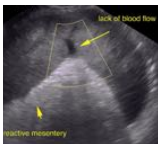
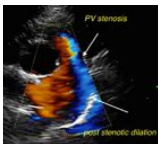
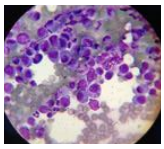
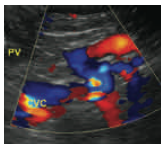

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Gastrointestinal

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

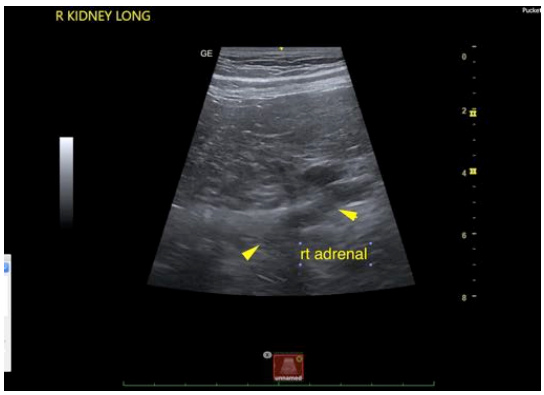
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

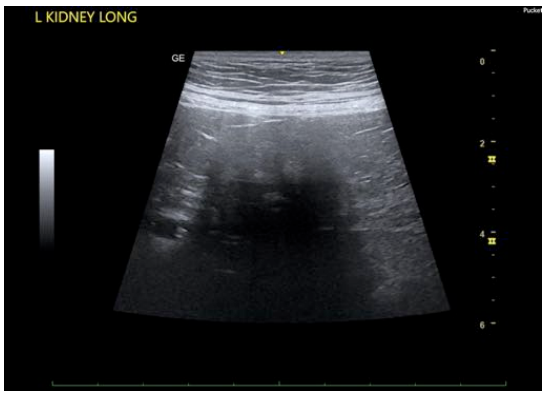
ULTRASONOGRAPHIC FINDINGS

Primary renal dysplasia pattern with secondary renal dysplasia/hypoplasia pattern with secondary degenerative changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor long term. Treatment for acute on chronic renal failure and complicating factors such as Leptospirosis, Lyme disease and infection as well as hypertension are all potentials. However, the pattern is suggestive of a primary dysplasia, hypoplasia issue with the kidneys. Renal biopsy is necessary for a definitive diagnosis. The prognosis long term is poor. The breeding line should be evaluated for similar changes in the kidneys in such a young age especially if definitive, histopathological diagnosis is able to be achieved. Full urinalysis +/- culture is indicated.





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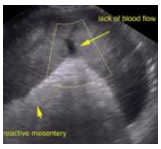
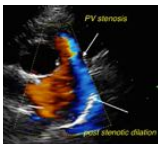
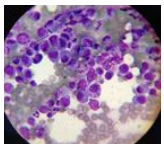
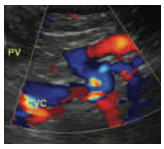

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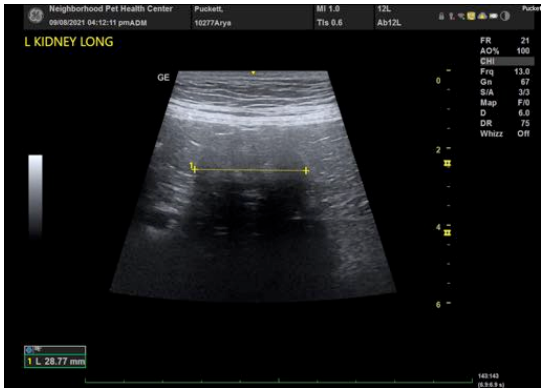

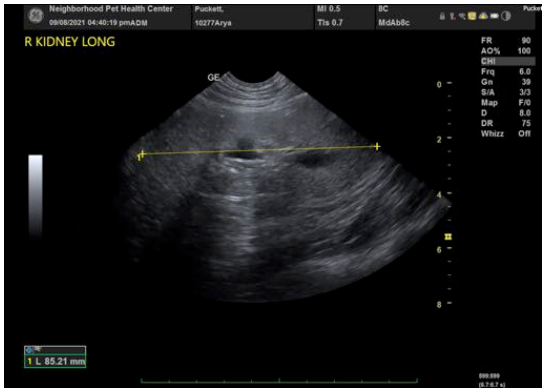

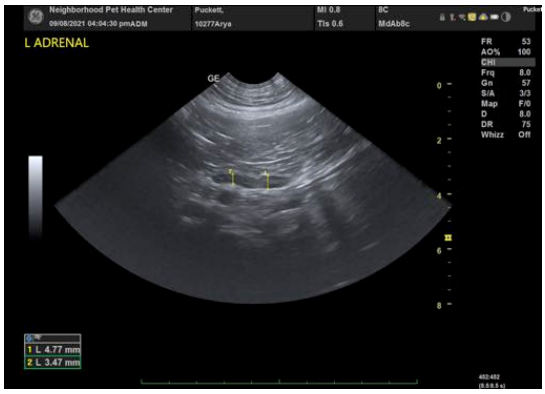

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com