



PATIENT

Taz Chicoyne

PRESENTING CLINICAL SIGNS

History: BUN, regurgitation, HX of IBD and renal insuff
Abnormal PE/Chem/CBC/UA Results: Abnormal - CPL, BUN > 130, Cre 3.6/K 6,4

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

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.

SEX

Spayed female

The **kidneys** revealed subjectively near end stage degenerative changes with pyelectasia and echogenic debris. Mineralization was noted in the kidneys as well as an interstitial nephrosis pattern. The left kidney was subnormal in size and measured 3.7 cm. The right kidney revealed similar changes to the left and measured 4.84 cm. Blood flow to the kidneys appeared adequate on power Doppler assessment.

AGE

15 years

Adrenal Glands

WEIGHT

27.8 lbs

The right adrenal gland was mildly enlarged and heterogenous measuring 1.95 x 1.3 cm at the cranial pole and 0.86 cm at the caudal pole. The left adrenal gland was uniformly enlarged and heterogenous measuring 1.83 x 0.78 cm at the cranial pole and 0.73 cm at the caudal pole.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was 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. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Animal Paradise
Hospital

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

REFERRING VET

Dr. Elshafie

INVOICE

42873

DATE

2/20/23



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Gastrointestinal

Taz Chicoyne

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

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, subjectively end stage degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend 72 hour IV fluid protocol, urine culture and blood pressure measurements are all indicated. The prognosis is very guarded. Bilateral adrenal hypertrophy with remodeling, possibly stress related.

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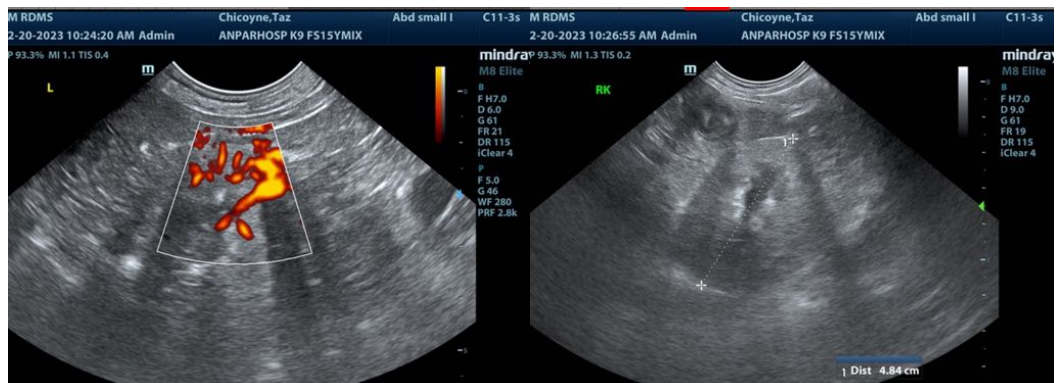
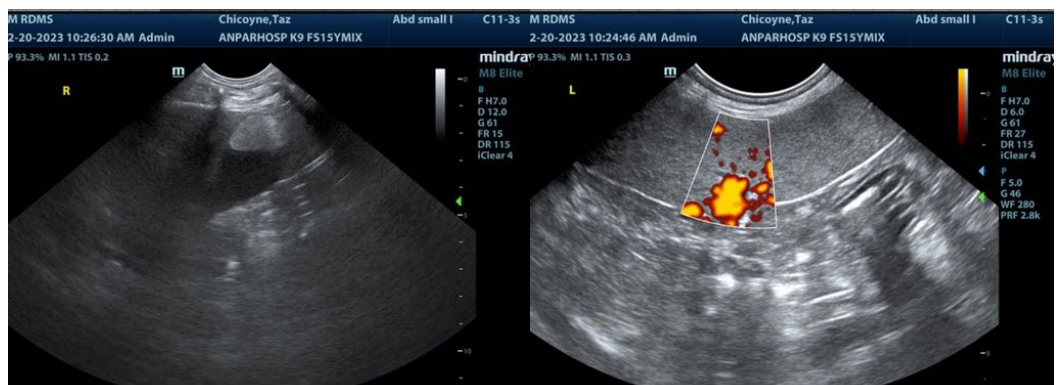
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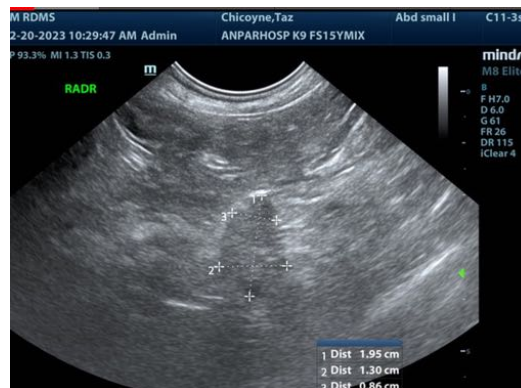
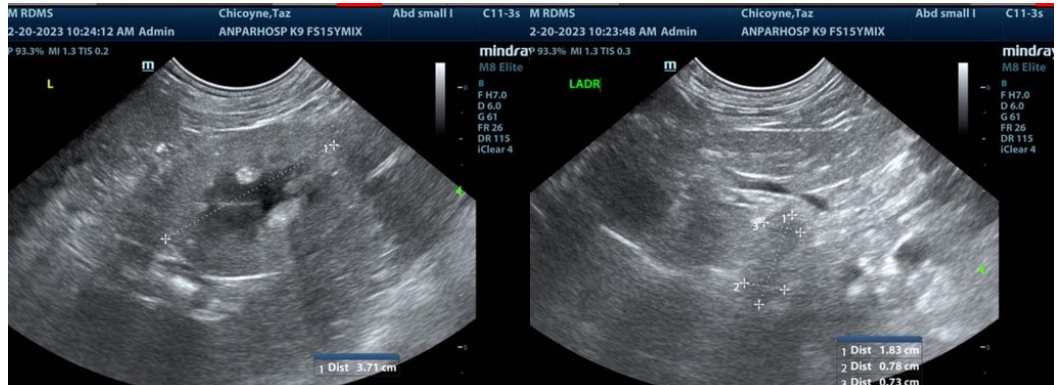
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com