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Clinical Sonography & Telecytology
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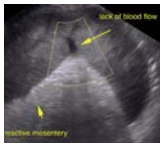
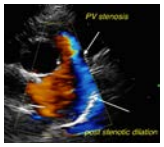
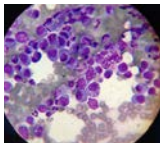
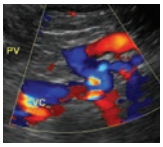

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lily Bracewell

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

13 Years

WEIGHT

1.3 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Jessica Morgan, RVT

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Shana Halfon

INVOICE

45874

DATE

3/14/23

PRESENTING CLINICAL SIGNS

Has lost 0.4 kg since May last year. Over the last weekend, reduced appetite, vomiting, appeared to be acute in nature. Bloodwork last may unremarkable. Bloodwork shows severe SDMA elevation and azotemia. Concern that patient has severe renal disease or neoplasia/lymphoma. No known toxic ingestions. Typically monitored by owners all the time. Some ataxia noted with gait.

Abnormal PE/Chem/CBC/UA Results: UA: SG 1.013, sediment otherwise quiet Bloodwork: SDMA 77 H - severe Crea 198 - H moderate Urea 46.4 H - severe Amy 1661 H - mild K, Cl and TT4 mild Low mild anemia and mild-moderate lymphopenia

LIMITED ULTRASONOGRAPHIC EXAMINATION

***Additional images submitted to augment scan from 2/21/23.**

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is slightly irregular and measures 2.4 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is slightly irregular and measures 2.68 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Spleen

The spleen is small and challenging to visualize. It appears within normal limits with no focal lesions visualized.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thank you for the submission of the additional views on Lily. Images of the kidneys are very good and do not demonstrate any focal lesions, pyelectasia, etc. These findings are most consistent with chronic age related renal disease, and based on the improvement since, possibly an acute on chronic episode(?). The spleen was very challenging to visualize, as I suspect it is very small. The image provided is what was most consistent with splenic tissue, although blood flow at the hilus is difficult demonstrate. Based on the improvement noted, I would continue therapy likely with a renal diet if the patient will eat it +/- antiemetics, appetite stimulants, etc. if needed. Evaluation for hypertension, proteinuria, etc., and screening for Leptospirosis if you feel this is at all clinically appropriate.

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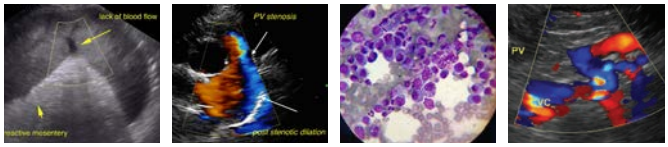

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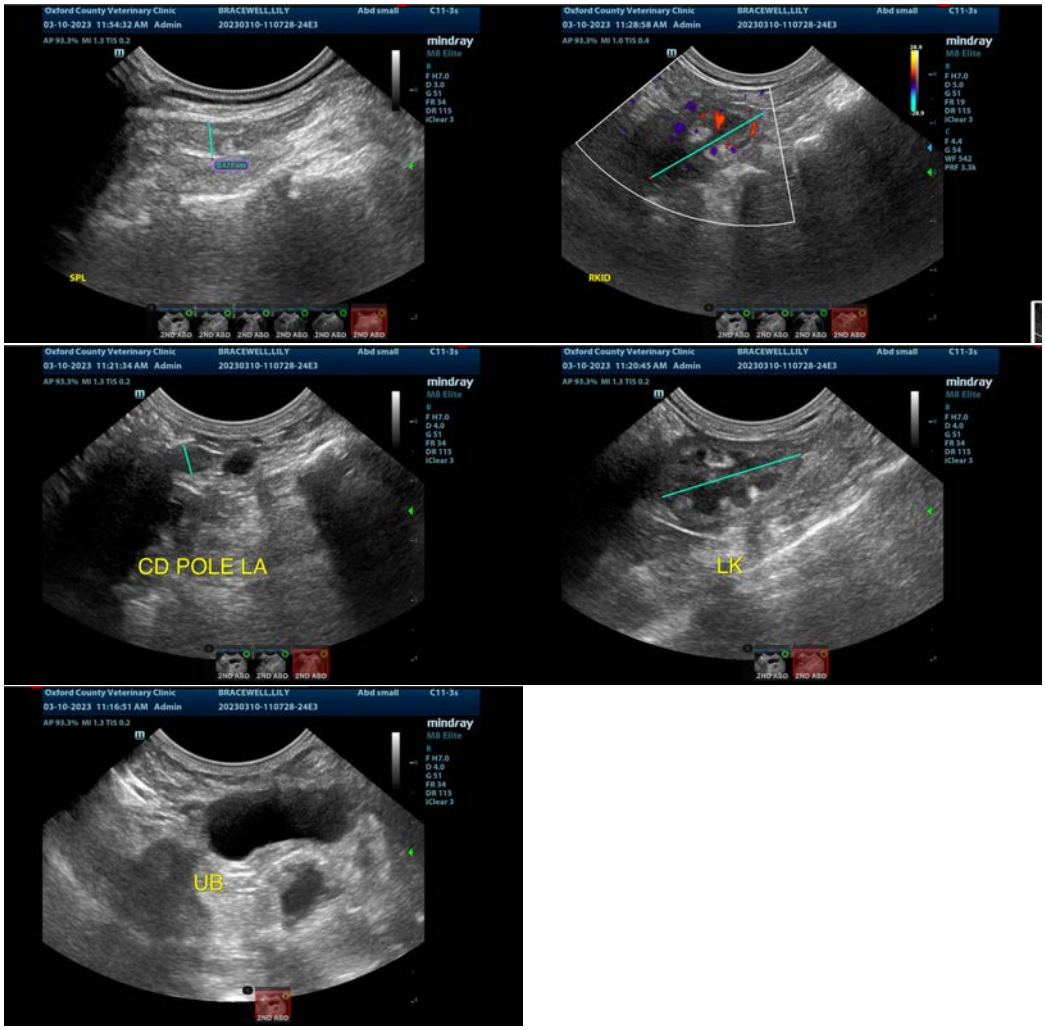

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com