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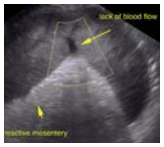
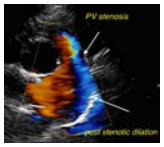
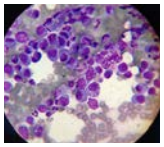
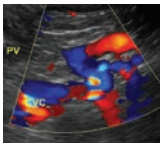
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Ellie Mae Miranda

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

~8 Years

WEIGHT

15.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeen Lezcano

INVOICE

46780

DATE

4/19/23

PRESENTING CLINICAL SIGNS

P has history of recent gradual increase in azotemia. P also has hx of borderline small "flat" adrenal and mild gallbladder debris in previous AUS performed on 2/24/2022. P is doing well and needs dental procedure. P is also hypertensive and is currently on Amlodipine which was recently increased from 2.5mg daily to 3.75mg daily due to a recent repeatable increase in her bp.

Abnormal PE/Chem/CBC/UA Results: 2/9/2022: CBC: WNL, Chem: creat: 1.4, T4: UA: SG: 1.030, trace prot, SDMA: 16.6H 2/24/2022: CBC: WNL, Chem: creat; 1.1 3/2022: pre cortisol: 0.9L, post cortisol: 8.4 4/2022: CBC: WNL, Chem: creat: 1.5, UA: SG: 1.022, quiet sediment 8/2022: CBC: WNL, Chem: creat: 1.8H, SDMA: 18.T7, 4: 1.2, UA: SG: 1.032, quiet sediment 9/2022: UCS: no growth, Lepto titers: NEG 11/2022: CBC: WNL, Chem: creat: 2.0, Phos: 3.4, UA: SG: 1.033, trace prot 11/2022: hypertension dx, Amlodipine started 12/2022: CBC: WNL, Chem: creat: 1.7H 4/2022: CBC: WNL; Chem: creat: 1.9H. SDMA: 16.7H, UA: SG: 1.013, quiet sediment Amlodipine increased after last bw

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

The urinary bladder is moderately 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 has a normal shape and size (3.24 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 has a normal shape and size (3.0 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.53 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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

The changes observed in the kidneys are most consistent with chronic progressive age related renal disease. There is no impression of any nodules, stones, or an obstructive process. Additionally, there is no significant pyelectasia observed. Management primary focuses on hydration, renal diets, controlling hypertension, and uremic symptoms.

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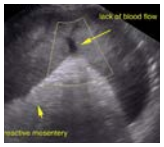
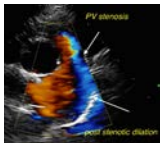
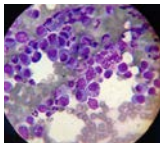
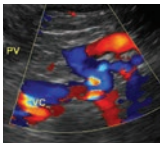

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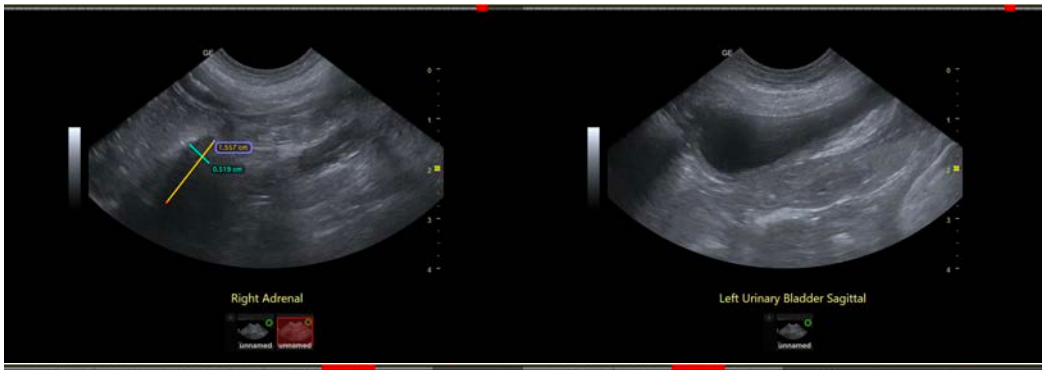

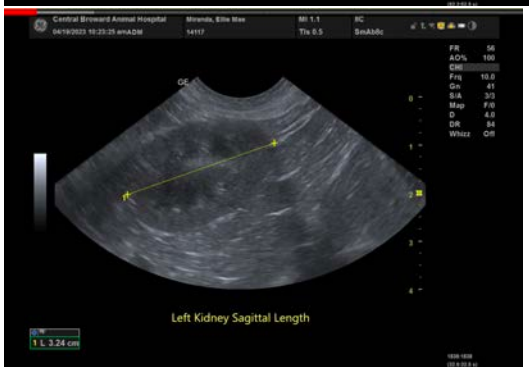

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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