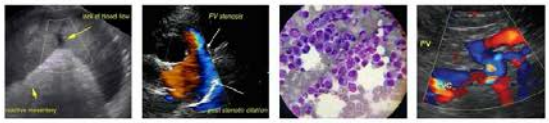
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Boomer Pachaud

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

19 Months

WEIGHT

50 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Amber Murphy

INVOICE

25440

DATE

9/15/21

PRESENTING CLINICAL SIGNS

weight loss and intermittent anorexia Physical exam findings: dehydration Abnormal CBC values: WNL Abnormal Chemistry Values: BUN 109, Cr 6.4, Phosphorous 8.4, Ca+ 13.3, chol 427, amylase 5397, PSL 574, T4 2.2, , negative fecal, accuplex negative. Resting cortisol negative Abnormal UA Values: UA USG 1.010, 3+proteinuria, 3+ hematuria, urine C/S negative Radiograph Findings(email radiographs if available): Radiographic Findings Images of the abdomen reveal fecal material and gas within the colon. The small intestine is fluid and gas-filled without evidence of dilation. There is a moderate amount of normal appearing ingested material mixed with gas identified within the stomach. Liver size and splenic size are normal. Conclusion Significant radiographic abnormalities are not identified related to the clinical presentation. Gastrointestinal irregularity and obstruction is not present and ascites is not identified. Eric Herrgesell, DVM, DACVR 530.574.6948 09/9/2021 11:44:8am Reason for Ultrasound: Patient is currently in chronic renal failure. Patient is on mirtazapine, cerenia, k/d canned diet, 300ml SQ fluids daily, and clavamox to r/o leptospirosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 prostate is normal in size (0.99 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.1 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia noted at 0.25 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.41 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia noted at 0.35 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

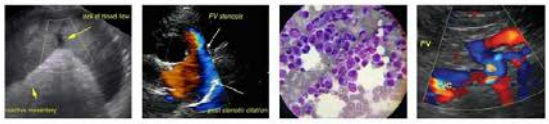
The left adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Boomer Pachaud

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

19 Months

WEIGHT

50 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Amber Murphy

INVOICE

25440

DATE

9/15/21

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A brief view of the heart was submitted. No pericardial effusion was seen.

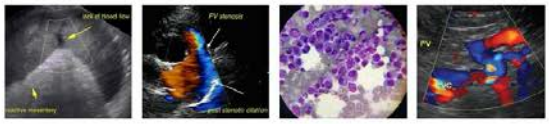
PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with mild pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

SECONDARY FINDINGS

- Mildly prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Boomer Pachaud

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

19 Months

WEIGHT

50 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Amber Murphy

INVOICE

25440

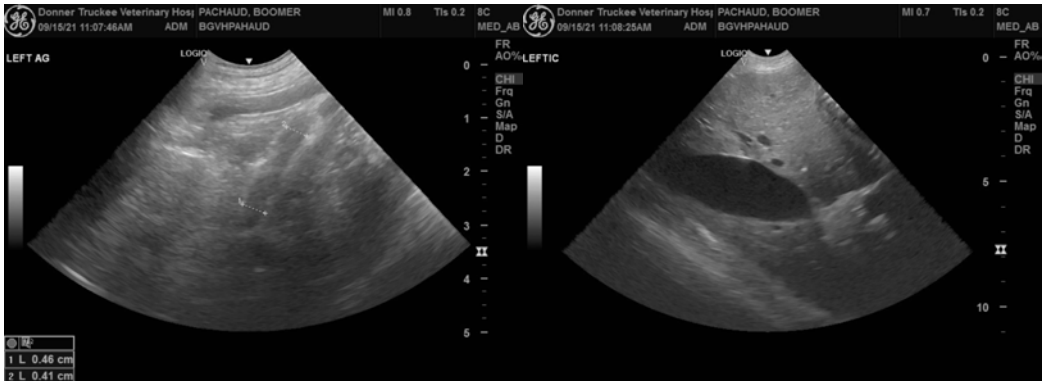
DATE

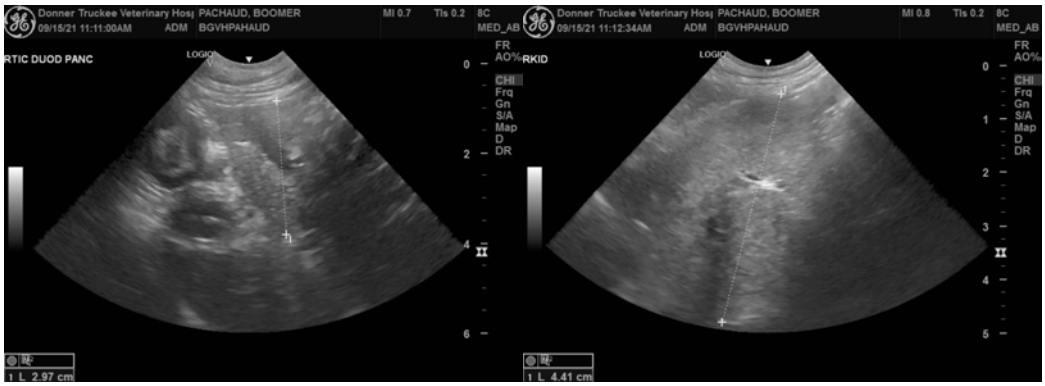
9/15/21

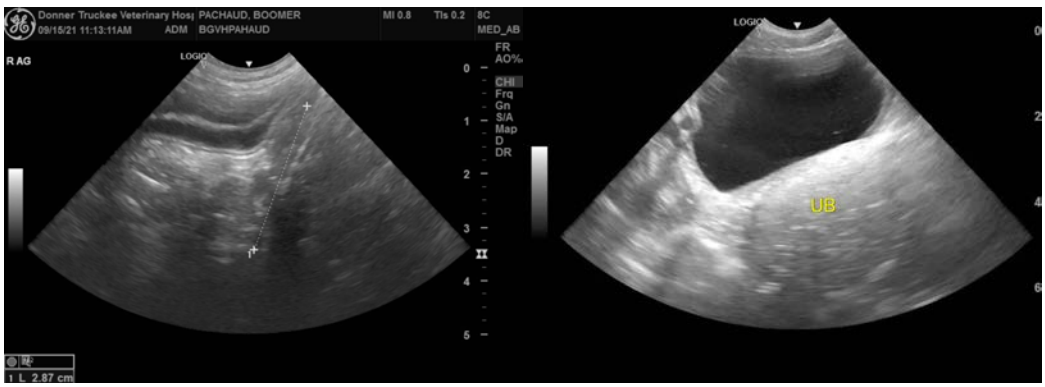
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys appear abnormal with decreased distinction and architecture in addition to mild pyelectasia, which is likely due to chronic PU/PD. You have already evaluated most of the parameters that I would consider for acquired renal disease in a dog this age (urine culture, Leptospirosis testing). Additionally, recommend a blood pressure evaluation and a urine protein/creatinine ratio. If Leptospirosis testing has not been performed (only treated), consider serology due to the risk for zoonotic potential if not treated appropriately.

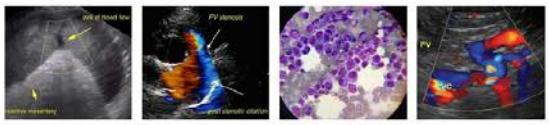
Unfortunately, this likely represents congenital renal disease. A biopsy of the kidney would be necessary to determine definitively, and unfortunately this is unlikely to change the course of disease. Recommend continued supportive care for chronic renal failure. Dogs with congenital renal disease tend to tolerate significant azotemia better than dogs with acquired disease.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Boomer Pachaud

SPECIES

Canine

BREED

Goldendoodle

SEX

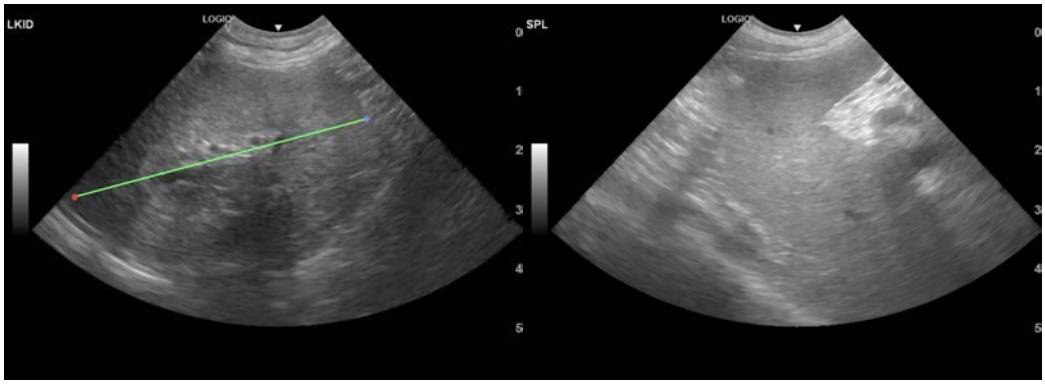
Neutered Male

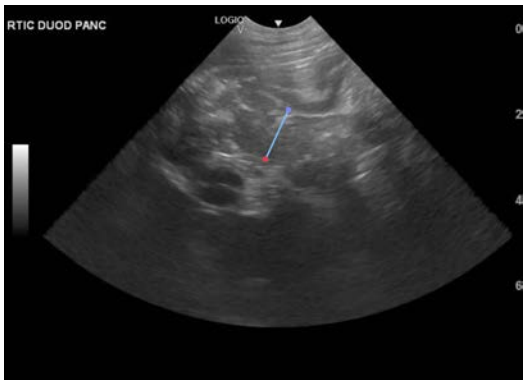
AGE

19 Months

WEIGHT

50 Pounds





INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Amber Murphy

INVOICE

25440

DATE

9/15/21

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.

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

kathleen.sennello@sonopath.com