



PATIENT

Priscilla Becerra

PRESENTING CLINICAL SIGNS

Proteinuria. Has been on telmisartan.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Proteinuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. Potential for micropolypliod bladder changes associated with age or possible polypliod cystitis pattern suspected. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of neoplastic changes were noted.

SEX

FS

A focal cystic lymph node was noted adjacent to the left renal artery, this is not consistent with pathological criteria and is likely incidental.

AGE

12 years

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor dystrophic mineral and mild cortical cysts were present bilaterally. Cortical infarcts were present in the right kidney. The left kidney measured 5.1 cm in length. The right kidney measured 6.1 cm in length.

WEIGHT

14.4kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.5 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole.

IMAGING PERFORMED BY

Dr. Barthelemy

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

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Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Rix

INVOICE

11872ag

The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation. The cystic and common bile ducts were normal.

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Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

BREED

Mix

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum suggestive of age-related pancreatic changes and likely incidental. No signs of active inflammation or neoplasia. Pancreatitis may be suspected if evidence of cranial abdominal of subxiphoid discomfort on palpation.

SEX

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

- Mild cystitis/polyploid cystitis pattern
- Mild to moderate chronic renal changes
- Subnormal urinary bladder size owing to lack of urine distension
- Moderate gallbladder debris-possible emerging mucocele
- Heterogeneous pancreas

WEIGHT

14.4kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Pancreatitis may be suspected if evidence of cranial abdominal of subxiphoid discomfort on palpation. Correlation with a spec cPL could be considered if clinically indicated.

Given the history of proteinuria the renal presentation may suggest chronic glomerulonephritis. Recheck UPC on a sterile urine sample if not recently done is suggested. Continued treatment for PLN/glomerulonephritis is recommended if persistent proteinuria or increased UPC level.

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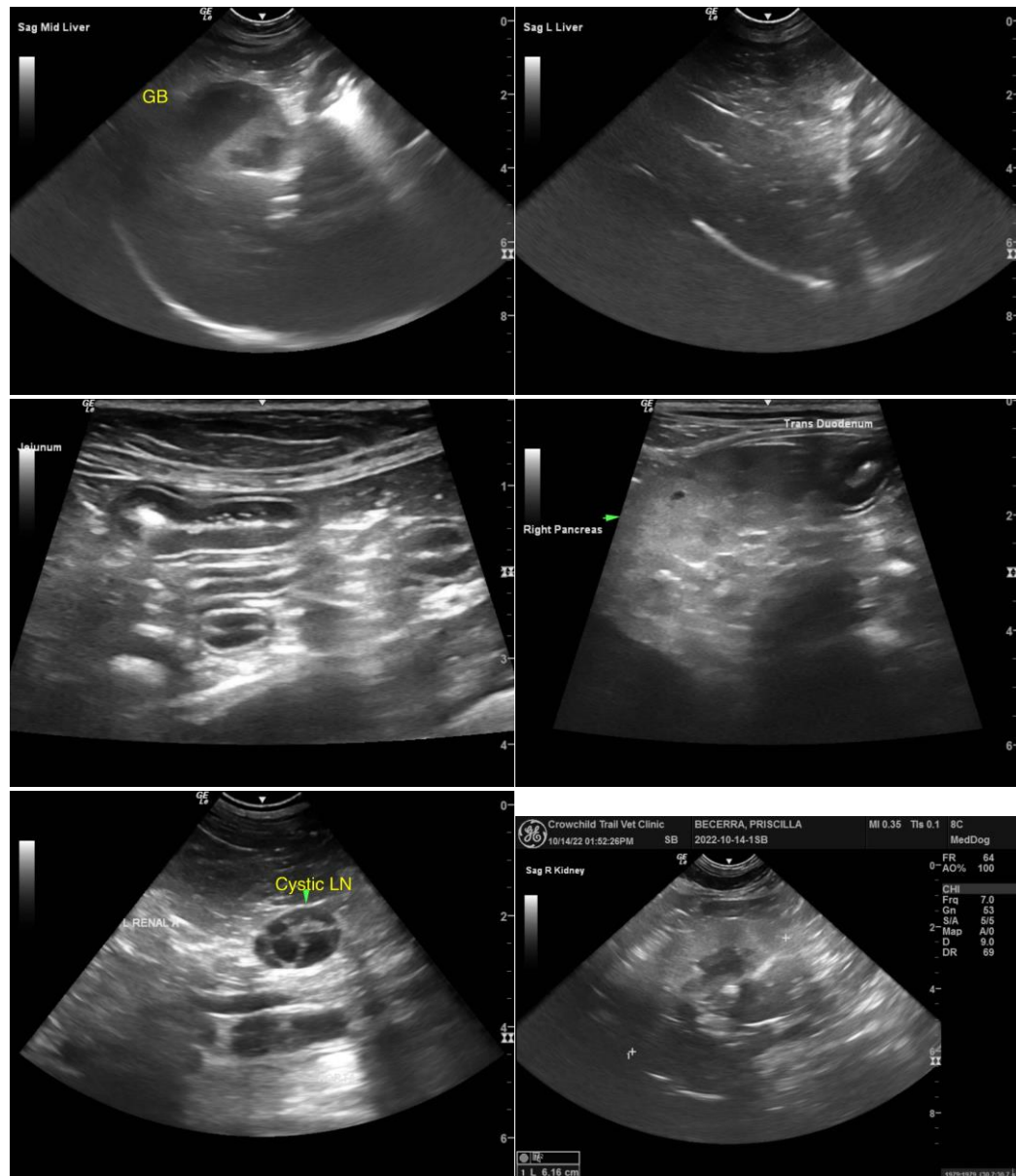
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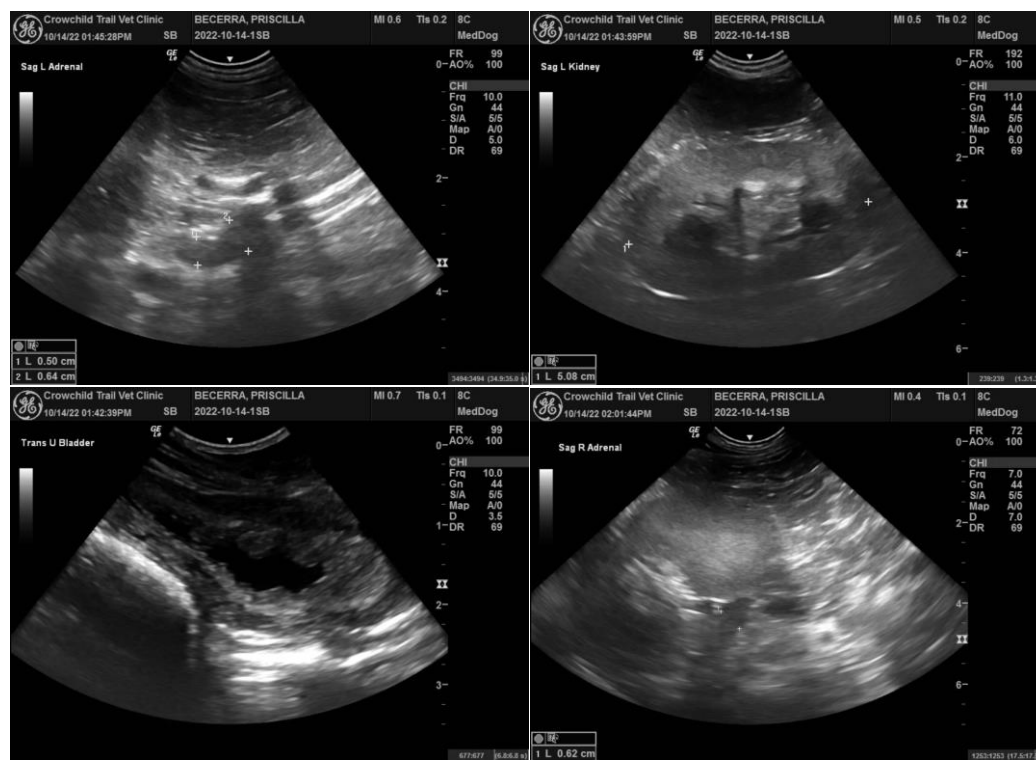
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com