SonoPath
Clinical Sonography & Telecytology
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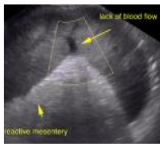
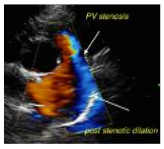
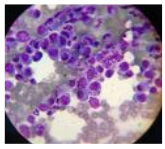
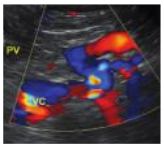





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Gigi Cruz

SPECIES
Canine

BREED
Shih Tzu

SEX
Spayed Female

AGE
1 Year 3 Months

WEIGHT
4 kg

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

IMAGING PERFORMED BY
Wendy Turner

HOSPITAL NAME
Pennsauken AH & UC

REFERRING VET
Wendy Turner

INVOICE
17833

DATE
10/19/22

PRESENTING CLINICAL SIGNS

History: Recent hx slight lethargy before wellness appt. Pet not doing well 2 days ago (very lethargic, dizzy, not eating)
Abnormal PE/Chem/CBC/UA Results: PE unremarkable at wellness 10/12. Screening BW offers Cr 4.7mg/dl, SDMA 26 ug/dl (0-14), BUN 147 (9-31), USG 1.012 with quiet sediment. Protein 2+, UPCR 3.1. 1 week later Cr 5.4, Phos >16.1, BUN >130

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 inflammatory or neoplastic changes were noted.

Both kidney exhibited subnormal size, asymmetrical margination and indistinct cortical hypertrophy with nonuniform cortex echogenicity. Reduced medullar volume was noted with mixed echogenic medullary echogenicity and marked loss of corticomedullary border demarcation. Moderate pyelectasia was present in the left kidney, without overt evidence of pyelectasia in the right kidney. No evidence of left or right retroperitoneal inflammation. The left kidney measured 3.1 cm in length. The right kidney measured 2.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.1 cm length x 0.37 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.2 cm in length x 0.33 cm width at the caudal pole.

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.

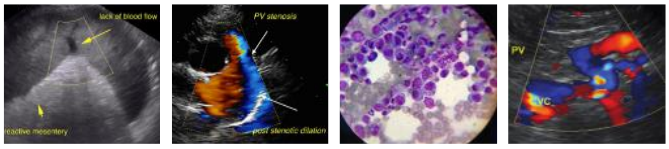
Liver

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic gastric fluid was noted without evidence of mechanical pyloric outflow obstruction.

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.



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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

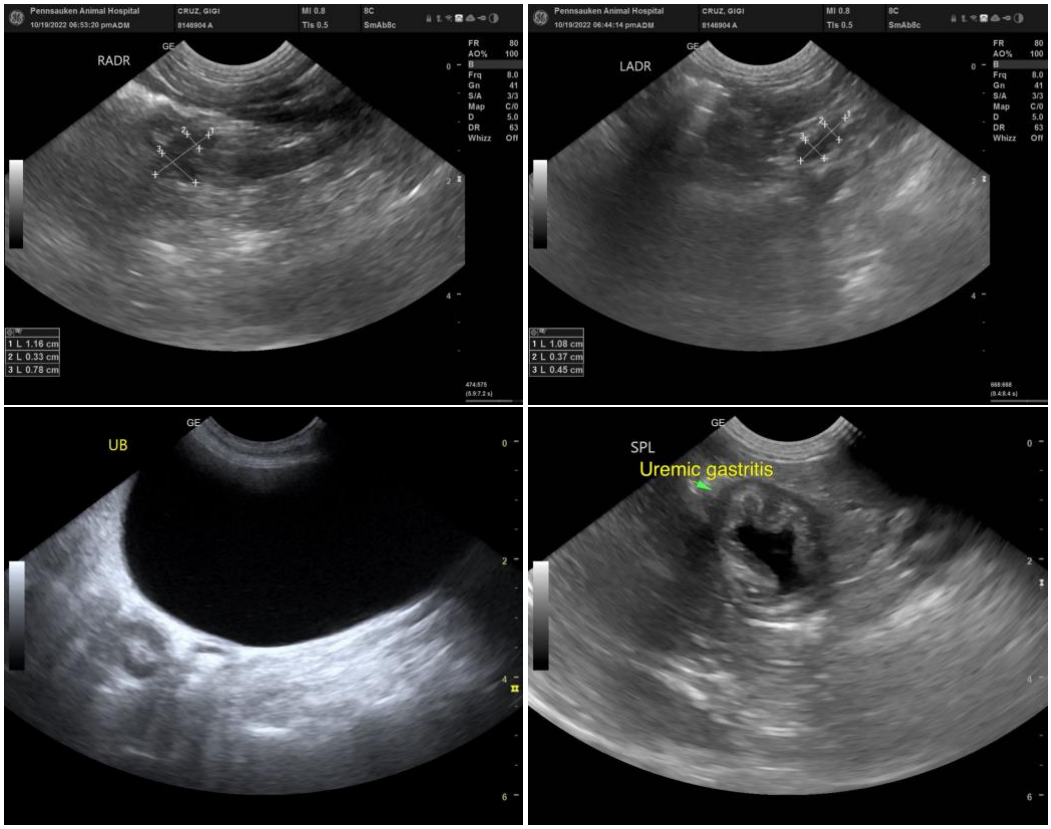
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal dysplasia with moderate left kidney pyelectasia
- Uremic gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the young age of the patient in the face of significant azotemia, the bilateral kidneys are sonographically consistent with advanced to severe renal dysplasia. Potential for nonspecific nephritis, such as glomerulonephritis given the proteinuria is also a possibility. Regardless of renal classification, unfortunately the kidneys appear to be end stage given the degree of azotemia and an unfavorable long term prognosis is likely indicated. Assessment of screening blood pressure for evidence of hypertension given the patients clinical signs is suggested. Empirically, diuresis protocol with assessment of renal response in conjunction with monitoring of urine output and body weight could be considered.



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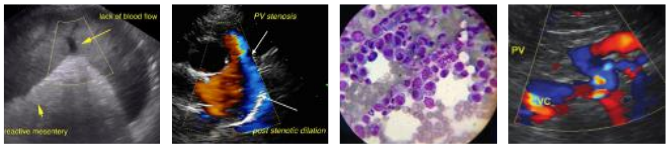

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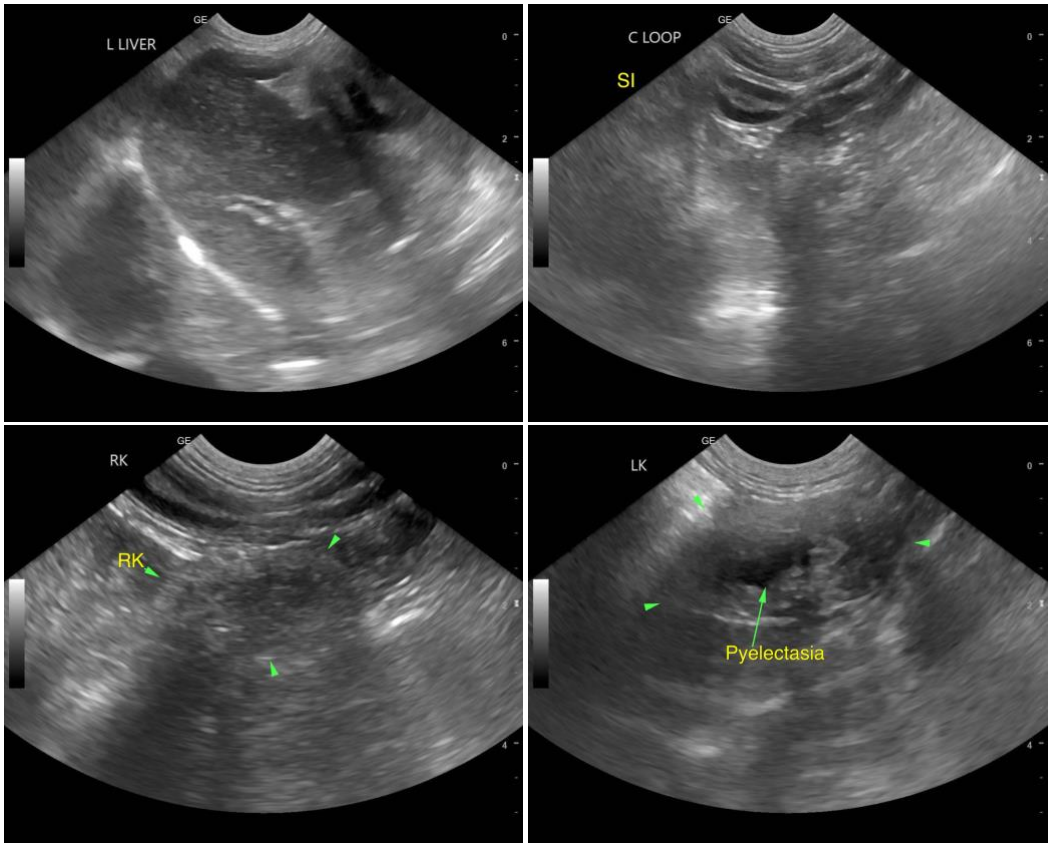

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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