



PATIENT PRESENTING CLINICAL SIGNS

Bo Bren Presented for COHAt 1 week ago, uneventful anesthesia Presented yesterday for lethargy and V +, BW showed ARF

SPECIES Abnormal PE/Chem/CBC/UA Results: Chem 10/22: Alp: <5 Amy 1402 Bun 174 Ca 14.4 Phos 14.8
Canine Cre 6.4 Glob 2.0 Chem 10/24 Bun 157 Phos 15.8 Crea 5.2 Glu 114 Tp 5.0 Glob 2.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Mixed

SEX

Neutered Male

AGE

1 Year 1 Months

WEIGHT

11.6 Pounds

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

Subjectively normal renal size in light of patient weight, and symmetrical margination present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.6 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measured 0.43 cm at the cranial pole and 0.50 cm at the caudal pole.

INTERPRETED BY *Spleen*

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

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.

IMAGING PERFORMED BY *Liver*

Dr. Jessie Evoniuk

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 and contained anechoic content. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall, primarily in the dorsal gallbladder wall. This is consistent with mild gallbladder wall edema. Dorsal gallbladder wall measured 0.31 cm. Possible causes may include acute inflammation, hypoalbuminemia, right sided heart failure and anaphylaxis. Normal common bile duct.

HOSPITAL NAME

State Ave Vet

REFERRING VET

Dr. Shelley Lenz

Gastrointestinal

INVOICE

42308

The stomach presented intact yet moderate to severely thickened walls exhibiting maintained intact wall layer detail. The stomach contained a moderate amount of anechoic fluid. No evidence of mechanical pyloric outflow obstruction.

DATE

10/24/22

The duodenum presented intact yet mildly prominent wall layering with minor retained duodenal fluid and mild duodenal mucosal speckling. Duodenum wall measured 0.40 cm. The jejunum and ileum to the level of the colon were sonographically normal.



PATIENT

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

Bo Bren

Pancreas

SPECIES

The pancreas was mildly prominent in size with mild swollen contour and heterogeneous parenchyma exhibiting subtle hypoechoic striations.

Canine

Free Abdomen

BREED

No overt lymphadenopathy.

Mixed

Mild volume anechoic peritoneal and likely retroperitoneal free fluid.

SEX

- Bilateral non-specific nephropathy

Neutered Male

- Moderate to severe hypomotile gastritis and likely mild duodenitis – consistent with uremic gastritis.

AGE

- Pancreatic and minor gallbladder wall edema

1 Year 1 Months

- Mild volume peritoneal and likely retroperitoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

The renal presentation was non-specific, yet suggestive of suspected acute or acute on chronic nephropathy. The kidneys were not obviously consistent with renal dysplasia, given the normal renal size and maintained symmetrical renal margination, yet some degree of dystrophic changes cannot be definitively excluded in light of patient age. Non-specific nephritis i.e., glomerulonephritis, interstitial nephritis, or other also possible.

11.6 Pounds

INTERPRETED BY

Assessment for potential infectious disease i.e., Leptospirosis or potential toxin exposure i.e., grape, raisin toxicity, or other suggestive, if clinically indicated.

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

IMAGING PERFORMED BY

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Dr. Jessie Evoniuk

Empirically, diuresis protocol with monitoring of urine output, body weight, and as needed gastrointestinal support including gastroprotectants protocol and assessment of renal response is recommended. Guarded prognosis, given the degree of azotemia and sonographic renal appearance.

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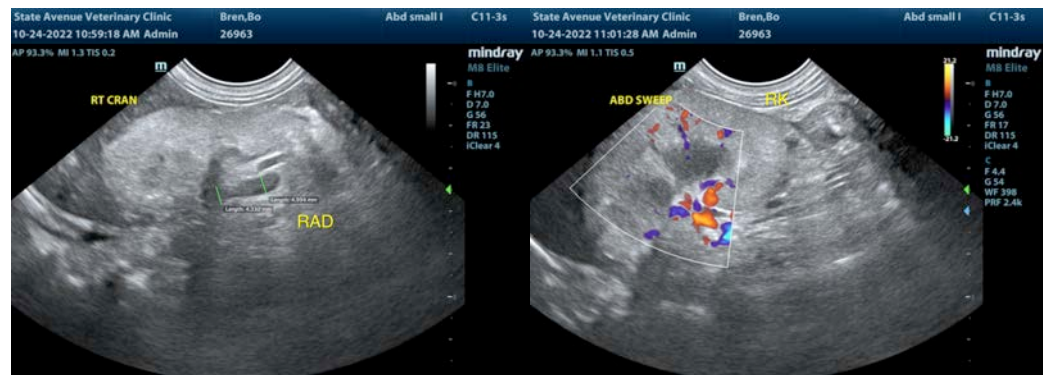
Dr. Shelley Lenz

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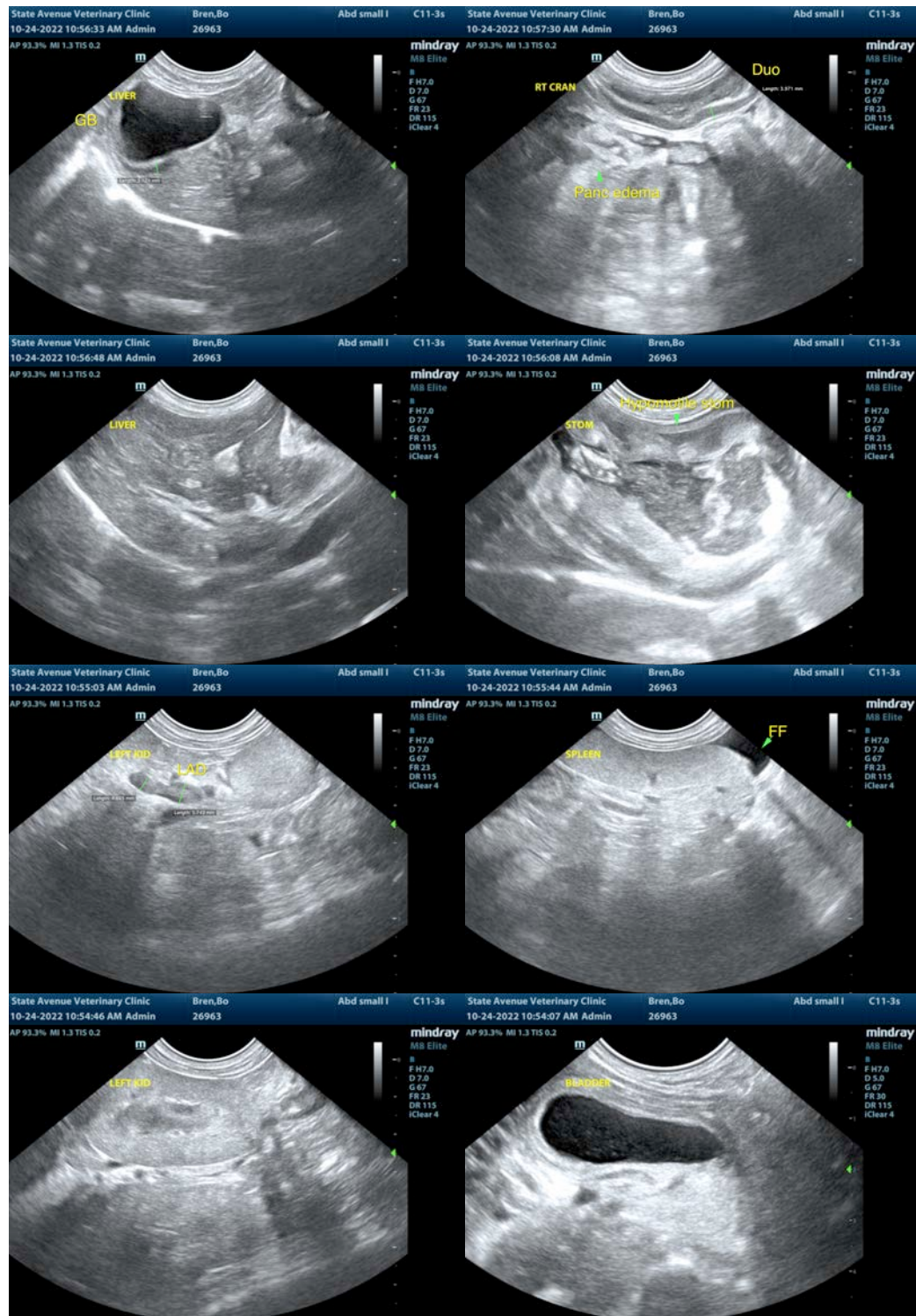
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PATIENT

Bo Bren

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.

SPECIES

Canine

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

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Mixed

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