



PATIENT PRESENTING CLINICAL SIGNS

Katara Wilcox History: CKD, elevated alkph, azotemia, proteinuria
Medication: Benazepril, RC Renal

SPECIES
Canine HCT 41, WBC 6.1 w/ lymphopenia, Platelets 833, BUN 24, Creatinine 2.4, SDMA 21
ALP 2317, ALT 176, Specific gravity- 1.019, 3+ Protein

BREED

Lab

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

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 was noted.

AGE

10 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

75 Pounds

The left kidney was subnormal in size, measuring 2.7 cm in length with asymmetrical capsular contour. The left kidney exhibited loss of corticomedullary architecture distinction including marked loss of corticomedullary border demarcation and reduced medullary volume.

Normal renal size with asymmetrical margination was present in the right kidney, measuring 7.3 cm in length. 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. A solitary, thinly walled, corticomedullary cyst containing anechoic fluid was noted in the caudal right kidney. The renal medullary volume was subjectively reduced. Mild pyelectasia was present.

INTERPRETED BY

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

Adrenal Glands

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 2.7 cm length x 0.60 cm width at the caudal pole. The right adrenal gland measured 2.9 cm length x 0.53 cm width in the caudal pole. Potential for indistinct to subtle emerging nodules was noted in both adrenal glands, suggestive of adenomas. No evidence of adrenal tumors.

HOSPITAL NAME

Lehigh Valley AH
(Bath)

Spleen

REFERRING VET

Dr. Tan

The spleen exhibited subjective, mild mid splenomegaly exhibited by subtle, medial, symmetrical capsule distention. The spleen maintained a finely textured homogeneous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. No distinct masses or nodules were noted. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

INVOICE

12476

DATE

10.28.2021



PATIENT *Liver/ Gallbladder*

Katara Wilcox
SPECIES Canine
The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

BREED *Gastrointestinal*

Lab
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

SEX FS
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.

AGE 10 years
Normal visible colon wall layers were present with apparent formed feces in lumen.

WEIGHT 75 Pounds
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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

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(Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Atrophied left kidney
- Right kidney Interstitial nephrosis pattern with mild pyelectasia and corticomedullary cyst
- Hepatopathy - subjectively benign
- Subjective mild mid splenomegaly - subjectively benign
- Gastric ingesta - probable post prandial presentation

Rebekah Jakum, CVT
ARDMS/RVT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney Indicates chronic nephropathy with high concern for non-functionality. This may indicate chronic nephritis with potential for chronic, potentially congenital dysplasia. Given the proteinuria, the right kidney may indicate underlying nephritis such as glomerulonephritis or other glomerulopathy. The pyelectasia may be owing to chronic renal changes or potential pelvic scarring, while the possibility of potential concurrent pyelonephritis is possible. Further renal staging to include urine C/S and UPC level for further assessment of the proteinuria is recommended. Assessment of screening blood pressure is suggested. ACE inhibitor or angiotensin receptor blocker medication may be indicated.

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Assuming normal clotting status, screening FNA of the liver could be considered for cytology. Empirically, hepatosupportive medications including Denamarin a+/- Ursodiol may prove beneficial.

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Lab

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FS

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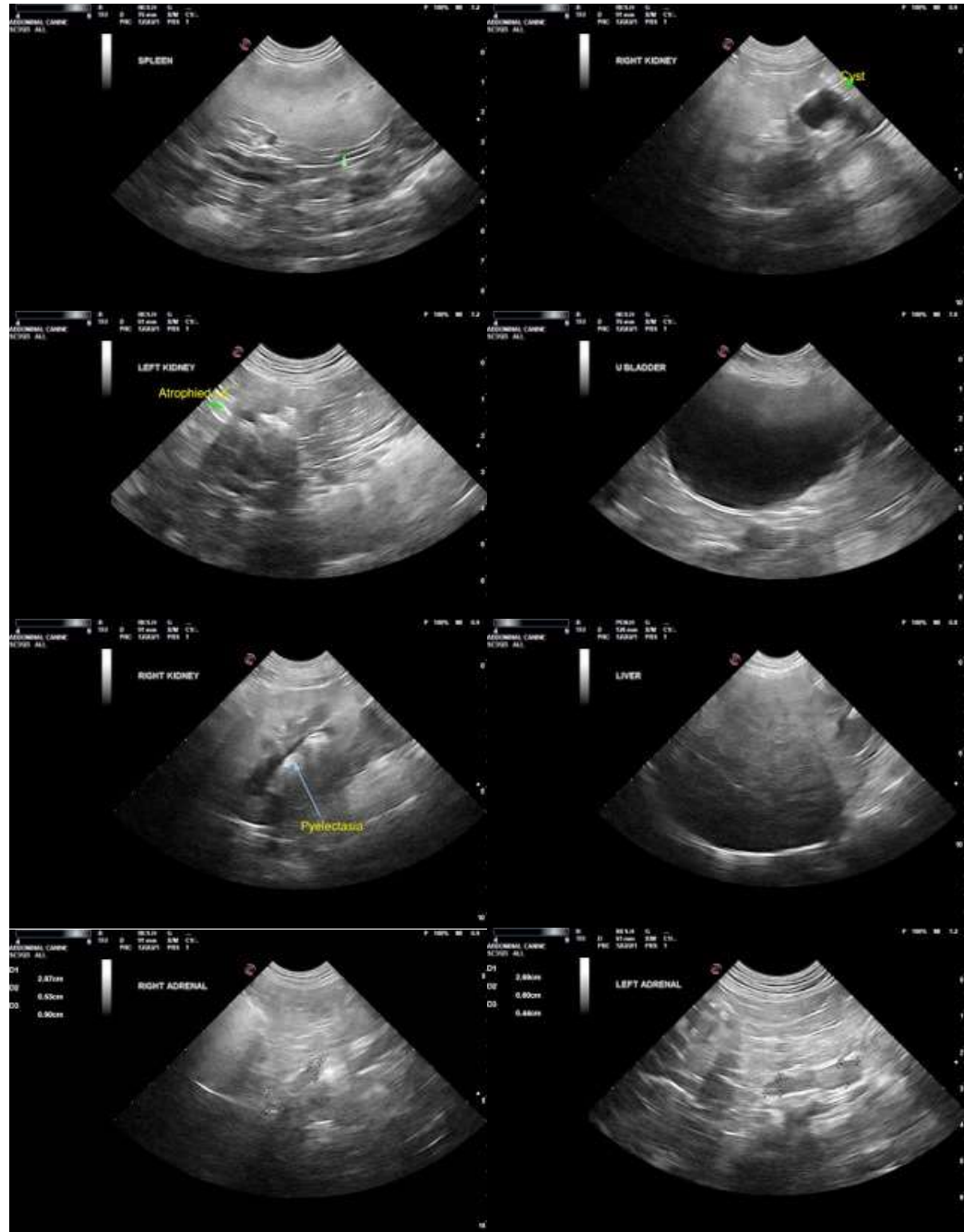
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SPECIES

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SEX

FS

AGE

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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.

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