



PATIENT

Merlot Waldman

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

13 Years

WEIGHT

21 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Karen Zelinski

INVOICE

18901

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Recent seizure, moderately elevated renal values. On K/D diet.
Abnormal PE/Chem/CBC/UA Results: BUN 64, creat. 2.8.

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. Aortic trifurcation was normal.

Normal size and mild asymmetrical renal margination were 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. The left kidney measured 4.1 cm in length. The right kidney measured 3.6 cm in length. Pinpoint to focal areas of medullary mineral were present in both kidneys.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.3 cm in length x 0.56 cm.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.35 cm at the caudal pole.

Spleen

The spleen was normal in size and contour with generalized mild parenchyma heterogeneity. Intermittent discrete hyperechoic nondisruptive splenic nodules were noted, consistent with benign myelolipomas. No splenic neoplastic criteria.

Liver

The liver was normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Normal subjective vascular volume was noted.

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 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.

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



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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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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French Bulldog

- Mild to moderate chronic renal changes
- Benign splenic nodules
- Mild hepatic parenchymal remodeling

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral pathology. Sonographically, the kidneys are consistent with iris stage 2-3 chronic renal disease. Full urinary work up including urinalysis, as well as baseline renal staging such as urine culture and sensitivity or UPC, if clinically indicated, is recommended, if not done. No evidence of a portosystemic vascular anomaly. Continued CRD therapy with monitoring of systemic blood pressure is recommended.

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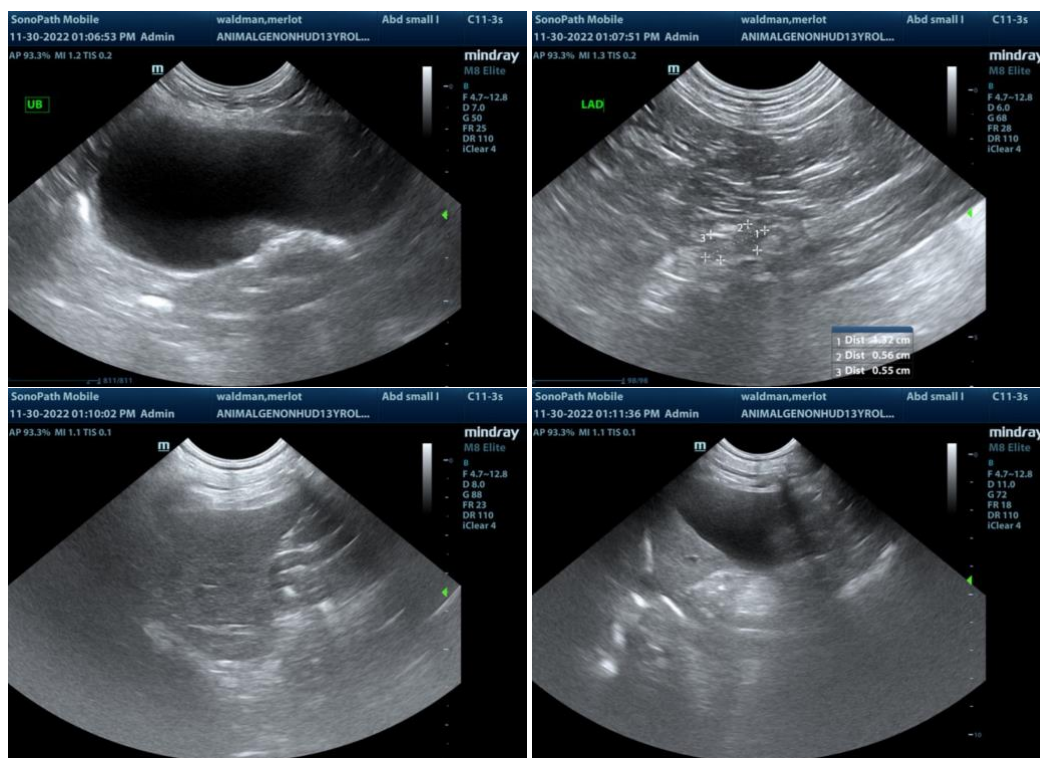
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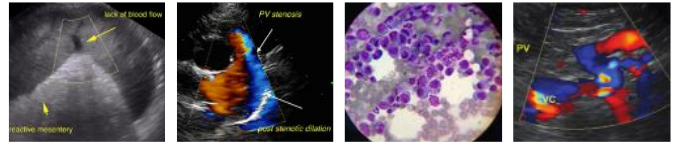


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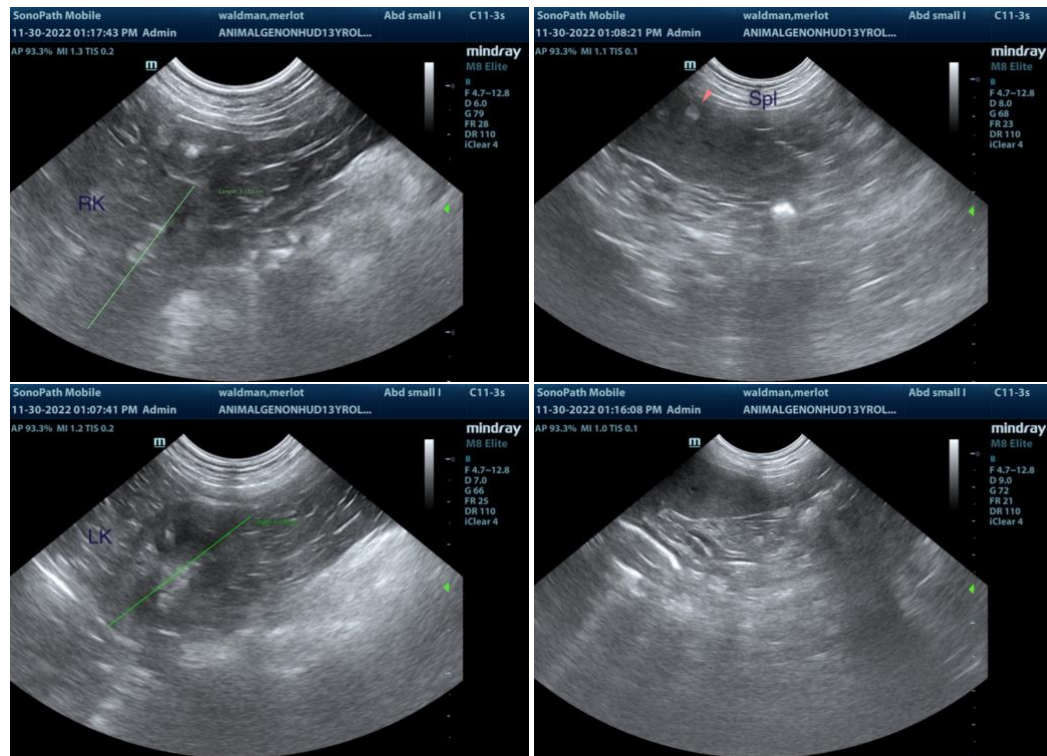
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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