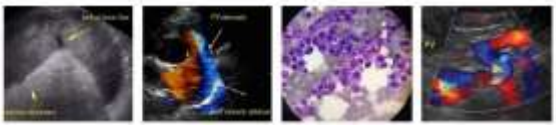


PATIENT

Duke Morris

SPECIES

Canine

BREED

Lab X

SEX

MI

AGE

9 Years

WEIGHT

26.6kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Main Street AH

REFERRING VET

Morris

INVOICE

48971

DATE

12-13-21

PRESENTING CLINICAL SIGNS

-At emergency clinic December 7/21 as having a hard time standing, shivering when laying down. PU/PD noted. Chronic decreased appetite. Upon exam was noted that he was ambulatory all 4 limbs, decreased ROM right hip, M1 muscle atrophy hind end. Pain on spinal palpation lumbrosacral and T-L region. Mass noted perianal region. Abdomen soft. Bloodwork done at emerg: Mild anemia, stress leukogram, Azotemia (creat 515 and Urea 30.4, SDMA 15) noted. Prescribed Gabapentin and advised to follow up with RDVM. -Recheck at MSAH Dec. 9/21: Lame on LH, weight shifting. Stilted gait front legs. Comfortable upon abdominal palpation. Prostate M1 enlarged, symmetrical. O notes better with Gabapentin but has only been able to give SID. Drinking less water than he had been so O giving chicken broth. Eating a lot more, only likes canned food. Radiographs done and Wellness 1A + + TSH + 4DX sent to Idexx. Creat decreased but Urea increased as well as SDMA. NEG 4DX. -Brought in for recheck bloodwork Dec. 13/21: Urea >46, Creat 793. Discussed ultrasound with O to r/o cause currently on: Gabapentin 300mg BID-TID
Abnormal PE/Chem/CBC/UA Results: please see attached BW rads: -Pelvis well seated with normal shaped femoral heads with acetabulum -NAF lateral stifles -NAF noted in abdomen -Lateral spine: Spondylosis L1-L2 and L/S junction +/- L2-L3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Generalized mildly prominent urinary bladder walls without evidence of neoplastic criteria and uniform echogenicity. The ventral urinary bladder wall measured 0.54 cm width. Moderate dependent particulate sediment was present. No calculi noted or evidence of urinary bladder tumors. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal tone. Anechoic urine was present in the lumen. The ureteral papillae were normal. The ureters were not visible which is normal.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.0 cm 4.0 cm. Anechoic, thinly walled parenchyma cysts were present.

No evidence of pathology in the area of the aortic trifurcation.

The left kidney exhibited marked chronic degenerative changes including significant loss of corticomedullary border demarcation, reduced medullary volume, variable hypertrophic cortex with asymmetrical renal margination, and likely cortical infarcts. Moderate pyelectasia was noted in the left kidney. The left kidney measured 5.4 cm in length.

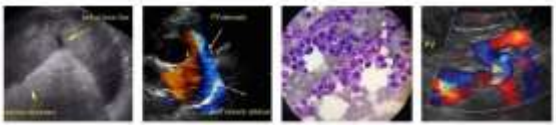
The right kidney exhibited moderate loss of corticomedullary border demarcation with medullary volume, subtle primarily uniform cortex echogenicity, and mild pyelectasia. The right kidney measured 5.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length x 0.74 cm width in the caudal pole. The right adrenal gland measured 2.4 cm length x 0.90 cm width in 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



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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 exhibited potential for mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic ingesta, exhibiting subtle progressive distal acoustic shadowing without signs of obstruction or foreign material. The gastric body wall measured 0.35 cm width.

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. The jejunum wall measured 0.39 cm width.

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.

The left and right testicles were overall normal in size and symmetry. A focal thinly walled right testicular cyst, which was subjectively benign, noted.

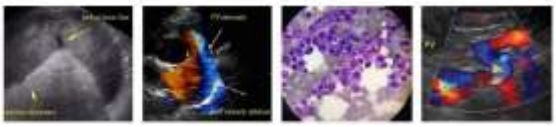
ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate particulate urinary bladder sediment with suspect mild cystitis.
- Left kidney marked chronic degenerative changes with moderate pyelectasia and cortical infarcts.
- Right kidney moderate chronic changes with mild pyelectasia.
- Probable benign prostatic hyperplasia with parenchymal cyst, mild potential for prostatitis possible.

Secondary

- Mild hepatic parenchymal remodeling - subjectively benign.
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta.



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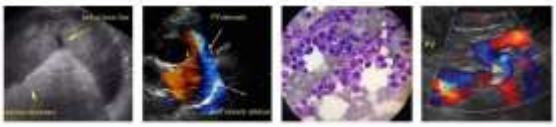
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bilateral kidneys is most consistent with chronic nephropathy as opposed to acute kidney injury or insult although potential for acute on chronic nephropathy cannot be definitively excluded. Marked chronic renal changes more prominent in the right kidney with pyelectasia potentially owing to chronic renal changes, pelvic scarring, IV fluid therapy, if applicable, while the possibility of bilateral chronic pyelonephritis may be possible.

Full urinary workup including urinalysis, urine culture and sensitivity, and baseline upc if possible recommended. Hospitalization with appropriate diuresis protocol, monitoring of body weight, and systemic blood pressure with assessment of renal response is suggested. Long term CKD therapy likely indicated.

Presence of gastric ingesta may suggest some degree of metabolic gastric hypomotility, if documented NPO prior to the ultrasound. As needed gastrointestinal support and gastroprotectants recommended.

Guarded long term prognosis given the degree of azotemia with further prognosis pending renal response to therapy.



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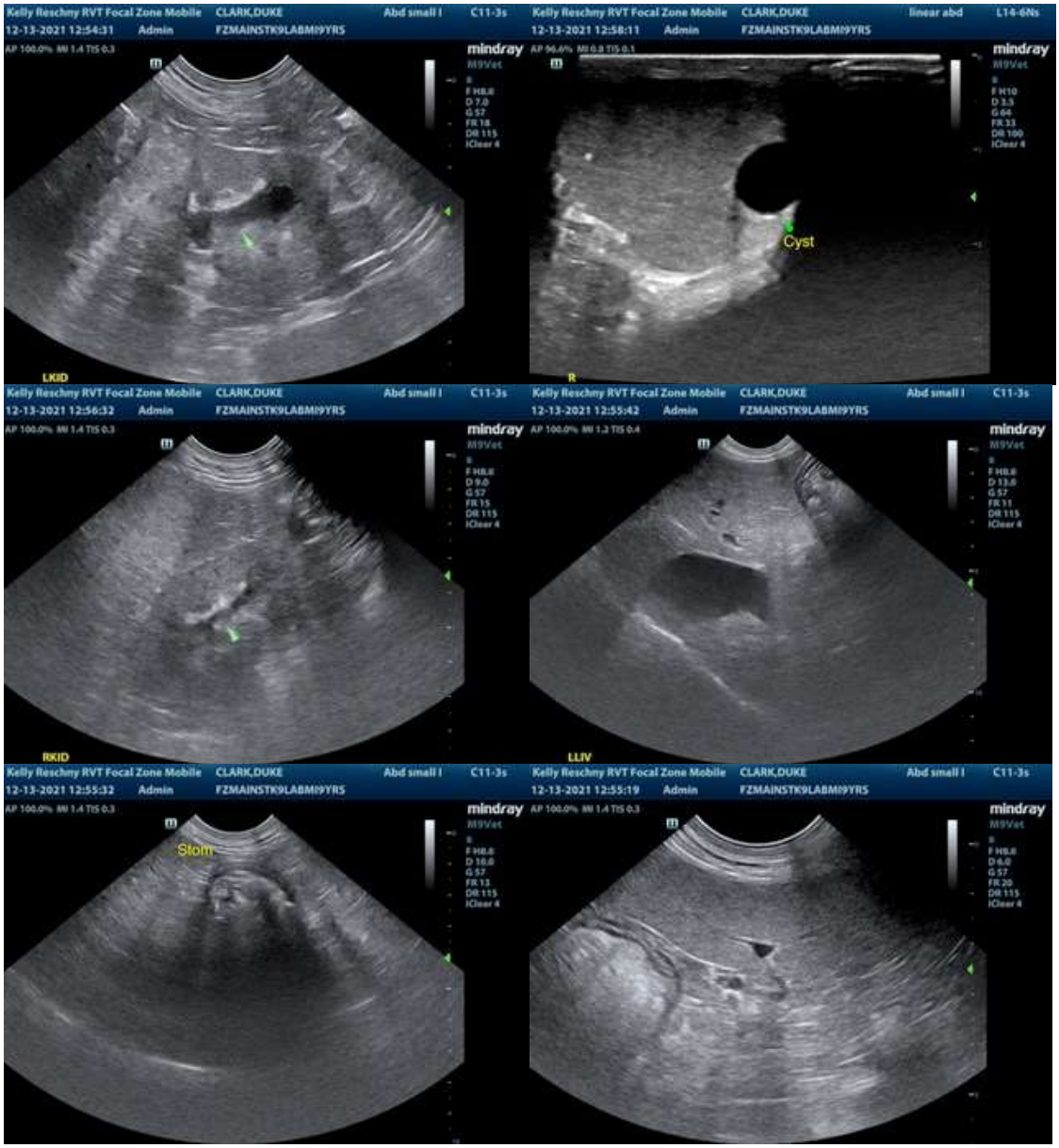

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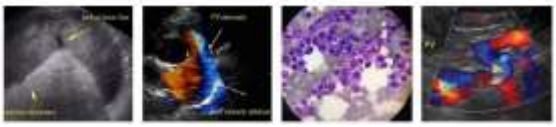

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289-808-2608 info@thefocalzone.com

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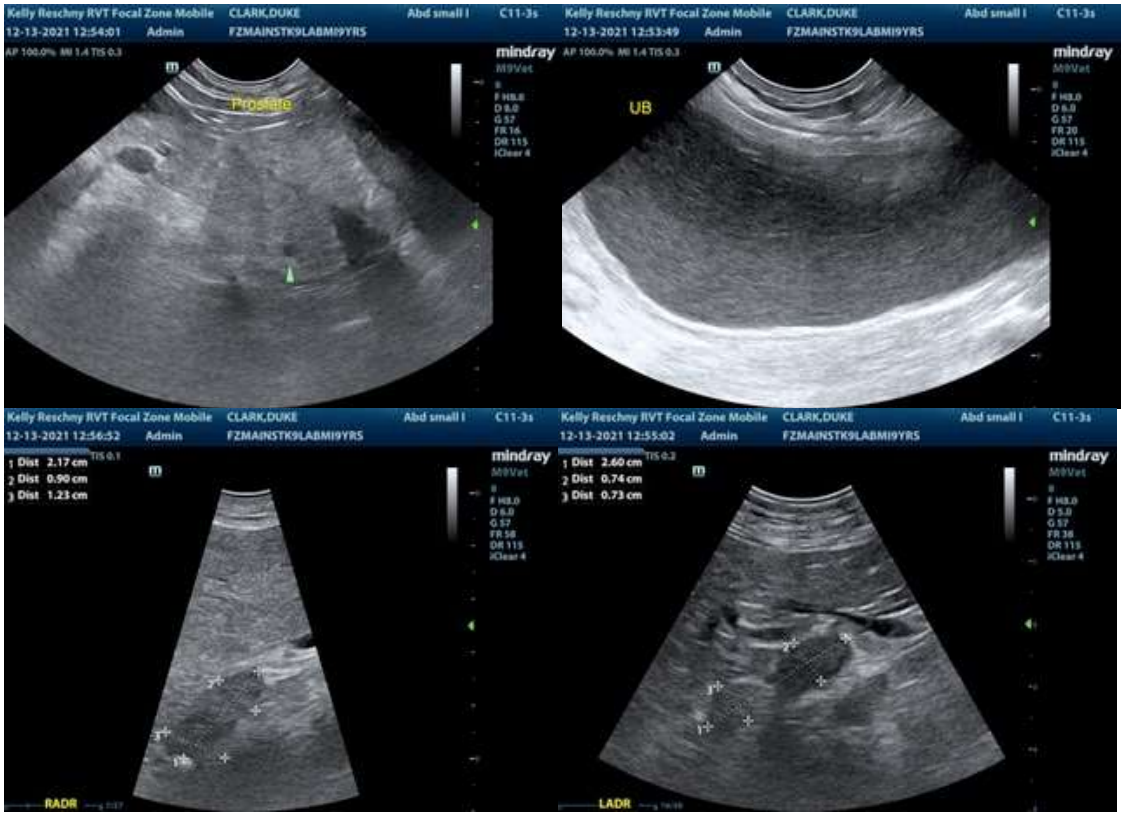

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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