



PATIENT

Charlie Peterson

SPECIES

Canine

BREED

Golden Retriever

SEX

NM

AGE

9 years

WEIGHT

70.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Molly Bies

INVOICE

12828

DATE

12/15/21

PRESENTING CLINICAL SIGNS

Presented for moving slower and drinking more water. Not as excited about things anymore. Has also lost about 8lbs since his last visit in March.

Abnormal PE/Chem/CBC/UA Results: NSF on physical exam, aside from weight loss. Blood work showed azotemia (SDMA 33 ug/dL, BUN 76 mg/dL, creatinine 3.5 mg/dL) with dilute urine (USG 1.015), hyperphosphatemia (7.6 mg/dL), elevated cholesterol (405 mg/dL), and decreased thyroid (0.6 ug/dL, suspect sick euthyroid). CBC showed anemia (HCT 34.4%).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Both kidneys exhibited multiple pinpoint areas of cortical hyperechoic foci, which although nonspecific, are suggestive of pinpoint areas of cortical fibrosis, microinfarction, or mineralization. Subtle evidence of left kidney pyelectasia was noted. No evidence of left or right retroperitoneal inflammation / effusion or renal neoplastic criteria was noted. The left kidney measured 7.5 cm in length. The right kidney measured 7.5 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 2.4 cm length x 0.75 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 3.0 cm length x 0.73 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. 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.

**PATIENT*****Liver/ Gallbladder***

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The liver was subjectively 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio with mild retained, variably echogenic yet nonshadowing gastric ingesta. No signs of ileus, obstruction, or foreign material were noted.

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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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The colon was sonographically unremarkable exhibiting segments of empty lumen along with segmental, strongly shadowing fecal matter.

Pancreas**WEIGHT**

70.5 lbs

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 omental masses, lymphadenopathy or peritoneal effusion were present.

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ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Bilateral chronic nephropathy
- Mild age-related hepatosplenic changes
- Sonographically unremarkable gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bilateral kidneys was most consistent with chronic renal disease / nephropathy although the possibility of acute on chronic renal insult or disease cannot be definitively excluded. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Given the lack of additional visceral pathology, the anemia in this patient may also point towards chronic renal disease in this case.

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Aside from the appearance of the kidneys, an overt cause of the patient's weight loss was not definitively evident. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate to assess for structurally insignificant gastrointestinal disease, three view chest radiographs and thorough



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muscular / skeletal and neurological examination to rule out occult disease. CKD therapy with further renal staging is recommended.

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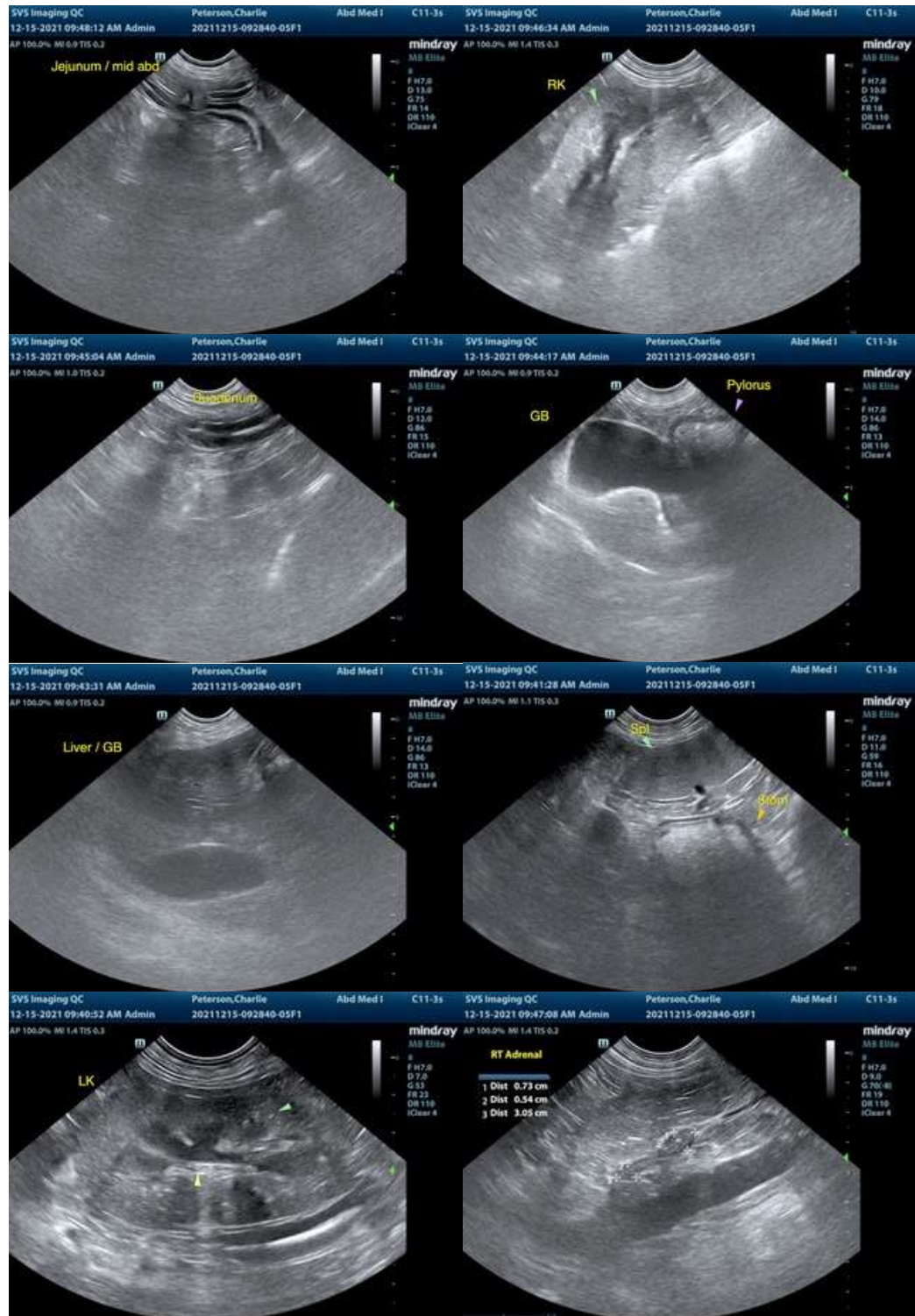
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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