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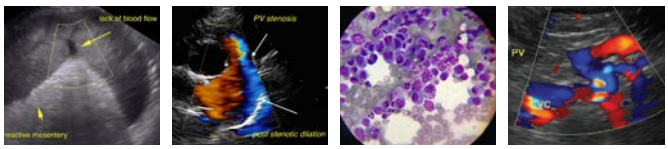
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ace Poskitt

SPECIES
Canine

BREED
German Shepherd

SEX
Neutered Male

AGE
1 Year 9 Months

WEIGHT
73.7 Pounds

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
ACC Flanders

REFERRING VET
Dr. Casulli

INVOICE
33607

DATE
12/20/21

PRESENTING CLINICAL SIGNS

Kidneys.
Abnormal PE/Chem/CBC/UA Results: Creat. 1.5, USG 1.023 (water deprivation overnight)

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 were noted.

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

The area of the aortic trifurcation was free of pathology.

Both kidneys exhibited subjective normal size, although the potential for borderline subnormal size given the patient breed and body size may be possible. Normal symmetrical renal margination was present with maintained 1:3 cortex/medulla ratio and overall discernable corticomedullary architecture with subjective mild loss of corticomedullary border distinction. No pyelectasia noted in either kidney. No evidence of left or right retroperitoneal inflammation. The left kidney measured 6.5 cm. The right kidney measured 6.3 cm. The left and right ureters were non-visualized and sonographically unremarkable.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.51 cm at the caudal pole. The right adrenal gland measured 2.9 cm length x 0.59 cm at 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 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 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 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.

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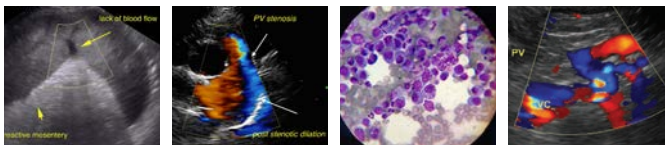

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Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

- Subjective normal to potential subnormal bilateral kidney size exhibiting symmetrical margination, overall maintained corticomedullary architecture, with mild loss of corticomedullary border distinction, no overt pyelonephritis.
- Otherwise, sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the bilateral kidneys was not consistent with significant architectural changes, subnormal renal size, and without evidence of inflammatory criteria. Potentially, some degree of dystrophic renal changes (in light of the patient's age) could be argued, although not definitive. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Periodic monitoring of first morning urine specific gravity, hydration status and creatinine levels going forward would be appropriate. If the patient is PU/PD, adrenal screening with resting cortisol could be considered to rule out unlikely potential for occult Addison's disease. If persistent/progressive elevated creatinine levels in the fact of inadequate concentrated urine, recheck sonogram of the kidneys would be recommended.

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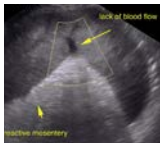
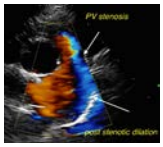
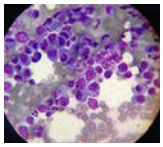
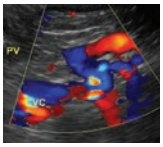

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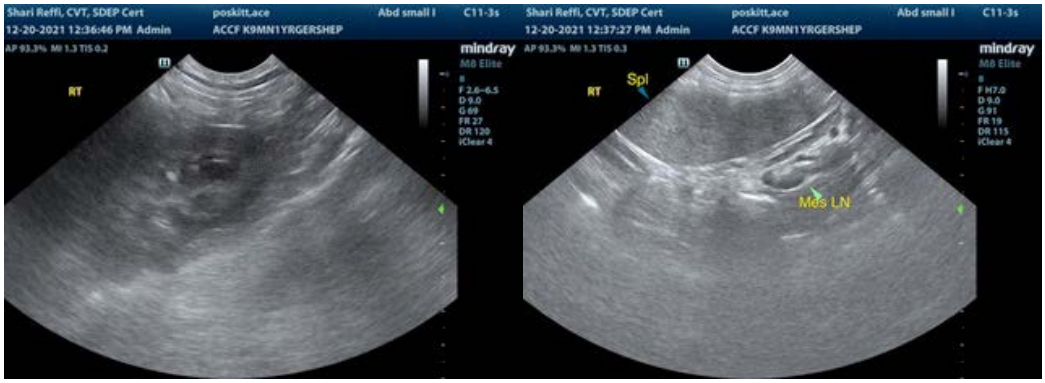

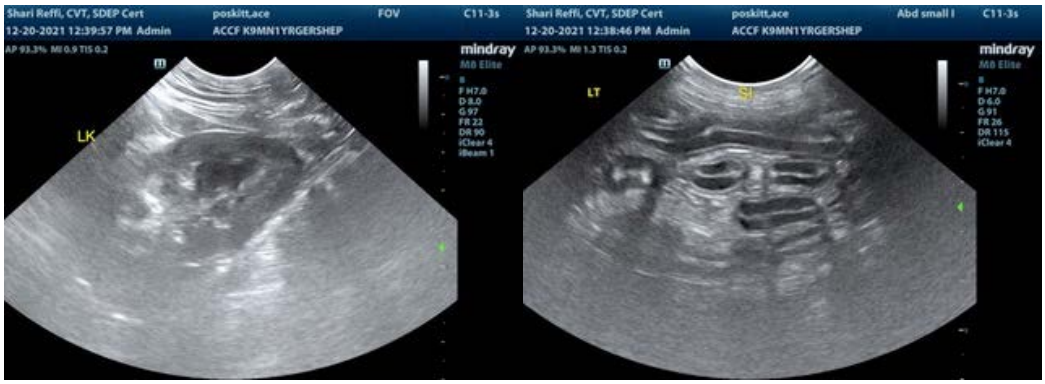

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com