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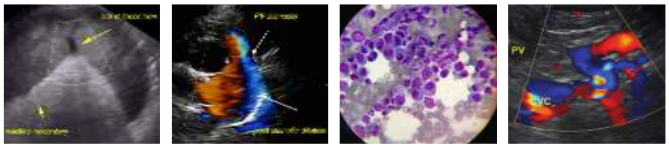

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cody Taranto

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

12 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Reidel

INVOICE

13321

DATE

2/11/22

PRESENTING CLINICAL SIGNS

PU/PD. R/O kidney disease vs. Cushing's.
Abnormal PE/Chem/CBC/UA Results: BUN 61, Phosphorous 13.6, Na:k 24. USG: 1.018.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was mildly subnormal in size owing to lack of urine distention. Minimal anechoic urine was present without sediment or calculi. Lack of urine distention prohibited full evaluation of the urinary bladder walls yet subjective mild generalized urinary bladder thickening exhibiting primarily homogeneous mural echogenicity was present. No evidence of neoplastic criteria was noted. The ventral urinary bladder wall measured 0.5 cm width. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. The ureteral papillae were normal. The ureters were not visible which is normal.

No overt pathology was noted in the area of the residual prostate, measuring 0.66 cm width.

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. Mild subjective cortical hypertrophy was noted in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 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 0.52 cm width in the cranial pole and 0.69 cm width in the caudal pole. The right adrenal gland measured 0.97 cm width in the cranial pole and 0.57 cm width in 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.

Liver/ Gallbladder

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.

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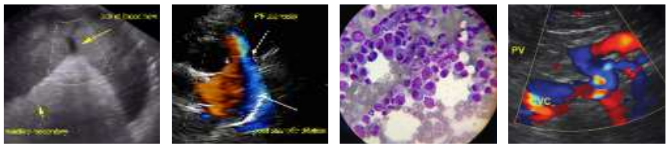

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Gastrointestinal

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

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

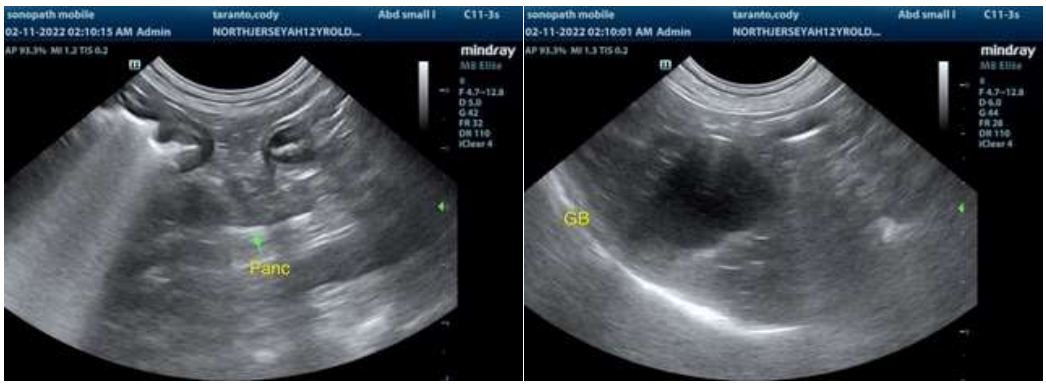
Primary Findings

- Cystitis pattern
- Nonspecific mild chronic renal changes
- Overtly normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bilateral adrenal glands, as well as the liver which was not overtly suggestive of steroid hepatopathy, was not obviously indicative of underlying adrenal disease. If strong clinical concern for hyperadrenocorticism, screening UCCR could be considered with full LDDST If UCCR is elevated. Full urinary work up Including urine C/S and baseline UPC +/- Leptospirosis titer / PCR if clinically Indicated is recommended.

Empirically, therapy for early CKD is likely appropriate.



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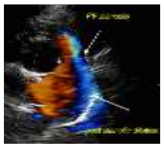
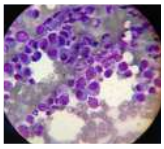
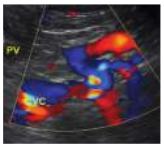

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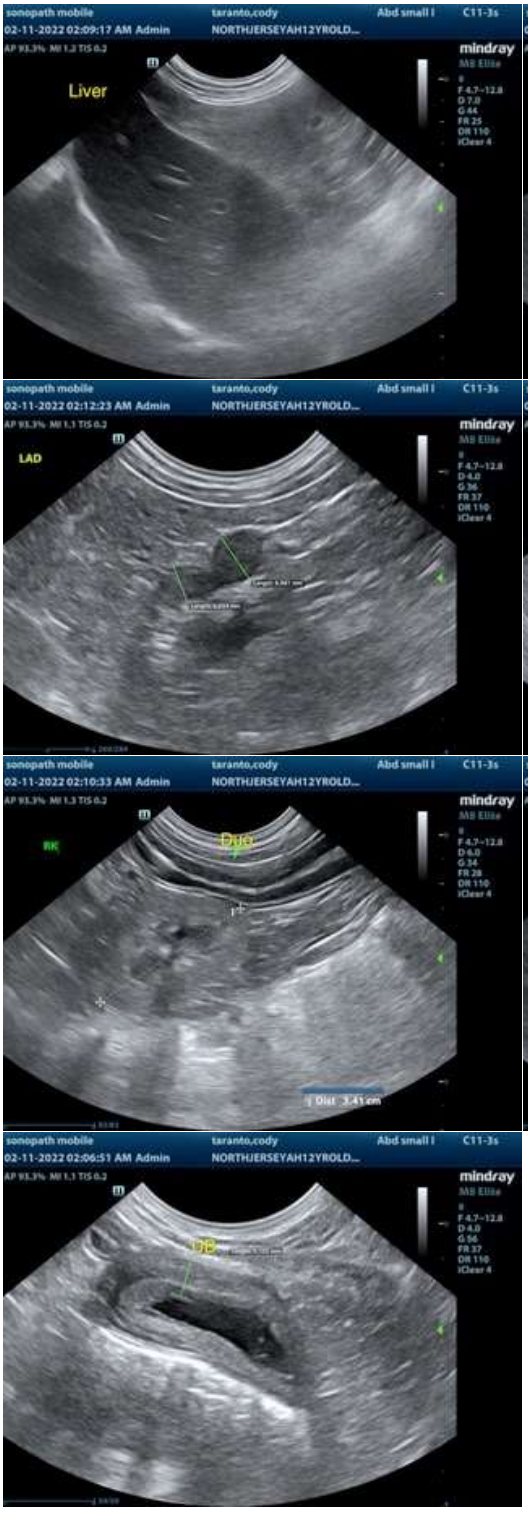

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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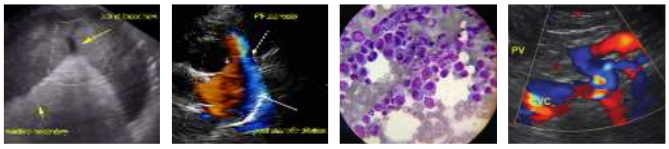

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com