



PATIENT

Leo Murray

SPECIES

Canine

BREED

Bichon X

SEX

MN

AGE

14 years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wendy Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

Dr. Wendy Turner

INVOICE

21123

DATE

2/15/23

PRESENTING CLINICAL SIGNS

No clinical complaints. Diagnosed IRIS stage III proteinuric normotensive CKD last month. This is renal workup. Survey radiographs done elsewhere "suggestive of LSA"

Abnormal PE/Chem/CBC/UA Results: Mild generalized muscle atrophy. SDMA 34, Cr 3.2 mg/dl, BUN 70 mg/dl. Phos 6 (2.5-6.1). Lytes WNL. USG 1.016 trace protein, UPCR 0.3

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 free of pathology.

Both kidneys were normal in size with minor asymmetrical margination. Subjective subtle cortical hypertrophy with primarily maintained 1:3 cortex to medulla ratio. Mild to moderate loss of corticomedullary border demarcation was present. Pinpoint dystrophic medullary mineral was noted. Mild right kidney pyelectasia was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 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 0.41 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 0.54 cm width 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/ 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.

Gastrointestinal

The stomach presented sonographically unremarkable wall layering. The lumen of the stomach contained mild to moderate nonshadowing ingesta with no evidence of mechanical pyloric outflow obstruction.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental nonshadowing intestinal ingesta/chyme.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild to moderate chronic renal changes, exhibiting pinpoint dystrophic medullary mineral and mild right kidney pyelectasia

Secondary Findings

- Mild gastrointestinal ingesta- suspect recent meal ingestion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the kidneys is consistent with iris stage 3 CRD. The mild right kidney pyelectasia is suspected to be owing to chronic renal changes or possible pelvic scarring. CRD therapy with monitoring of systemic BP, as well as UPC is suggested. No evidence of intraabdominal neoplastic criteria.



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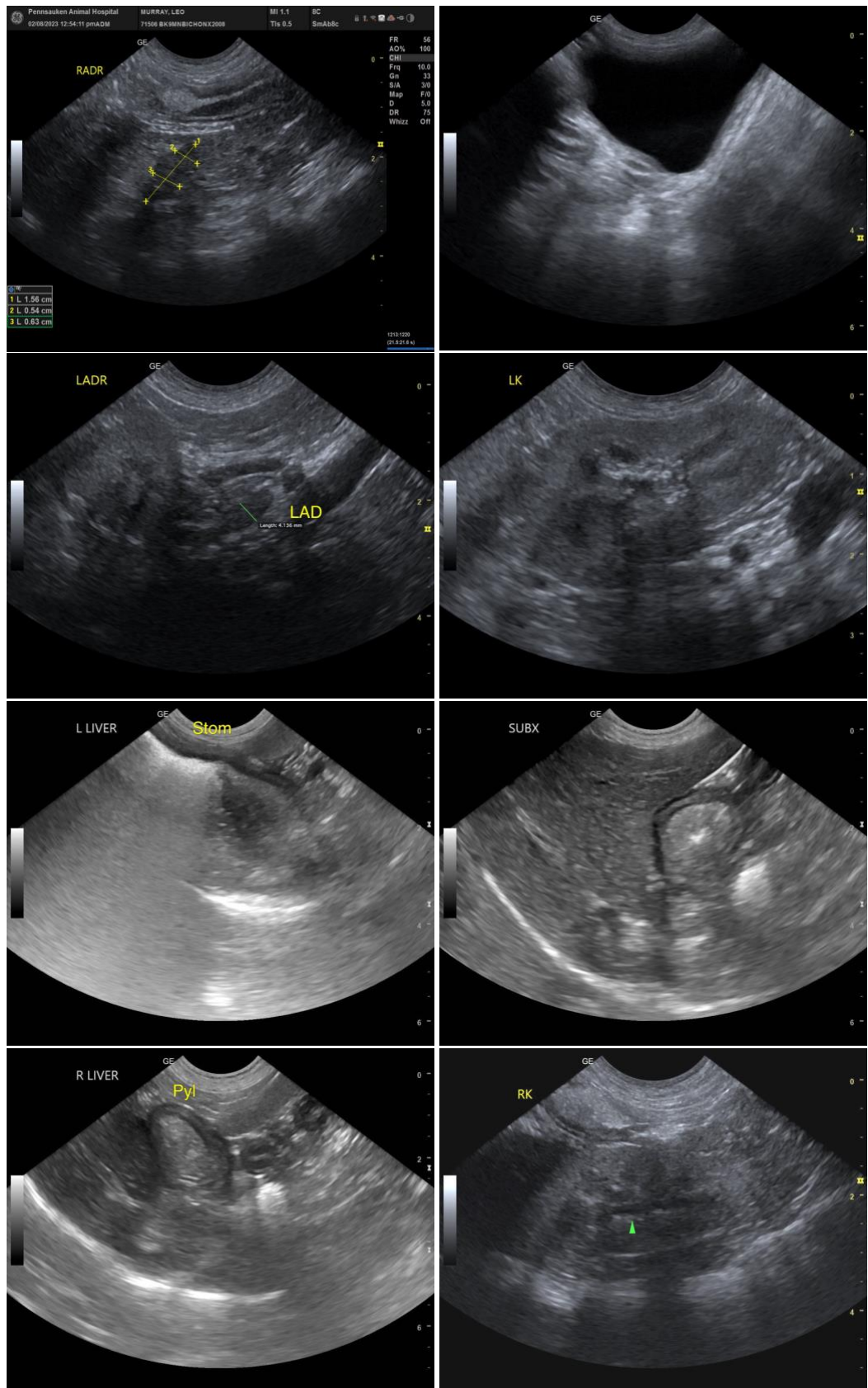
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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