



PATIENT

Molly Herren

SPECIES

Canine

BREED

Pit Bull

SEX

FS

AGE

5.5 years

WEIGHT

42

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

16205

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Dental radiographs showed marked bone resorption around all teeth.

Abnormal PE/Chem/CBC/UA Results: Chems confirm azotemia, hyperphosphatemia. Other labs still pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. No evidence of mineral or calculi was noted.

No evidence of medial Iliac or sublumbar lymphadenopathy.

Asymmetrical margination was present in both the kidneys with cortical hypertrophy exhibiting hyperechoic corticomedullary echogenicity and marked loss of corticomedullary border demarcation. Mild left kidney pyelectasia was noted. The right kidney was subnormal in size compared to the left and indistinctly visualized. The left kidney measured 5.4 cm in length. The right kidney measured 3.8 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 0.69 cm width at the caudal pole and 0.66 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

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 exhibited possible borderline enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented sonographically normal visualized wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, primarily nonshadowing ingesta without signs of obstruction or foreign material.



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The small intestine presented generalized intact wall layering with propensity for generalized prominent mucosa layer. Nonspecific, segmental duodenojejunal mildly hyperechoic mucosal speckling was present.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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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.

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Free Abdomen

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No overt lymphadenopathy or omental masses were present. An intermittent small pocket of scant peritoneal free fluid was noted in the mid-abdomen adjacent to the intestinal loops, as well as the caudal abdomen around the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

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- Bilateral severe chronic degenerative nephropathy with subnormal right kidney size and minor left kidney pyelectasia
- Intact yet subjective prominent small bowel walls exhibiting mild nonspecific duodenojejunal mucosal speckling
- Intermittent small pocket of scant peritoneal free fluid
- Possible borderline hepatomegaly - nonspecific yet subjective benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Pending additional labs, renal secondary hyperparathyroidism may be of primary concern in this patient given the evidence of bone resorption on dental radiographs. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment of systemic BP is recommended.

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The small intestinal presentation was nonspecific given the lack of reported gastrointestinal signs, weight loss, etc. Correlation with a chemistry panel and albumin levels is suggested.

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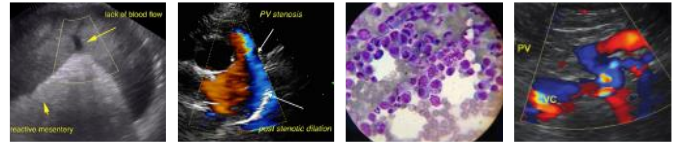
Although not definitive, the kidneys may indicate chronic to possible congenital renal dysplasia given the young age of the patient. Nonspecific chronic nephritis i.e., interstitial nephritis, glomerulonephritis, or other may be possible without overt evidence of neoplastic criteria. Pending additional diagnostics, empirical CRD therapy is recommended. An extremely guarded long-term prognosis is warranted.

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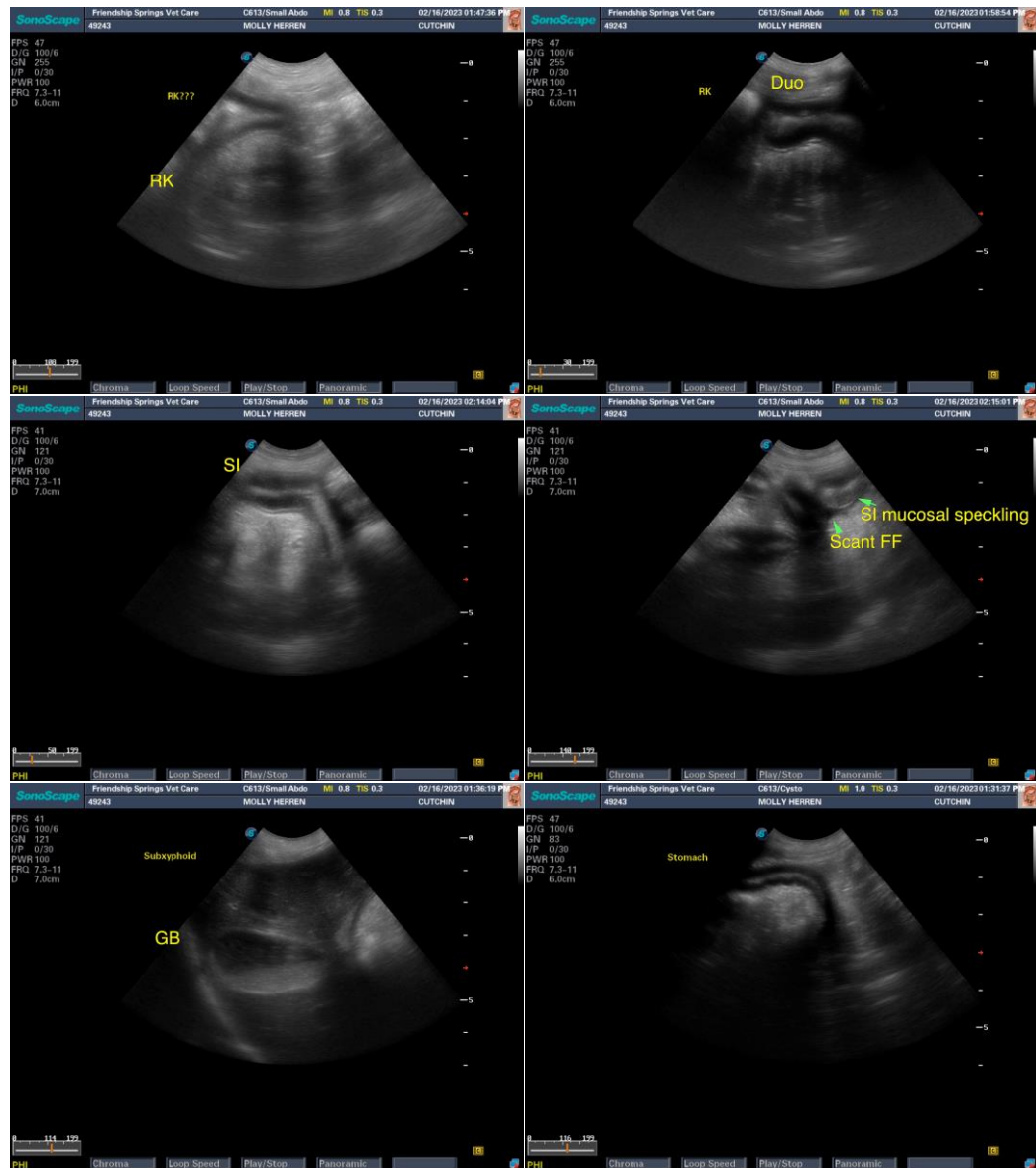
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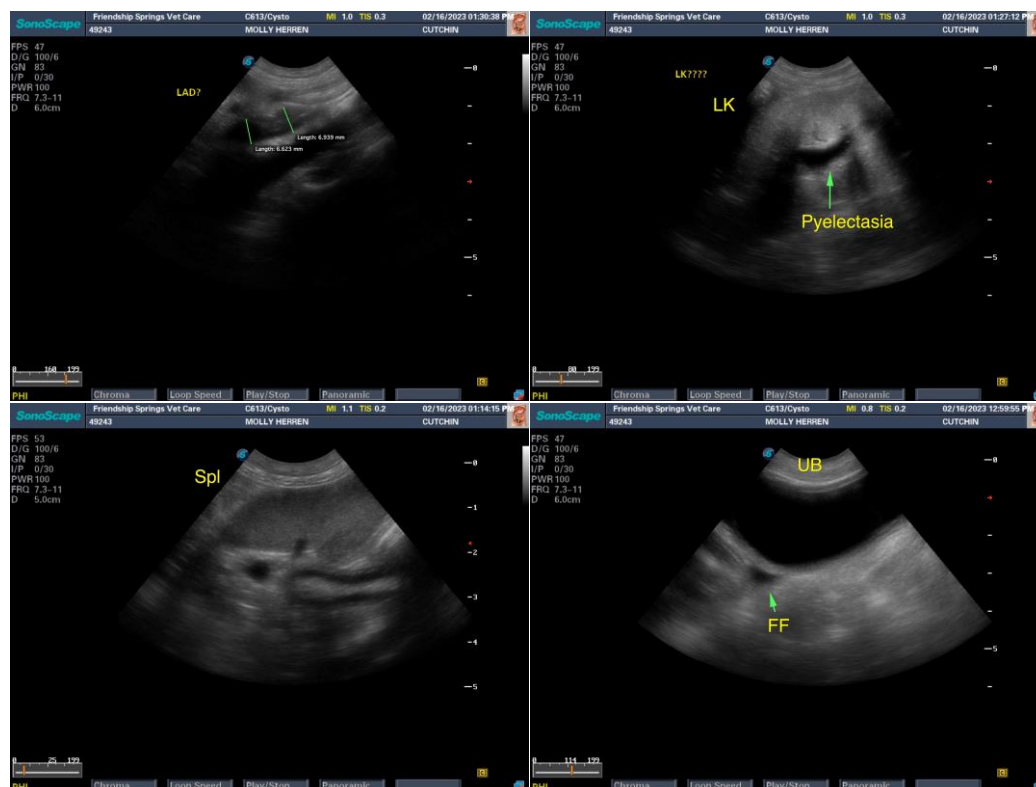
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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