



PATIENT

Xavi Estupinan

PRESENTING CLINICAL SIGNS

History: Hyporexia and lethargy for the past 2 weeks. History of worsening renal values with severe proteinuria for the past 2 years

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Bloodwork results: CREA 4.8 mg/dL HIGH BUN 80 mg/dL HIGH PHOS 8.1 mg/dL HIGH Potassium 6.2 Amylase 1802 Lipase 2104

*The submitted study contained 9 videos and 35 still images for review.

BREED

Miniature Schnauzer

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Male

The urinary bladder was nondistended. No evidence of inflammatory urinary bladder mural criteria. No tumors were present. Anechoic was present. Mild dependent hyperechoic sand to microcalculi were noted. The urethra was normal to a depth of 3.0 cm.

The area of the residual prostate appeared normal and free of pathology.

AGE

7 Years

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.2 cm in length. Nonobstructive medullary mineral to small renoliths were noted. Intermittent cortical cysts were present.

WEIGHT

14.7 Pounds

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.41 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole and 0.46 cm width at the cranial pole.

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgfield Park AH

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. Hepatic vascular volume was normal. The visualized portal vein appeared to exhibit normal volume. No evidence of a macroscopic or microscopic portosystemic shunt.

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The gallbladder was non distended in size with minor echogenic, nonmineralized debris, primarily in the caudal lumen in the area of the gallbladder neck without evidence of inflammatory gallbladder criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

DATE

2/16/23

Gastrointestinal



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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.

SPECIES

Canine

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

BREED

Miniature Schnauzer

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

Free Abdomen

SEX

Male

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

7 Years

- Mild dependent urinary bladder sand/mineral
- Chronic nephropathy, exhibiting nonobstructive medullary mineral and cortical cysts
- Normal volume liver
- Mild gallbladder debris (non-mucocele)
- Heterogenous pancreas- not sonographically consistent with active pancreatitis
- Overtly normal gastrointestinal tract

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low grade to chronic pancreatitis could be present and sonographically normal, which may be suspected if evidence of cranial abdominal discomfort on palpation. Alternatively, the patients clinical signs are suspected to be secondary to progressive chronic nephropathy. Full urinary work up, including culture and sensitivity, as well as UPC level, given the reported severe proteinuria, if not recently done, is suggested. Assessment of systemic BP and therapy for protein losing nephropathy, pending UPC evaluation may be indicated. As needed gastrointestinal support is recommended.

IMAGING PERFORMED BY

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REFERRING VET

Dr. Cathy Chun

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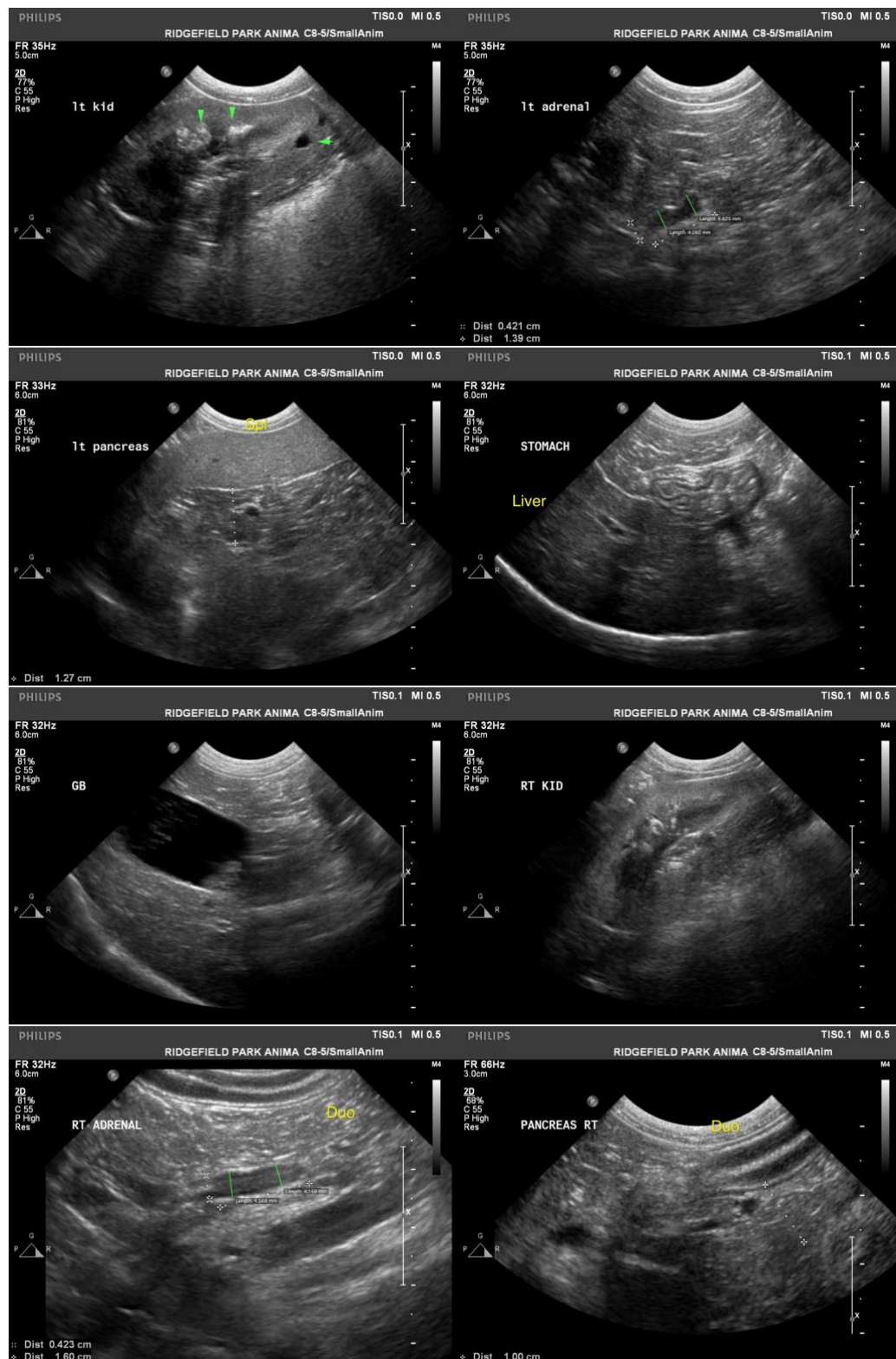
Dr. Cathy Chun

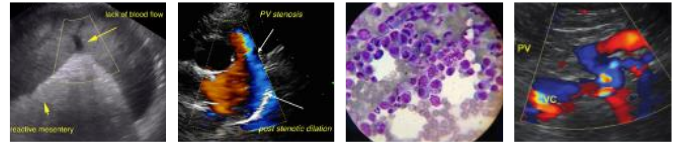
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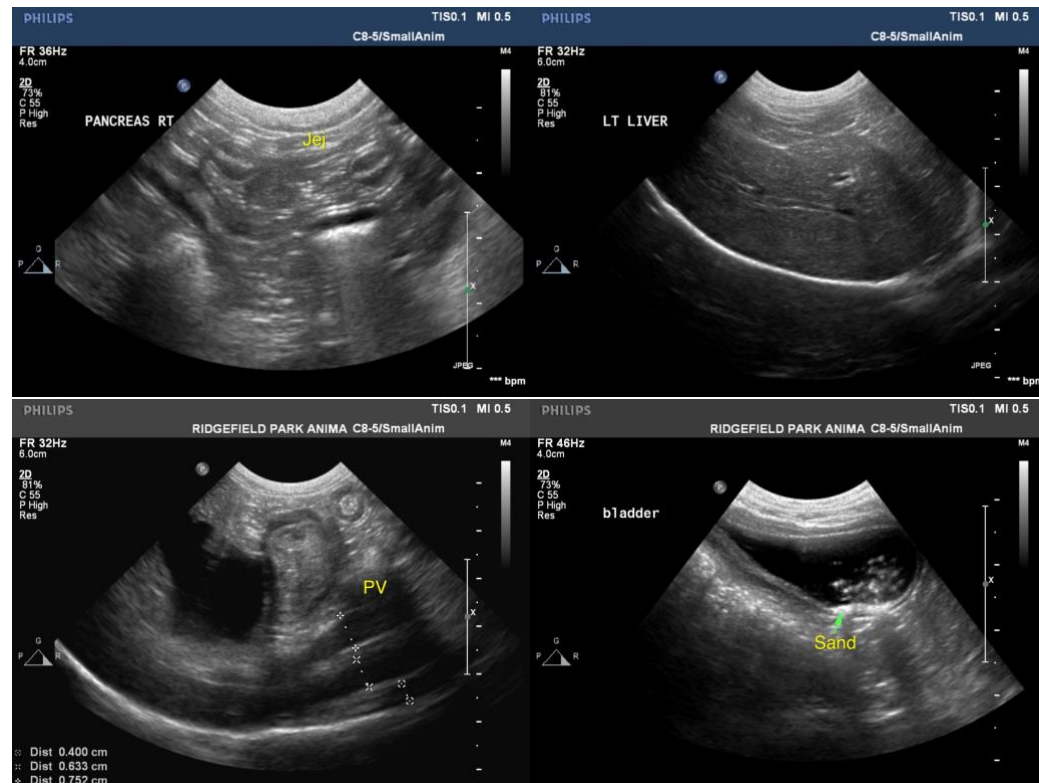
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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