



PATIENT

Eddie Strickland

SPECIES

Canine

BREED

Chi X

SEX

Neutered Male

AGE

14 Years

WEIGHT

3.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Anna Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Anna Wepprich

INVOICE

45851

DATE

3/12/23

PRESENTING CLINICAL SIGNS

Presented 3/11 as transfer from Lincoln City for elevated kidney values. Patient has a history of cataracts and heart murmur. One week ago, the patient had vertigo and fell over. Patient was diagnosed with an ear infection and was treated with oral and topical baytril, meds were stopped 3 days ago. Three days ago, the patient began to eat very little food. Hx heart murmur, cataracts Diagnostics at WVS: 3/11 Dayshift 3 v full body rads - stat consult - CONCLUSIONS: 1. There is minor narrowing of the caudal vena cava is suggestive of hypovolemia. Otherwise unremarkable thorax. There is no evidence of overt cardiomegaly or abnormalities of the pulmonary vasculature however these may be masked by hypovolemia. Differentials for the reported cardiac murmur include compensated mitral and/or tricuspid valve endocardiosis. 2. Inconspicuity of the right kidney may reflect superimposition by the overlying GI tract or reduction in renal size associated with chronic renal disease, chronic pyelonephritis or historic renal infarction. There is no evidence of renal masses, retroperitoneal ureterolithiasis or effusions, urinary bladder distention or uroliths along the course of the lower urinary tract. RECOMMENDATIONS: Abdominal ultrasound is recommended for more sensitive assessment of the urinary tract of this patient. Judicious intravenous fluid therapy is recommended, with follow-up bloodwork/urinalysis. Azotemia Left head tilt Heart murmur Otitis externa - last dose of oral antibiotic 3/8 OS

Abnormal PE/Chem/CBC/UA Results: pDVM records from 3/11- CBC - HCT 51.7%, WBC 9, Neut 6.11, PLT 480 Chem - Glu 104, Creat 5.2*, BUN 116*, Phos 7.6*, Ca 11, TP 7.2, ALB 3.7, Glob 3.5, ALT 57, ALP 19, GGT 2, Tbili 0.5, Chol 239, Na 151, K 4.9, Cl 108* UA - USG 1018, pH 7, protein/glu/ket neg, blood 250, bili neg, WBC 2/hpf, RBC 8/hpf, no bacteria detected, no crystals/casts submit urine for culture - pending EPOC - pH 7.287*, BE -12.3*, Na 145, K 3.8, Cl 120, Ca 1.21, Lact 2.66*, BUN 99*, Creat 4.99*, Glu 100, HCT 55% ear cytology - TNTC cocci AU, debris 3/11-3/12 overnight: PCV 38%, TP 6.2g/dL QAR, MM pale pink and moist CRT < 2 seconds. EENT - No menace, suspect blind. OD - iris atrophy, cataract. Os - mydriasis, cataract, iris atrophy, circumferential neovascularization. Moderate yellow debris in both ears. Left tympanic visualized intact yesterday. Right -- Moderate to severe dental disease. Thorax -Heart rate and rhythm regular, grade 4/6 left systolic murmur (unchanged). Eupneic with normal BV. Ambulatory on all four limbs, generalized mild muscle atrophy. Neuro - no head tilt, nystagmus fast phase to left

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys, though the right kidney exhibited mild subnormal size compared to the left. Maintained 1:3 cortex / medulla ratio and discernable corticomedullary architecture with mild loss of corticomedullary border demarcation. No pyelectasia. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia noted in both kidneys. The left kidney measured 3.6 cm. The right kidney measured 3.2 cm.



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Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm at the caudal pole. The right adrenal gland measured 0.38 cm at 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

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.

Free Abdomen

Intermittent scant pocket of peritoneal free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Minor UB sediment
- Mild chronic kidneys with minor pyelectasia
- Scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the kidneys did not appear to be end stage with the minor pyelectasia suspected to be secondary to IV fluid therapy, no overt pyelonephritis. This may suggest potential for acute renal insult if clinically applicable. However, CRD / CRF despite relatively benign renal presentation is considered



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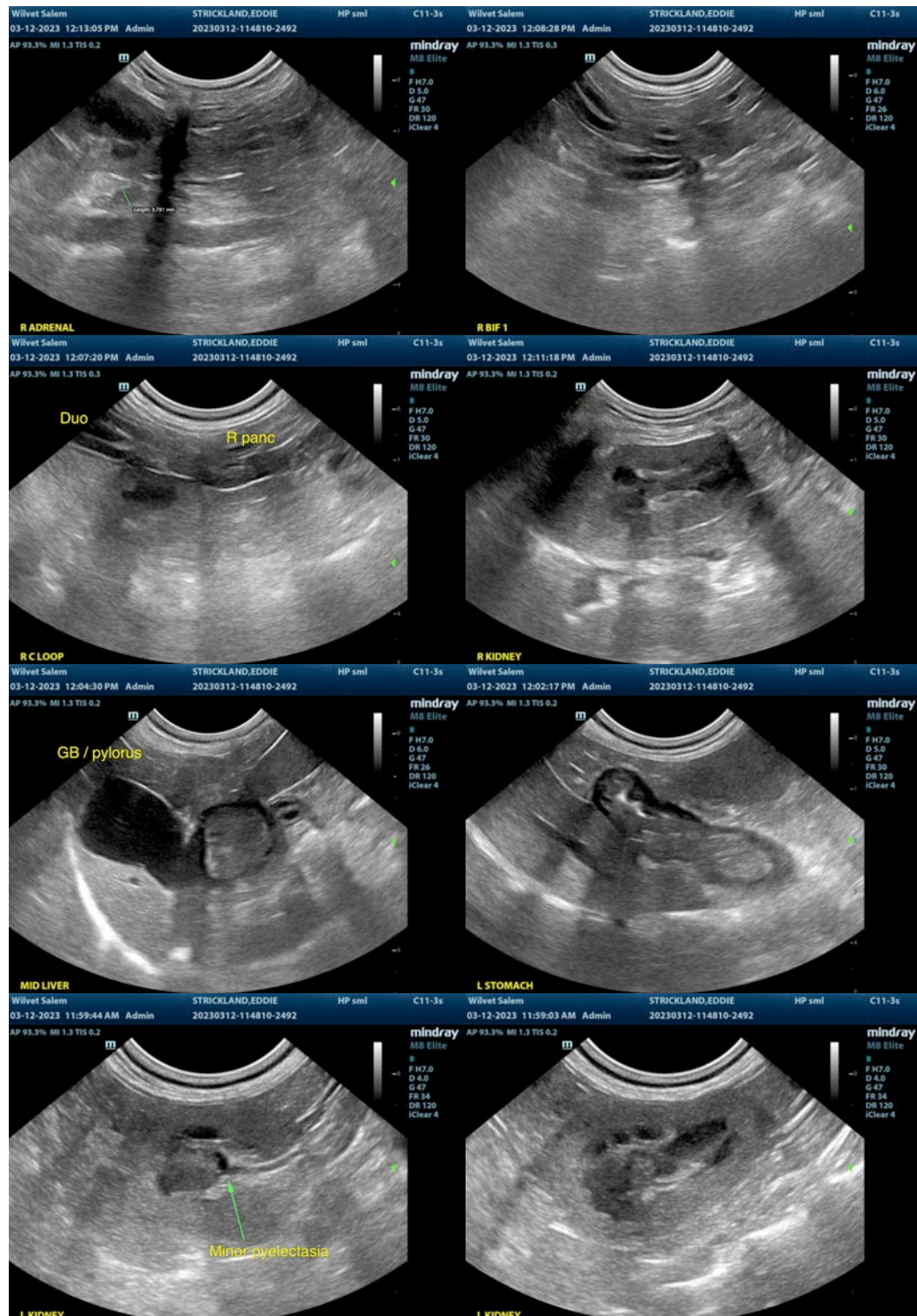
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most probable. Prognosis is dependent on renal response to supportive care and CRD therapy with monitoring of HCT. Correlation with pending urine C/S is recommended.





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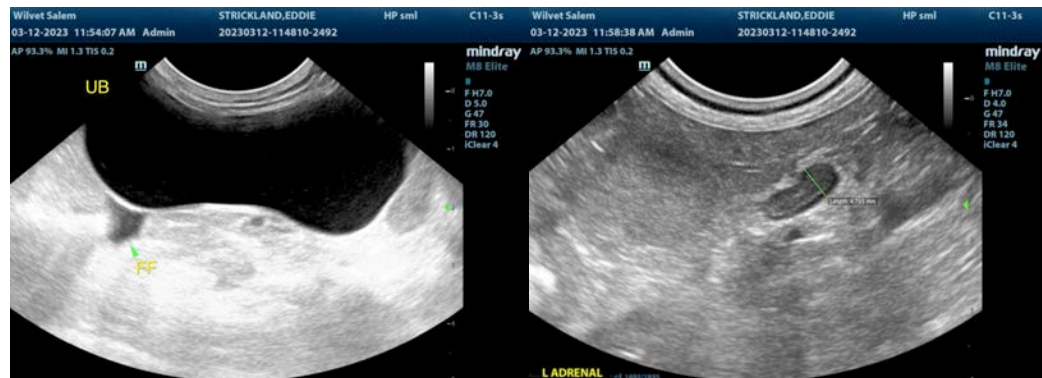
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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