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Clinical Sonography & Telecytology
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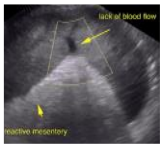

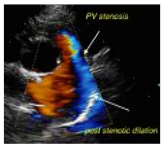

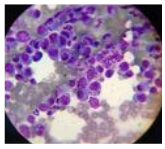
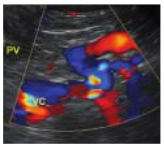

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1-800-838-4268 info@sonopath.com

PATIENT

Ella Sparks

SPECIES

Canine

BREED

Bearded Collie

SEX

Spayed Female

AGE

12 years 6 months

WEIGHT

39.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Mary

INVOICE

13505

DATE

3/17/2213505

PRESENTING CLINICAL SIGNS

P has history of recurrent UTIs , 3/16/21 labwork showed increased renal values- concern for acute renal injury, pyelonephritis, vs. chronic renal disease. C does not think P has access tp any toxins or medications that could cause acute injury. Clinically P is doing well at home, good energy and attitude but has decreased appetite managed with daily Entyce. C does training/floor work with P and notes one episode of P slipping and losing footing- which is unlike her. On drop off today C notes P has been vomiting some bile occasionally- maybe more often than she initially realized.
Abnormal PE/Chem/CBC/UA Results: 3/16/21 labwork showed Urinalysis - USG 1.016 pH 6.5 urine chems: wnl urine sedi: WBC 4-10/hpf MA: 2.3 (<2.5); Chemistry profile - Superchem: wnl except BUN 84 (6-31) Creatinine 5.6 (0.5-1.6) Phosphorous 6.8 (2.5-6) Ca 12.2 (8.9-11.4) Na 155 (139-154) cholesterol 372 (92-324) Precision PSL 228 (24-140); CBC - Wnl; Thyroid hormones - TT4 2.1 (0.8-3.5); Heartworm test - Neg. Previous bloodwork in May 2021 shoulder BUN 28, CREA 1.6 Hx of UTIs (Urine MIC results): e.coli 9/2021 e.coli 5/2021 Enterococcus 8/20 e.coli 6/2020 Proteus Mirabilis 11/2018 Proteus Mirabilis 6/2018

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, 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 proximal urethra exhibited subjective normal structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Both kidneys exhibited mild, primarily uniform Increased cortex echogenicity with mild loss of corticomedullary border demarcation. Pinpoint areas of medullary mineral were noted. No evidence of pyelectasia in either the left or right kidney was present. No signs of associated left or right retroperitoneal inflammation were noted. The left kidney measured 5.3 cm in length. The right kidney measured 5.4 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 0.48 cm width at the caudal pole and 0.45 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.

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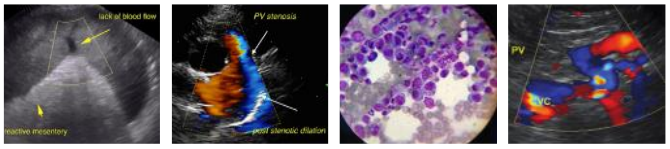

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Liver/ Gallbladder

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 mild, gallbladder debris primarily in the area of the gallbladder neck. This is likely incidental, given the lack of evidence of cholestasis potentially secondary to fasting. The cystic duct and common bile ducts were normal without evidence of dilation.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Nonspecific mild to moderate chronic renal changes
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal presentation was most suggestive of chronic renal changes as opposed to acute kidney injury and without overt evidence of pyelonephritis. However, the kidneys did not appear to be sonographically end-stage and the possibility of potential acute-on-chronic nephropathy cannot be definitively excluded.

The mild urinary bladder sediment is likely suggestive of mild cellular or crystalline debris. Recheck urine culture and sensitivity on a sterile urine sample If not recently done +/- further renal staging to include baseline UPC if evidence of significant proteinuria and assessment of systemic blood pressure may be considered.

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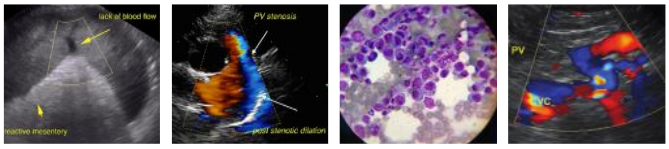

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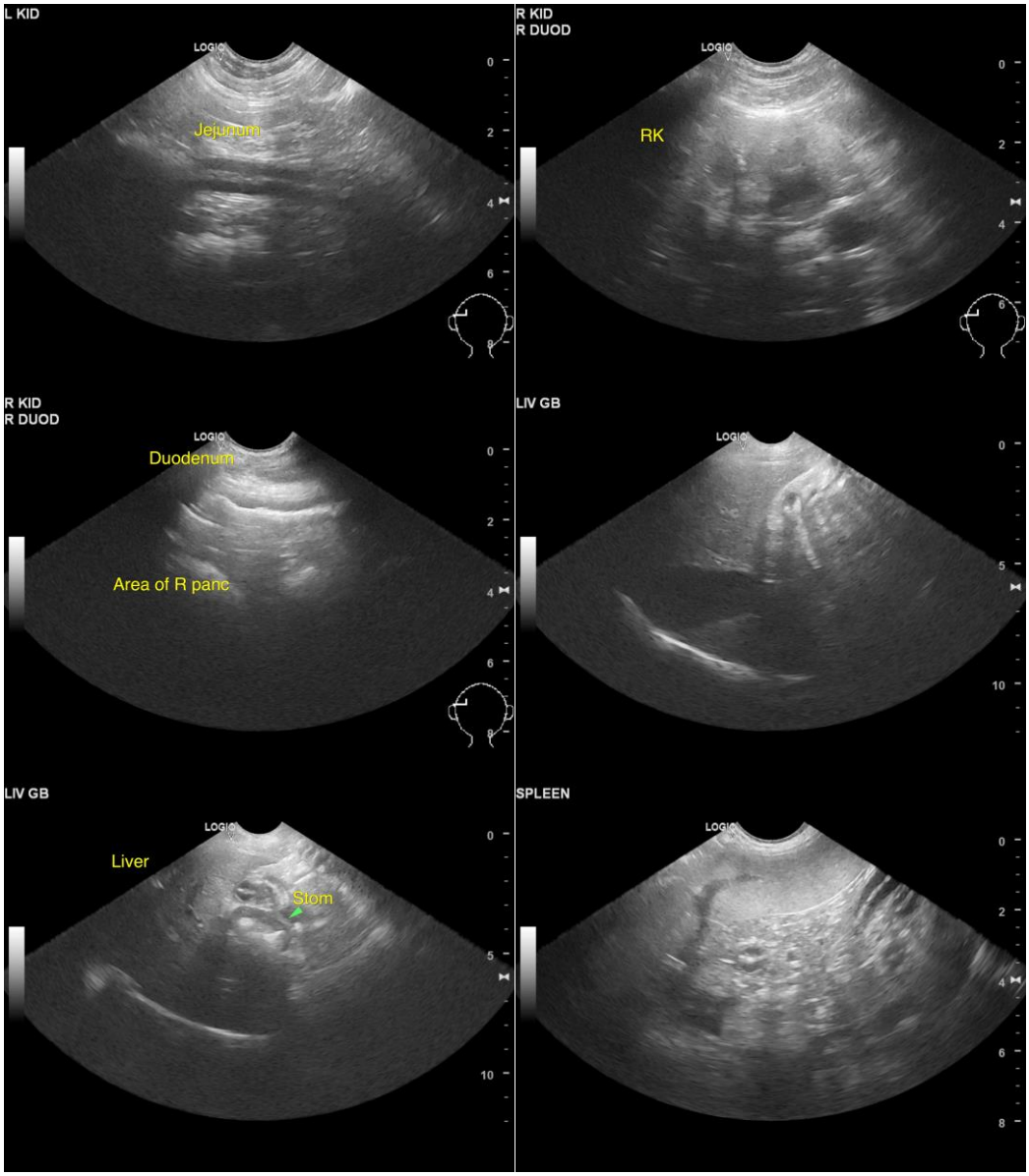
Empirical CKD therapy would be reasonable. If recurrent documented UTI on culture and sensitivity, a higher dose / shorter frequency antibiotic regime Ideally based on C/S results may prove more effective at eliminating recurrent infection. Continued as-needed gastrointestinal support is suggested.



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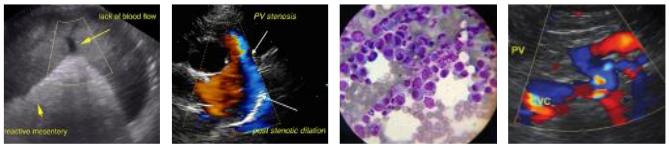

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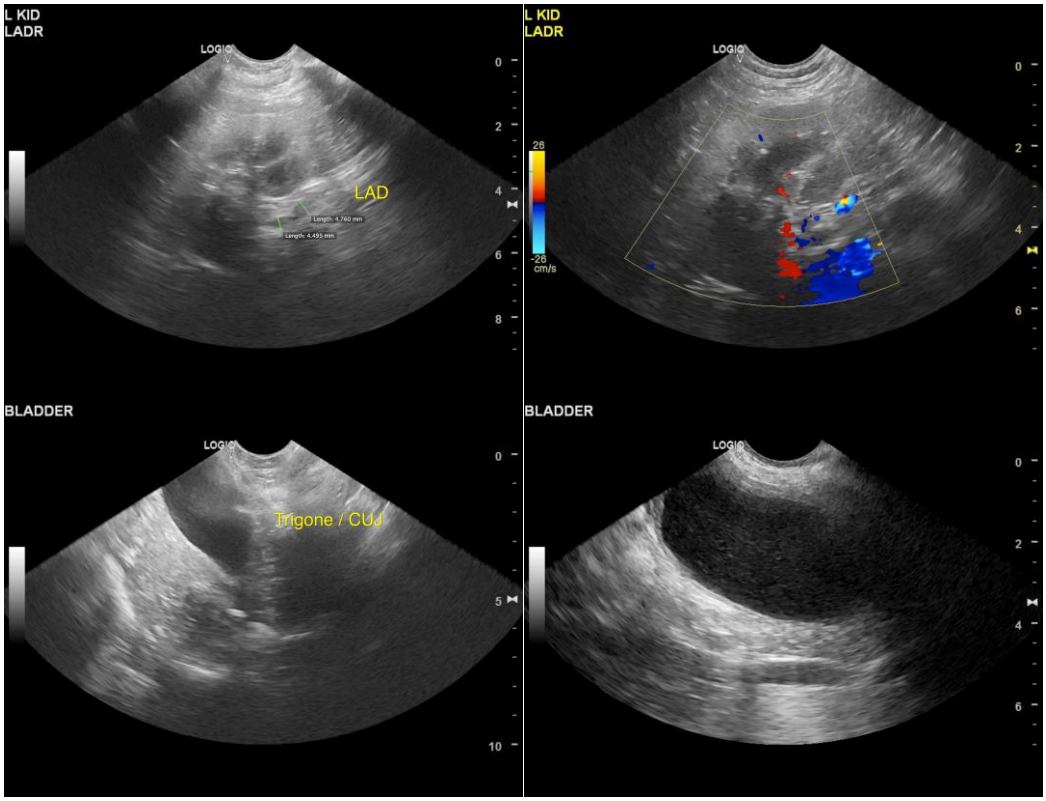

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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