



PATIENT

Corbin Reyes

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

9 years

WEIGHT

15.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wendy Turner

HOSPITAL NAME

Pennsauken AH &
Urgent Care

REFERRING VET

Dr. Wendy Turner

INVOICE

13656

DATE

4/13/22

PRESENTING CLINICAL SIGNS

Presented for mass removal (very large lipoma) 1 month ago. Renal azotemia noted on pre-operative bloodwork. Pet has normotensive, proteinuric IRIS stage 2 kidney disease with concurrent elevated LFT's. Historically vaccinated against leptospirosis (4-way). Owner reports PU/PD at home, with small dry stools.

Abnormal PE/Chem/CBC/UA Results: PE: slightly overweight, grade 4 pddz, ventral abdominal lipomatous mass (>20cm dia). Chem: Cr 2.1, BUN 42, hyperphosphatemic and hyperkalemic (Na:K = 26), elevated AST/ALP/T bili (BW attached)

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 pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Both kidneys exhibited subjective mild altered 1:3 cortex/medulla ratio owing to uniform mild cortex hypertrophy exhibiting mild coarse echotexture and mild uniform increased cortex echogenicity. Mildly enhanced corticomedullary border demarcation was noted. Intermittent small cortical cysts were present in the left kidney. No pyelectasia was noted in either kidney. The left kidney measured 4.6 cm in length. The right kidney measured 5.2 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 0.51 cm width at the caudal pole and 0.48 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 0.65 cm width at the caudal pole and 0.83 cm width at the cranial pole. No evidence of hyperplasia or tumors was noted in either adrenal gland.

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 subjective mild generalized 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 containing primarily anechoic luminal



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content with mild nonmineralized luminal debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, retained, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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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.

SEX

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

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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

Mild increased amount of intra-abdominal fat was present. No omental masses, lymphadenopathy, or effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific mild chronic renal changes exhibiting mild cortical hypertrophy
- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)

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Secondary Findings

- Mild retained gastric ingesta / chyme

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The overall appearance of the kidneys was nonspecific and may indicate nonspecific early chronic renal changes with potential for nonspecific nephritis such as glomerulonephritis given the proteinuria. Further assessment may include UPC for proteinuria quantification +/- culture and sensitivity.

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Ultrasound guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle, would be reasonable for screening cytology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Monitoring of systemic blood pressure and renal parameters with potential for PLN or CKD therapy, pending additional diagnostics, is warranted.

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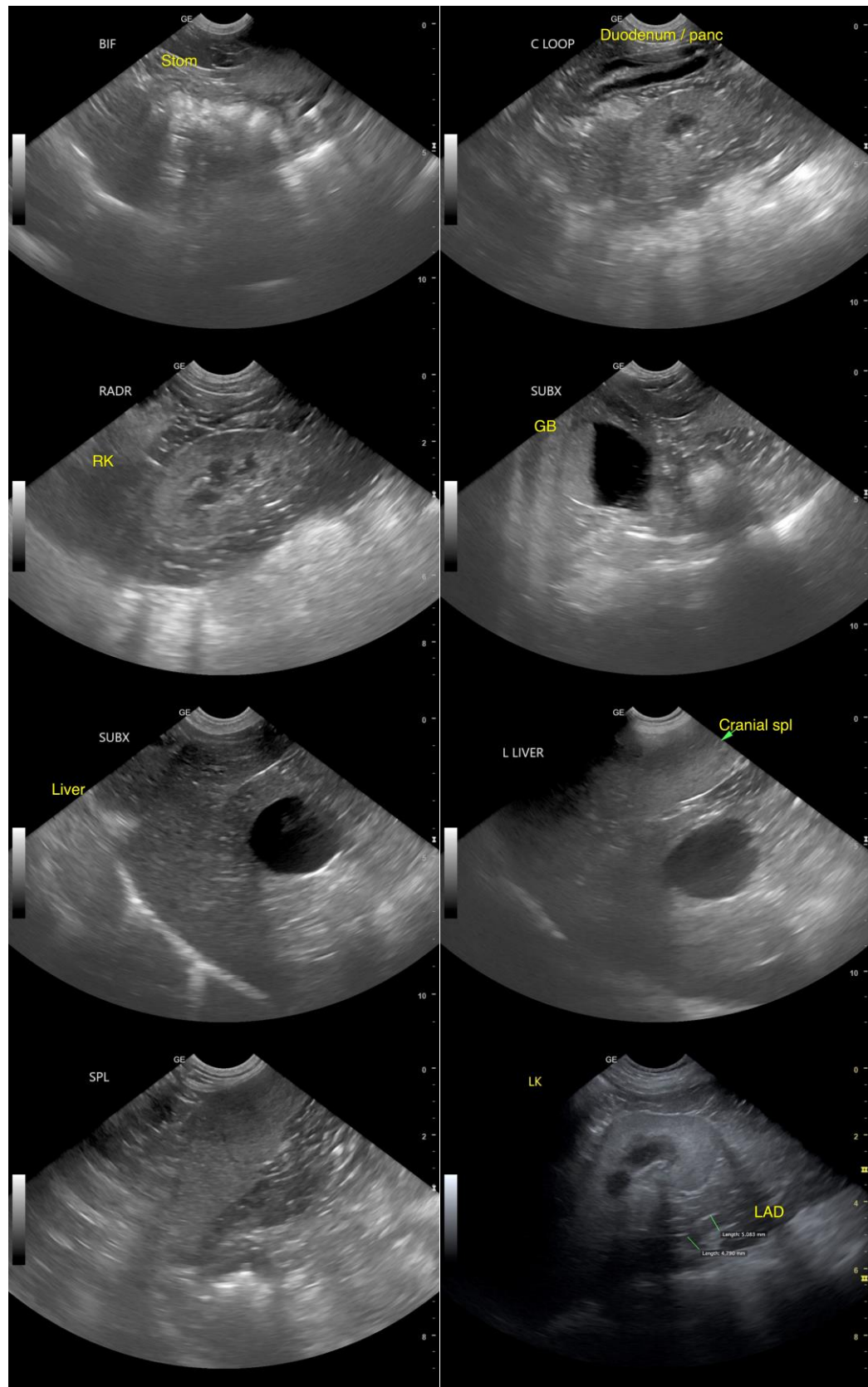
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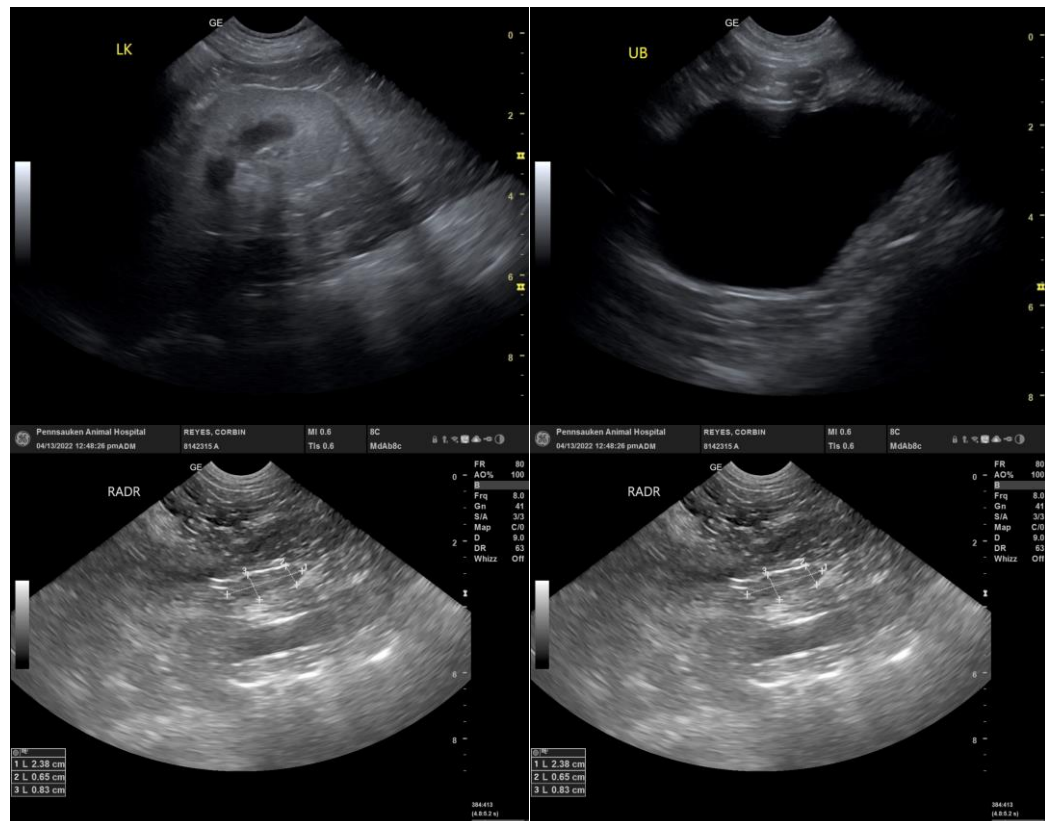
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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