

PATIENT

Austin Wachtel

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

6 years

WEIGHT

18.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis
McCormick-Rantze

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis
McCormick-Rantze

INVOICE

10471ag

DATE

4/27/22

PRESENTING CLINICAL SIGNS

Patient is acting normal at home. Eating and drinking well. No vomiting or diarrhea. Noticed on yearly bloodwork that renal enzymes have been trending upward. rechecked April 19, 2022 and had increased greatly. Doing ultrasound as baseline incase there is something going on.

Abnormal PE/Chem/CBC/UA Results: Patient PE is normal. 4/19/22: SDMA 21 creatinine 4.9 BUN 98 Alk phos 165 10/22/21: SDMA 23 creatinine 2.5 BUN 47 Na:K 24; K 6.2 Na 149 Cortisol resting 4.2 5/14/20: SDMA 15 creatinine 1.4 BUN 55 4/25/19 SDMA 21 Creatinine 1.4 BUN 48

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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.

Potential for mild bilateral reduced renal size, more prominent in the left kidney was observed. Mild areas of capsule asymmetry were present as well as mild nonuniformly echogenic cortical hypertrophy with mildly reduced medullary volume. Focal areas of hyperechoic cortex suggestive of cortical infarct were present in both kidneys. A small right kidney cortical cyst was observed.

The left kidney measured 3.2 cm in length. The right kidney measured 3.9 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 0.60 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.44 cm in width.

Spleen

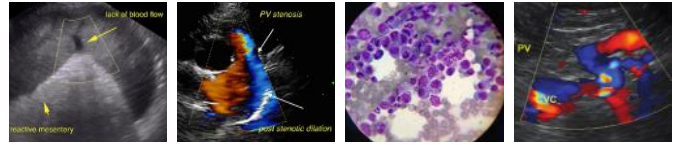
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver 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 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.



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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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Chronic likely progressive nephropathy with probable small cortical infarcts and right kidney cortical cyst.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The sonographic presentation of the kidneys is consistent with chronic nephropathy as opposed to acute nephropathy or renal injury. Although nonspecific, given the age of the patient, potential for renal dysplasia vs chronic nonspecific nephritis such as glomerulonephritis, interstitial nephritis or similar could be possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. No overt evidence of renal neoplastic criteria was observed. Renal biopsy would be required for a definitive diagnosis yet could potentially cause further deterioration of renal function. Therapy for chronic renal disease which may include dietary therapy, omega 3 fatty acids and as needed supportive care pending further renal staging and serial monitoring of renal parameters would be reasonable.

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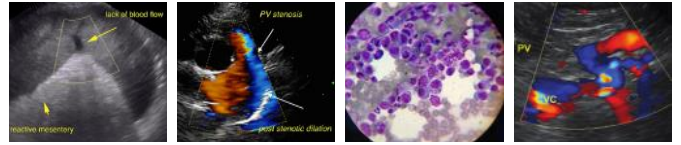
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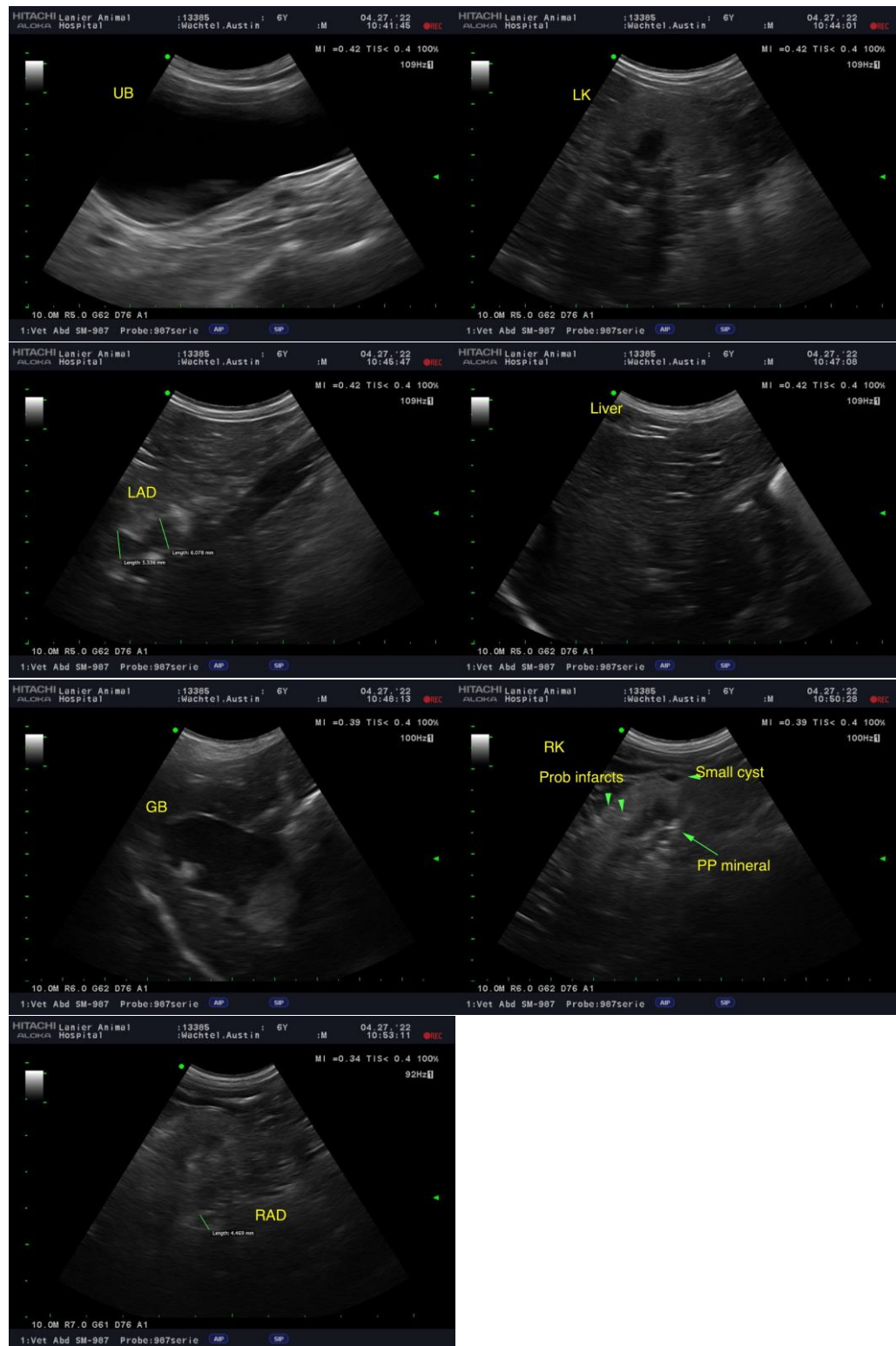
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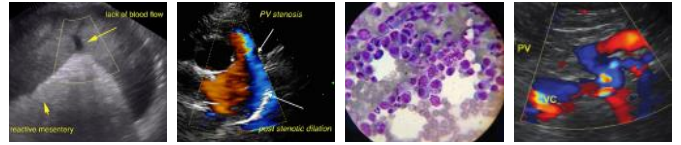
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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info@SonoPath.com

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