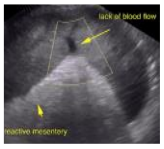
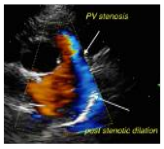
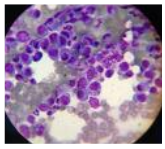
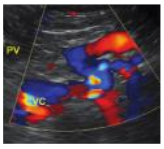
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Stella Russell

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

3 years

WEIGHT

85 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

16707

DATE

4/27/23

PRESENTING CLINICAL SIGNS

Persistent microalbuminuria. No current meds.
Abnormal PE/Chem/CBC/UA Results: Bun 36, Chosl 413, USG 1.023, microalbumin 4.2

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. Anechoic urine was present in the lumen with no evidence of sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Both kidneys exhibited adequate size with areas of focal asymmetrical renal margination and concurrent loss of cortical parenchyma, consistent with cortical infarcts. Overall maintained 1:3 cortex / medulla ratio with loss of corticomedullary border demarcation and possible discrete pinpoint medullary mineral were present. Mild right kidney pyelectasia was present. No evidence of left or right retroperitoneal inflammatory criteria. The left kidney measured 7.9 cm in length. The right kidney measured 7.5 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 2.3 cm length x 0.48 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size. No overt pathology was noted in the area of the right 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.

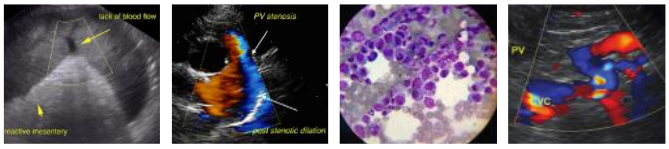
Liver/ Gallbladder

The liver 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.

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.



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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

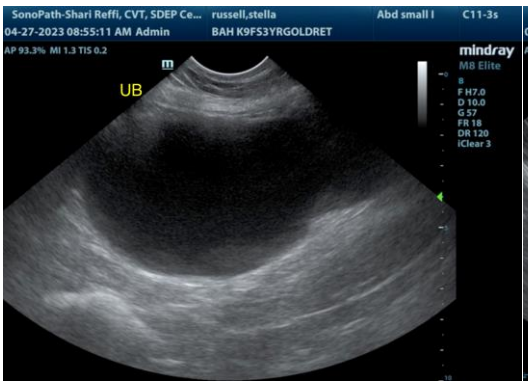
- Bilateral adequate renal size exhibiting bilateral cortical infarcts, indistinct corticomedullary border demarcation, and mild right kidney pyelectasia
- Sonographically unremarkable urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys were sonographically nonspecific yet exhibited renal criteria which would classify as nonspecific chronic renal changes or potential emerging chronic nephropathy. Assessment for gross proteinuria on urinalysis, if not done, is suggested. If present or persistent, UPC level could be considered for further clarification. Given adequate renal size, dysplasia is considered a less likely differential diagnosis. If no evidence of significant or gross proteinuria on urinalysis, continued close monitoring of microalbumin levels and BUN with potential recheck sonogram is suggested.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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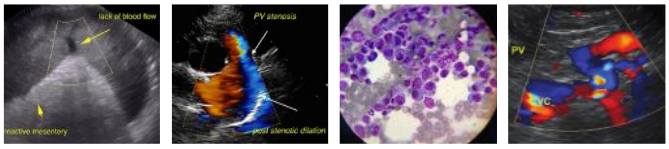

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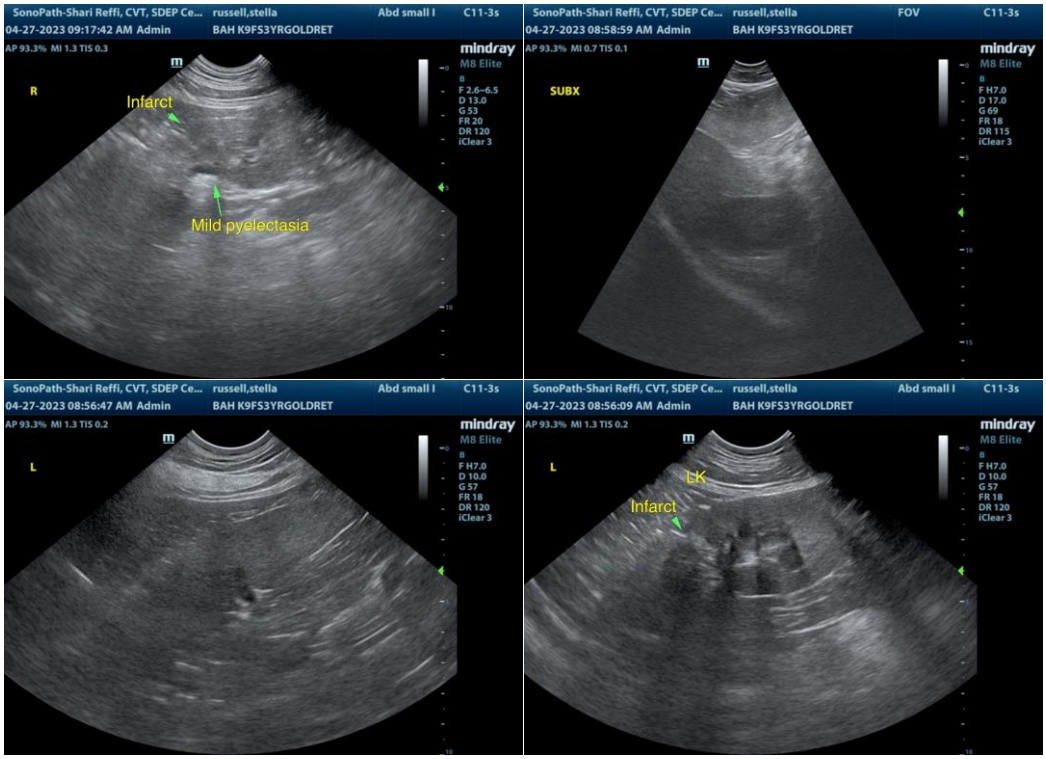

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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