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Clinical Sonography & Telecytology
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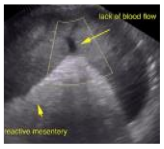
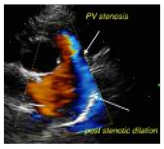
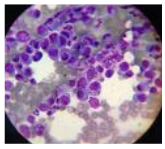
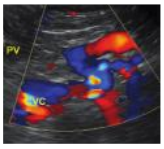




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Amber Sala

SPECIES

Canine

BREED

Toy Poodle

SEX

FS

AGE

17 years

WEIGHT

6.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Suciu

INVOICE

13763

DATE

4/28/22

PRESENTING CLINICAL SIGNS

HX of kidney disease, diagnosed last October. The renal values were normal on the bloodwork done 12/1 (BUN 17, creatinine 1.2), except SDMA, which was high (34). Bloodwork done on 1/5/22 showed high BUN (61), high Creatinine (3.5), high SDMA (64), high phosphorus (7.7). Also, liver values were high (ALT 303, ALP 207, AST 81) with normal bilirubin. Albumin was low (2.4). There was low grade anemia (low RBC 3.76, low hemoglobin 8.4, low hematocrit 25.8%). There was mild neutrophilia 15312 (2940-12670) with left shift (bands 176), monocytosis (1408) and lymphopenia and eosinopenia. Patient was managed with low-protein diet and SQ fluids q3 days. Last bloodwork (EPOC only, dated April 23) showed normal BUN 18 (7-26) and creatinine 1.31 (0.40 - 1.50); low hematocrit 28% (36-55%). Clinically, the patient is doing well, good appetite, no PU/PD.

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 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 area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary border demarcation expected for the age of the patient. Mild pyelectasia was present in both kidneys. The left kidney measured 3.1 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

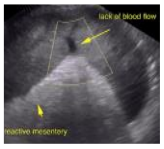
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole.

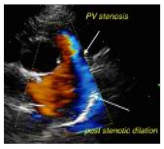
Spleen

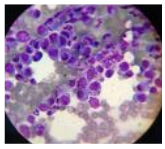
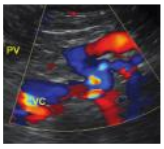
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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/ Gallbladder

The liver exhibited potential for mild to generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse





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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 mildly hyperechoic yet non-thickened walls containing anechoic content with moderate, nondependent yet nonorganized nonmineralized sludge. 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. Intermittent segmental jejunal mucosal speckling was present. 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate chronic renal changes with bilateral mild pyelectasia
- Hepatic parenchymal remodeling - benign
- Moderate gallbladder debris (non-mucocele)
- Mild pancreatic remodeling - likely age-related pancreatic changes and incidental
- Mild segmental nonspecific jejunal mucosal speckling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Long-term CRD therapy, pending further renal staging, would be reasonable.

Hepatosupportive medications including Denamarin and Ursodiol are recommended if hepatic enzyme elevations or cholestasis are noted.

The nonspecific mild jejunal mucosal speckling Is likely an incidental finding, given the lack of reported gastrointestinal signs, yet at times has been associated with underlying possible enteritis.

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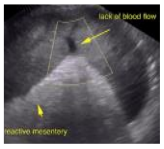
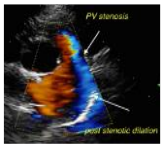
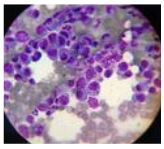
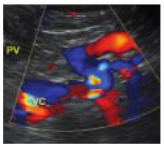

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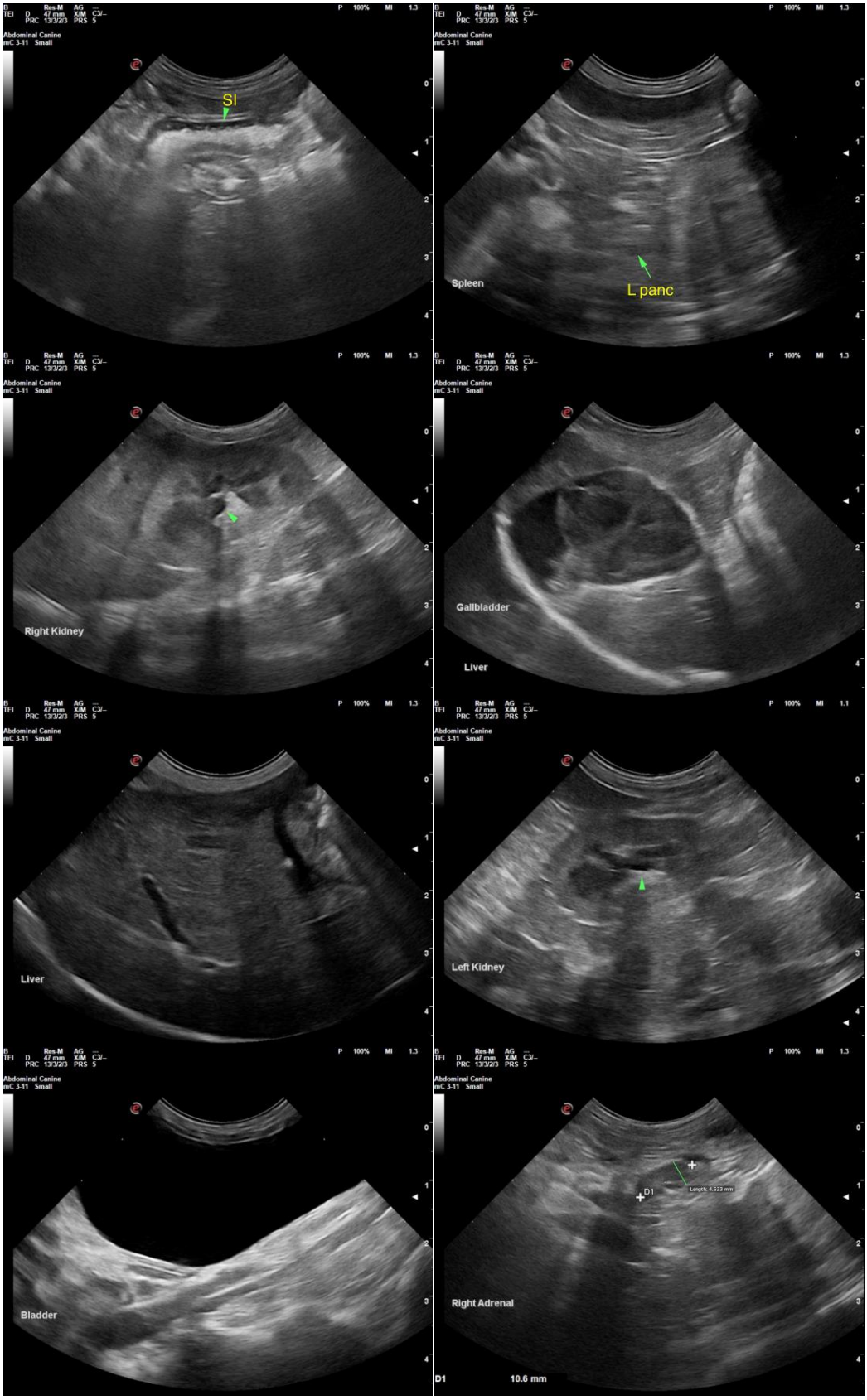

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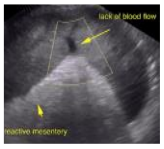

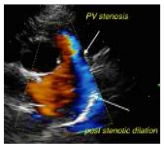

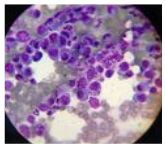
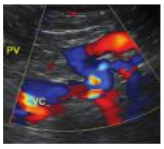

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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