



PATIENT

Carmelo Shakoor

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

MN

AGE

8 years

WEIGHT

13.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Mark Reidel

INVOICE

13762

DATE

4/29/22

PRESENTING CLINICAL SIGNS

Patient presents for a 3 lb weight loss over 1 month, vomiting, and lethargy. Current treatment: IVFs, Cerenia and Cephalexin.

Abnormal PE/Chem/CBC/UA Results: 4DX and Lepto (neg). HCT 33%, SDMA >100, BUN 222, creat. 8.4, P 18.8, T4 0.4. U/A: 1+ blood, rods and cocci present, 2+ protein. USG: 1.018.

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. Primary anechoic urine was present in the lumen with minor, nondependent, particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the residual prostate, measuring 0.49 cm width.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Intermittent cortical cysts were present in both kidneys. The cortical cysts were thinly walled containing subjective anechoic fluid. An example of a cortical cyst in the left kidney measured 0.93 cm width. No evidence of pyelectasia was noted in either kidney. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 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 1.9 cm length x 0.67 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.7 cm width at the caudal pole.

Spleen

The spleen was mildly subnormal in size likely owing to volume contraction and 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 mildly enlarged with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was distended in size, measuring approximately 4.7 cm in diameter. Marked, nondependent, organized, variably echogenic luminal debris occupying the entirety of the gallbladder lumen was present. A hypoechoic border between the nondependent debris and the Inner luminal wall, suggestive of concurrent luminal mucus, was present. Overt evidence of pericholecystic Inflammation or free fluid was not visualized. 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 retained ingesta, fluid or foreign material. The gastric body wall width measured 0.47 cm.

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 obstruction or foreign material. No evidence of mechanical / metabolic small intestinal ileus was noted. The duodenum wall width measured 0.37 cm.

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

- Bilateral chronic degenerative kidneys with intermittent cortical cysts
- Gallbladder mucocele
- Mild hepatomegaly - subjectively benign
- Pancreatic parenchymal remodeling
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the bilateral kidneys is consistent with chronic, likely advanced, renal disease, although the possibility of potential acute on chronic renal Insult cannot be definitively excluded. The potential for end-stage chronic renal disease is highly possible, given the degree of renal azotemia. Primary focus on renal support including diuresis protocol with monitoring of urine output and body weight, as well as full urinary work up including culture and sensitivity and baseline UPC, Is recommended.

The gallbladder mucocele is likely associated with breed predisposition to mucoceles. Overt evidence of peripheral gallbladder inflammation was not noted, therefore the gallbladder mucocele may not be a definitive clinical player at this stage. Cholecystectomy may be indicated if renal parameters can be stabilized. Continued as-needed gastrointestinal support is recommended. A very guarded prognosis, given the degree of azotemia and pending renal response to therapy.



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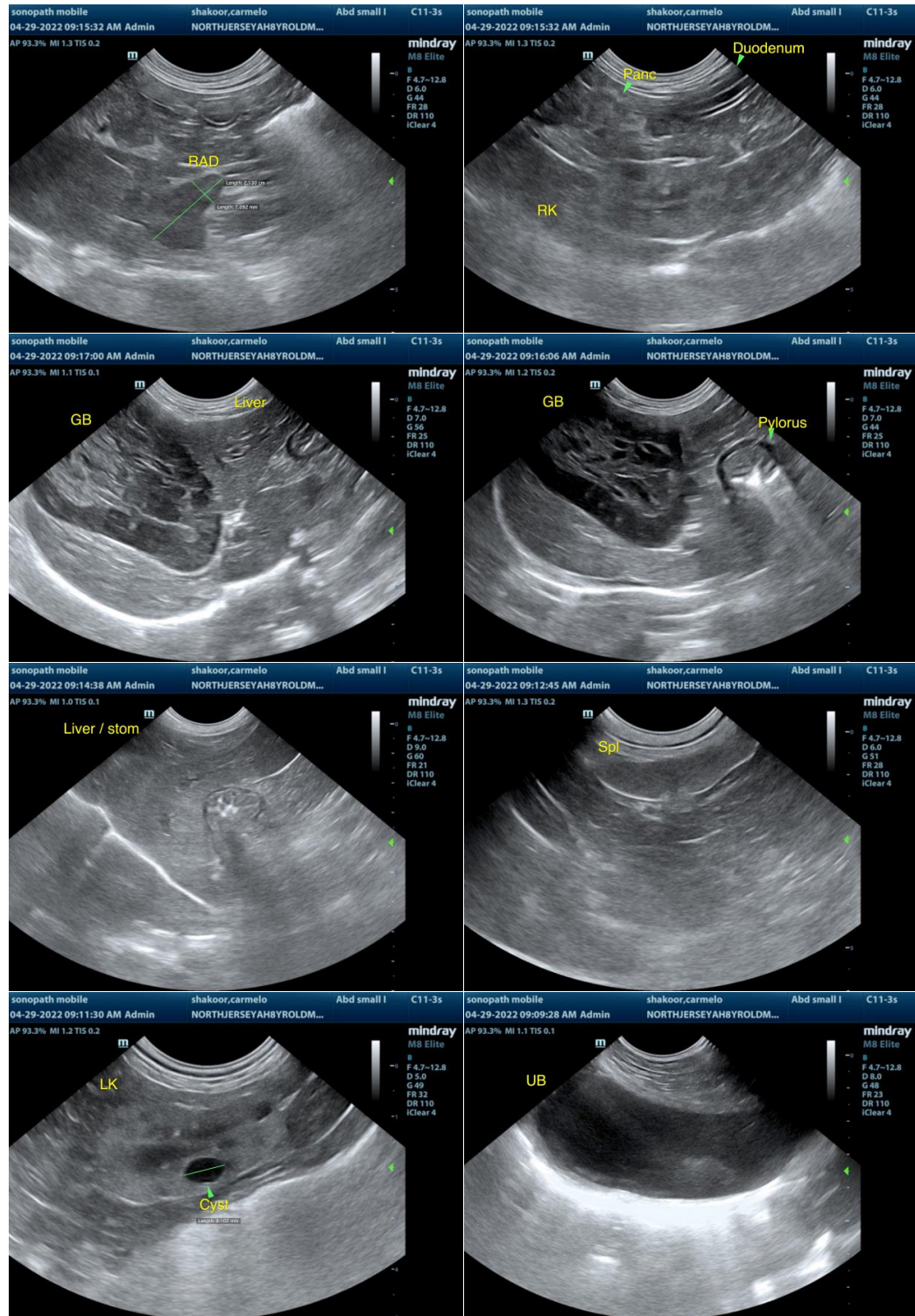
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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