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Clinical Sonography & Telecytology
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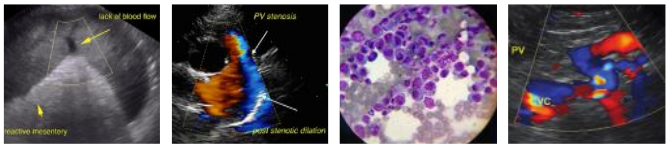

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Callwen Recht

SPECIES

Canine

BREED

Welsh Terrier

SEX

FS

AGE

7 years

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

16541

DATE

4/6/23

PRESENTING CLINICAL SIGNS

On annual lab work pt has azotemia and mild hyperphosphatemia with hypoalbuminemia. Abnormal PE/Chem/CBC/UA Results: CBC: slight reticulocytosis Chem: azotemia with hyperphosphatemia and hypoalbuminemia SDMA 42 Creat 3.3 BUN 60 P 6.3 albumin 2.0 Other mild elevations: ALP 225, Cholest 523, lipase 573 USG 1.025, 3+ protein, CaOx dihydrate crystals, UPC 6.5

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. Primarily anechoic urine was present in the lumen. Mild, non-dependent to swirling, particulate to focally hyperechoic sediment, which may indicate cellular debris / protein, crystalline debris, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of overt pathology was noted In the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

Normal size and maintained symmetrical margination were present in the kidneys. Subjective minor cortical hypertrophy exhibiting mild nonuniform cortex echogenicity was present with mild to moderate loss of corticomedullary border demarcation. Mild nonobstructive areas of medullary mineralization / renolithiasis were noted primarily in the lateral diverticuli of both kidneys. Mild left kidney pyelectasia was present. The right kidney was free of overt pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 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 0.43 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 0.41 cm width at the caudal pole.

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. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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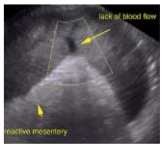

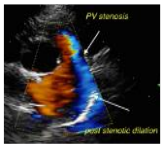

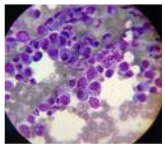
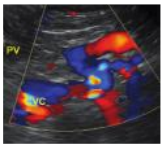

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Gastrointestinal

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.

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

- Nonspecific chronic nephropathy with nonobstructive medullary mineral / small renoliths, mild left kidney pyelectasia
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the kidneys is consistent with chronic nephropathy with primary concern for chronic nephritis, i.e., glomerulonephritis or other, given the degree of proteinuria and increased UPC level. No evidence of additional abdominal visceral pathology was noted.

Urine C/S on a sterile urine sample to assess for or rule out concurrent infection may be considered. CKD / PLN therapy is recommended with serial monitoring of systemic BP, as well as UPC level. Correlation with pending Leptospirosis testing is recommended.

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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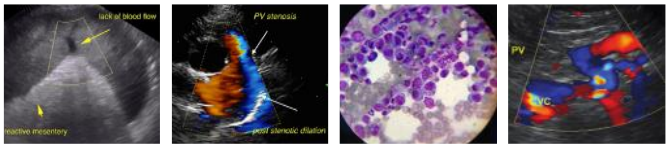

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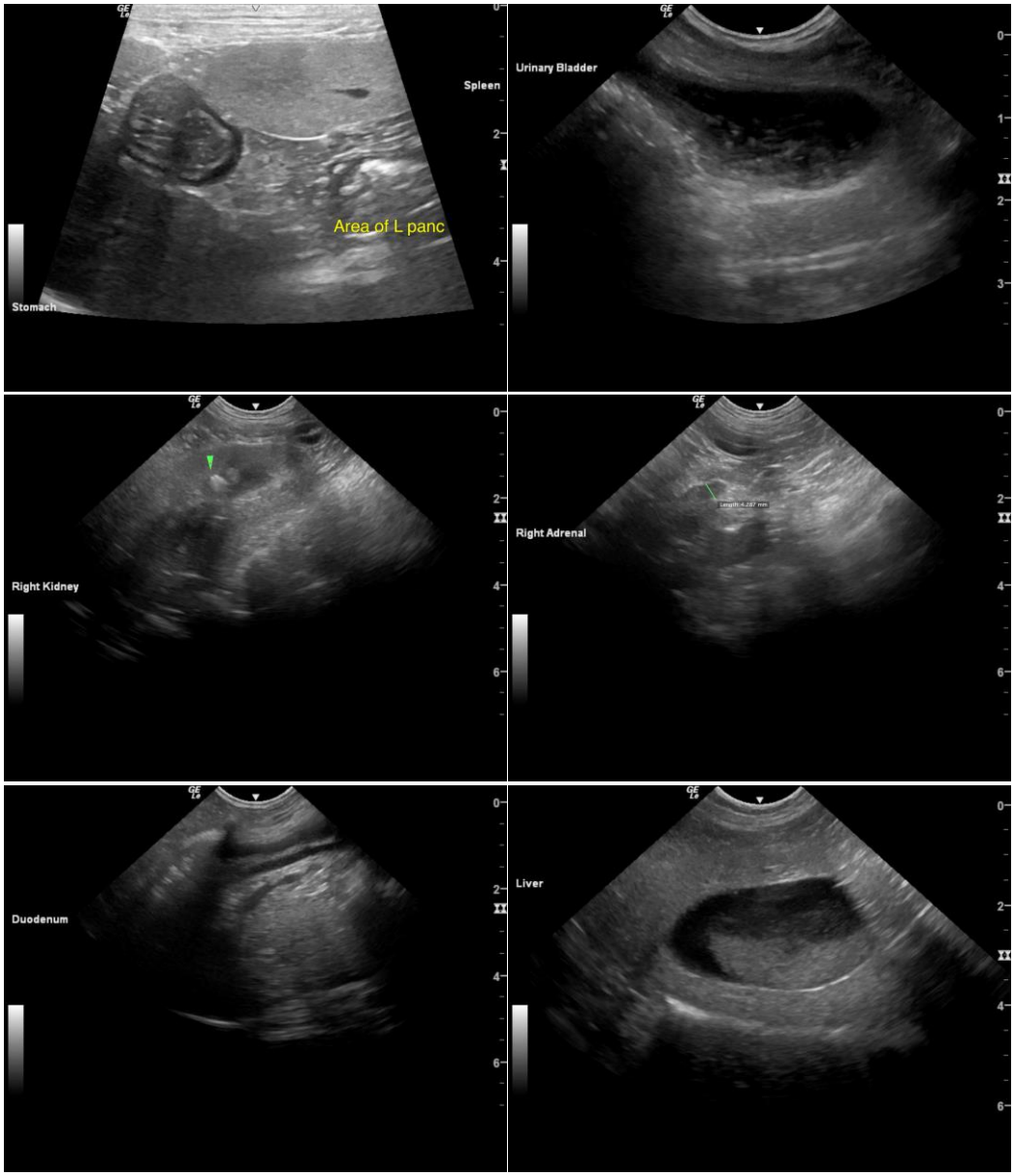

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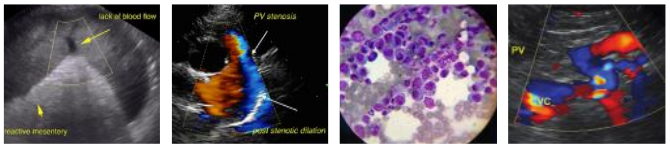

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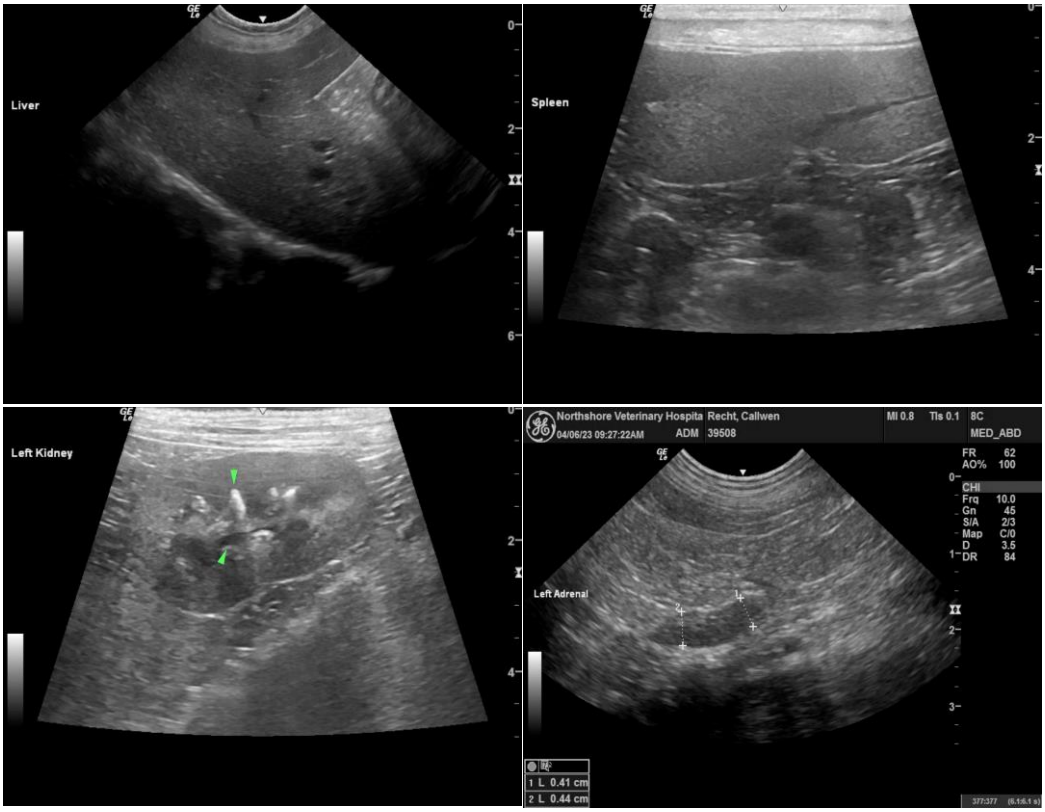

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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