



PATIENT

Lacey Kapsch

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

14

WEIGHT

53

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

13878

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Lehtargic, vomited once

Abnormal PE/Chem/CBC/UA Results: CBC is wnl, Azotemia, hyperphosphatemia, hypokalemia, slight hypoalbuminemia, hypothyroidism. Isosthenuria, proteinuria. UPC is 1.2 (>0.5 = proteinuria).

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 was present in the kidneys. Mild areas of asymmetrical renal capsule margination were present in both kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 5.1 cm in length. The right kidney measured 4.8 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 0.59 cm width at the caudal pole and 0.7 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 0.47 cm width at the caudal pole and 0.48 cm width at the cranial 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 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. The gallbladder walls were sonographically normal without evidence of inflammatory changes. The gallbladder contained primarily anechoic content with mild congealed hyperechoic yet nonshadowing luminal sludge. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate progressively shadowing ingesta. The ventral gastric body wall width measured 0.36 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing chyme was present. No evidence of mechanical / metabolic small intestinal ileus pattern was noted. Subjective potential for segmental mildly prominent yet intact jejunal walls was noted. No evidence of neoplastic criteria was noted. The jejunum wall width measured 0.37 cm. The duodenum wall width measured 0.39 cm.

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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

- Nonspecific chronic renal changes
- Overtly normal gastrointestinal tract with gastric and mild small intestinal ingesta / chyme

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bilateral kidneys is consistent with chronic renal changes / CRD with potential for mild glomerulopathy, given the elevated UPC level. Based on ACVIM Consensus Statement, monitoring of UPC level, given UPC level (<2.0), would be reasonable. Assessment and monitoring of systemic BP is recommended along with CRD therapy, i.e., low-protein renal diet +/- Omega fatty acids.

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The presence of gastrointestinal ingesta is suspected to correlate with recent meal ingestion. However, given the patient's reported vomiting, potential for nonobstructive decreased gastric motility could be considered, while the possibility of concurrent gastrointestinal disease cannot be definitively excluded. Depending on the degree of azotemia, the patient's clinical and gastrointestinal signs may potentially be contributed to chronic renal disease. Continued as-needed gastrointestinal support is recommended.

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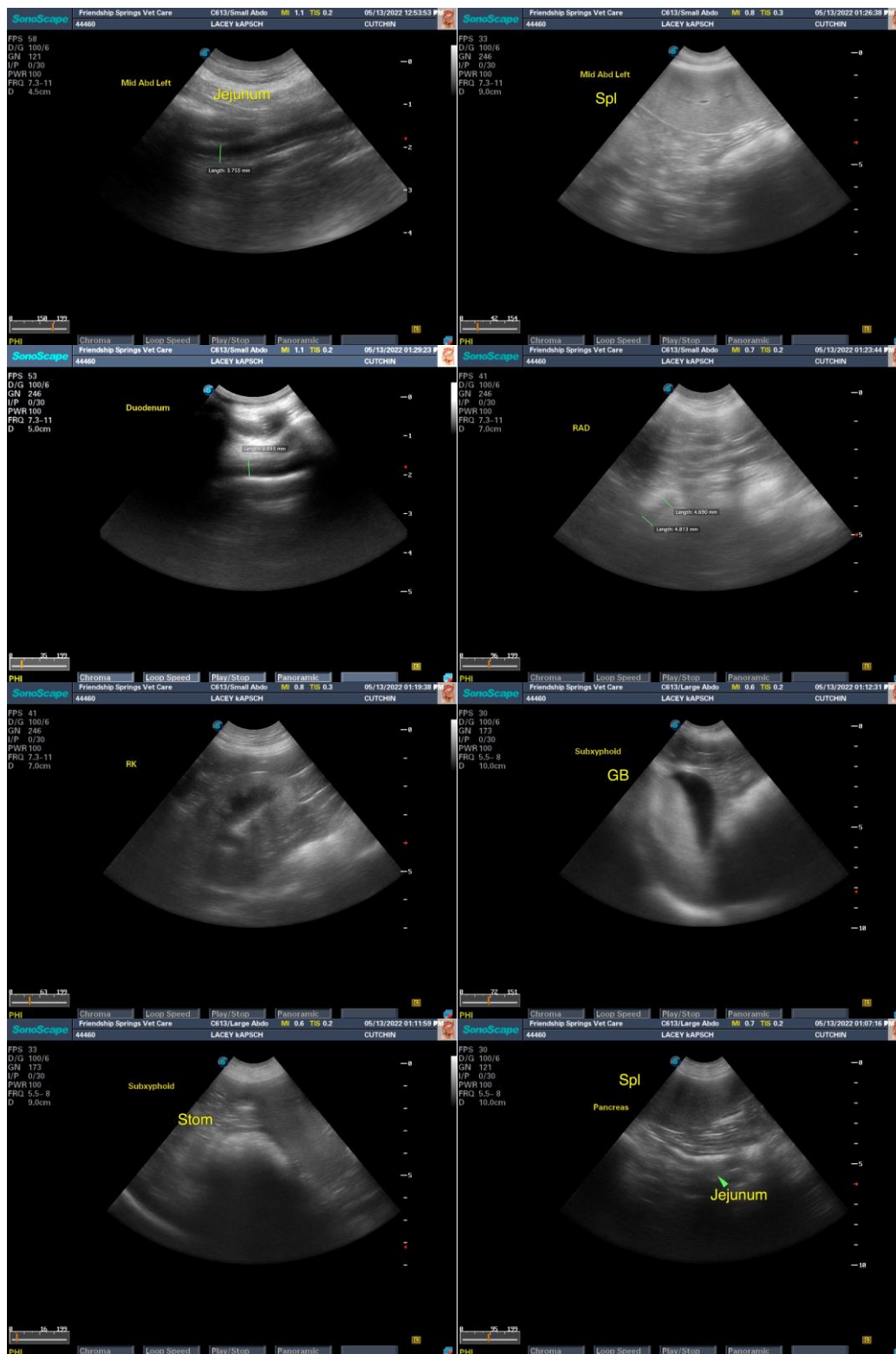
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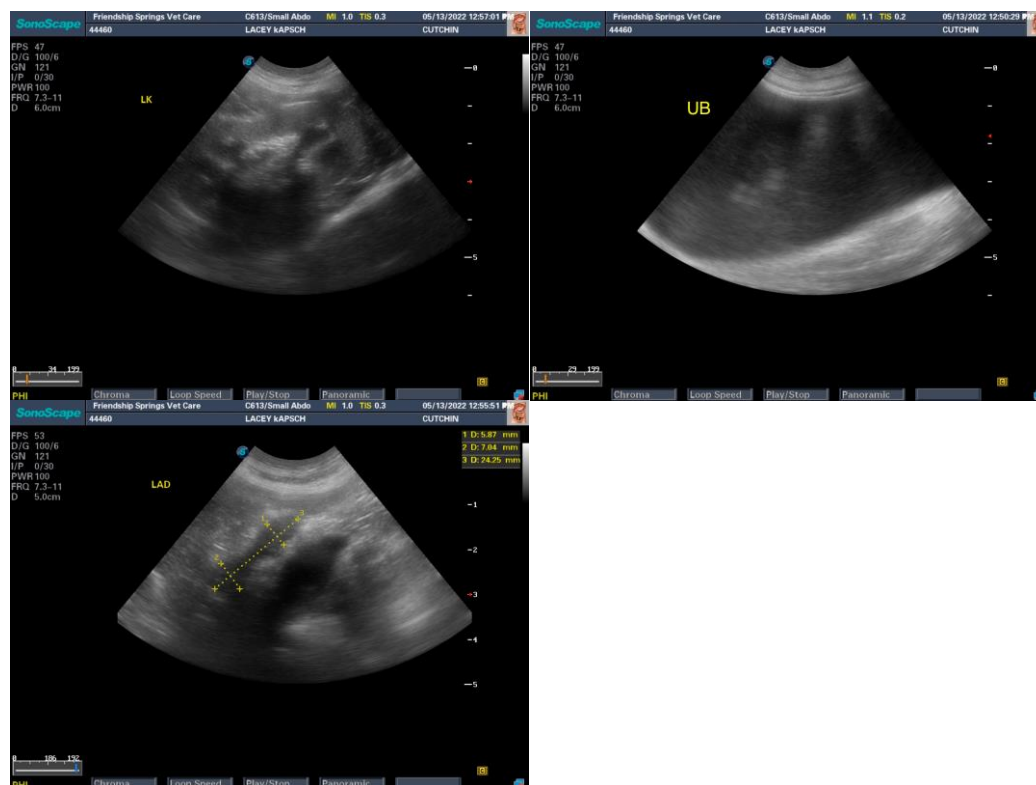
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com