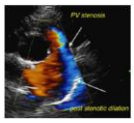
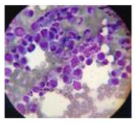
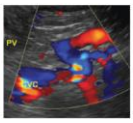




PATIENT

Lilly Woten

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

SF

AGE

9 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Abby Bowers

INVOICE

14101

DATE

6/15/22

PRESENTING CLINICAL SIGNS

P presented for wellness exam and screening BW as well as hind limb lameness (suspect cruciate and patellar disease). P is eating, no vomiting
Abnormal PE/Chem/CBC/UA Results: Creat 4.1, BUN 101, SDMA 50, Phos 6.8, Lepto Ab was positive but the antigen tests in urine and blood was negative. P was treated with doxycycline.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No overt pathology was noted in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

Potential for mild subnormal 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. Pinpoint areas of medullary mineral were present in both kidneys. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Small cortical cysts were noted in both kidneys. No pyelectasia was noted. The left kidney measured 3.0 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

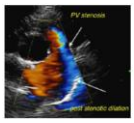
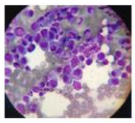
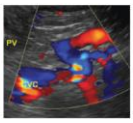
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.57 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. 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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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic yet nonshadowing ingesta most consistent with post prandial presentation without 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 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

Primary Findings

- Bilateral chronic nephropathy

Secondary Findings

- Mild gastric ingesta - suspect post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the kidneys is most consistent with chronic nephropathy as opposed to acute kidney injury or insult. A possible acute on chronic renal insult, however, cannot be definitively excluded. Chronic renal disease, nonspecific chronic nephritis i.e., interstitial nephritis, glomerulonephritis, or other are possible. Further renal staging to include urinalysis, if not done, urine C/S, and baseline UPC are suggested. Assessment and monitoring of systemic blood pressure is advised. 24-48/hour hospitalization with IV fluid therapy and assessment of renal response could be considered. Empirical CKD therapy is recommended with serial monitoring of renal parameters.

Guarded long-term prognosis, given the sonographic appearance of the kidneys and degree of azotemia, is warranted.

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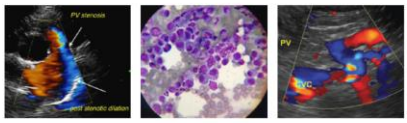

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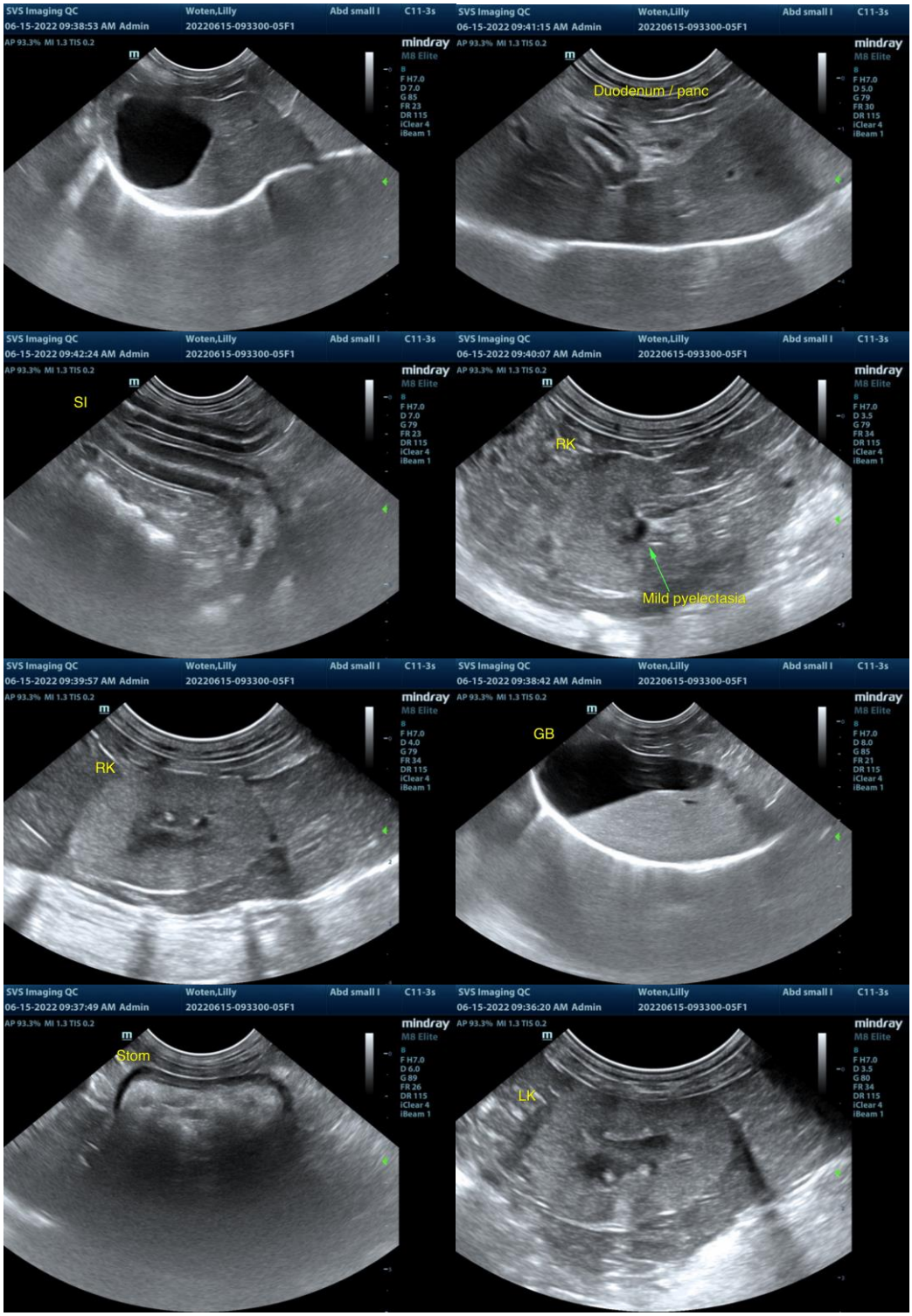

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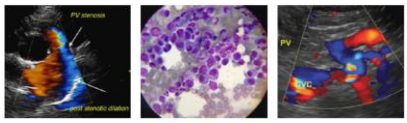

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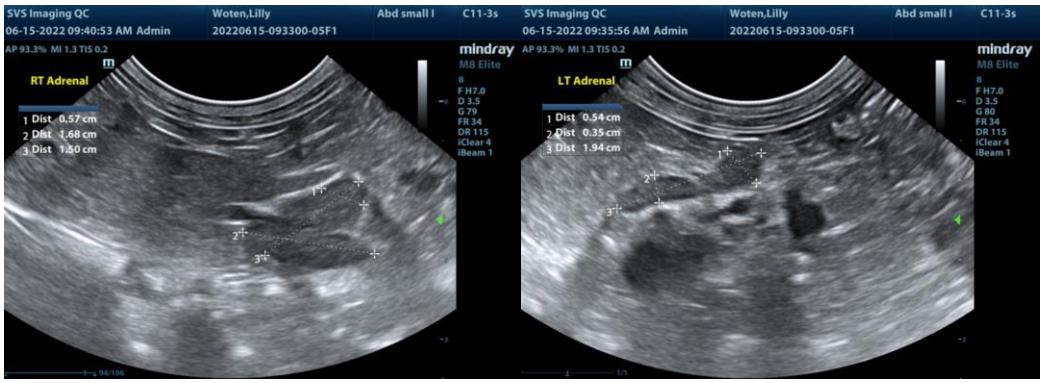

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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