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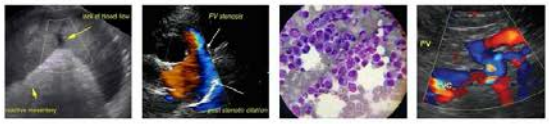


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Tanner Sullivan

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

50.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Lindsay Sjloin

INVOICE

38922

DATE

6/21/22

PRESENTING CLINICAL SIGNS

History: sedated with butorphanol and alafaxalone IV History: Several years of very mildly elevated SDMA and creat, moderate elevation BUN, with concentrated urine. Has been a picky eater but more so lately. BUN has also risen lately Physical exam findings: Anxious, energetic. No palpable abdominal masses. Abnormal CBC values: none Abnormal Chemistry Values: SDMA 16, Creat 1.6, BUN 75. Cpl 333. Fecal occult blood negative. Abnormal UA Values: pending Radiograph Findings(email radiographs if available): not available Reason for Ultrasound: Evaluate for renal dz, pancreatic dz, GI dz

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 were noted.

The residual prostate was symmetrically normal in size (1.1 cm diameter) with uniform parenchyma and slight coarse echotexture.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The right adrenal gland exhibited normal position and shape with potential for mild subnormal size, yet the right adrenal gland was indistinctly visualized owing to patient conformation. The right adrenal gland subjectively measured 0.40 cm at the caudal pole. The left adrenal gland measured 0.58 cm at the cranial pole and 0.68 cm at the caudal pole.

Spleen

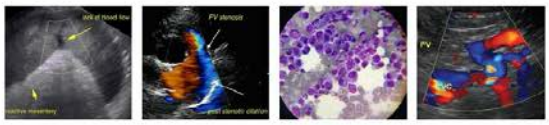
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The visualized gastric walls were sonographically normal. The stomach exhibited mild gas distention, which prohibited full evaluation of the gastric interior, yet no overt evidence of retained ingesta, fluid or foreign material. Ventral gastric body wall measured 0.30 cm.



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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. Duodenum wall measured 0.47 cm. Jejunum wall measured 0.36 cm.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Subjective mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract.
- Sonographically unremarkable pancreas

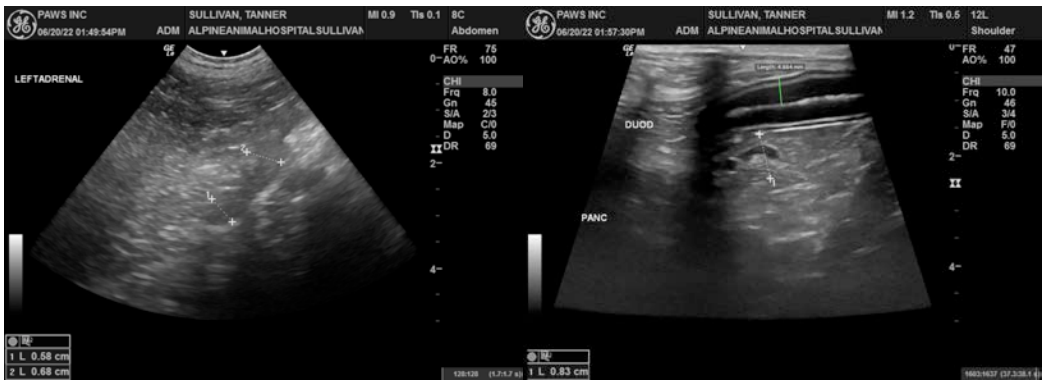
SECONDARY FINDINGS

- Mild gallbladder debris – likely incidental, potentially secondary to fasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the kidneys exhibited expected age related changes without evidence of significant chronic or degenerative parenchymal disease. Potential for low-grade to chronic pancreatitis, which may present as sonographically normal, cannot be excluded, yet the overall sonographic appearance of the pancreas is suggestive of age related pancreatic changes without evidence of active inflammation.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. As needed continued gastrointestinal supportive care would be appropriate. Although considered unlikely, resting cortisol level to rule out occult Addison's disease, given the increasing azotemia and potential decreased appetite, could be considered.



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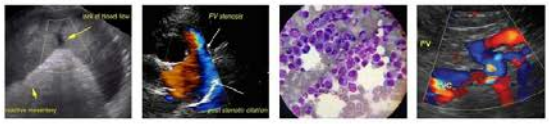

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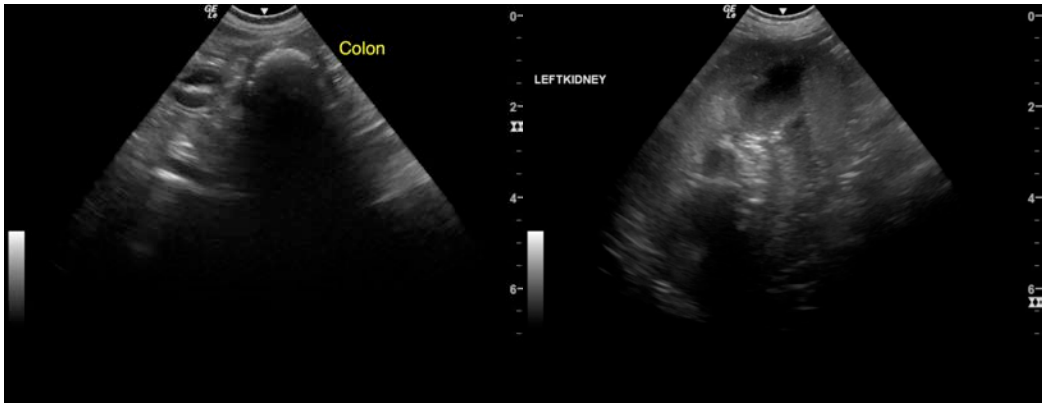

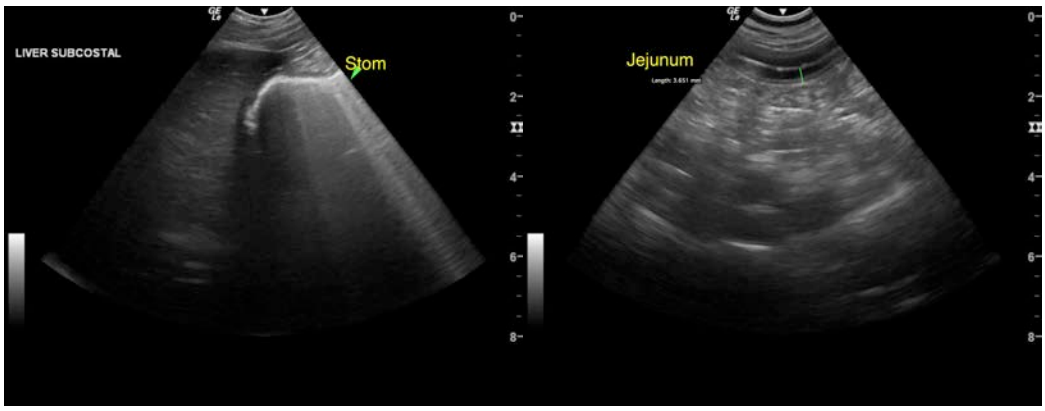

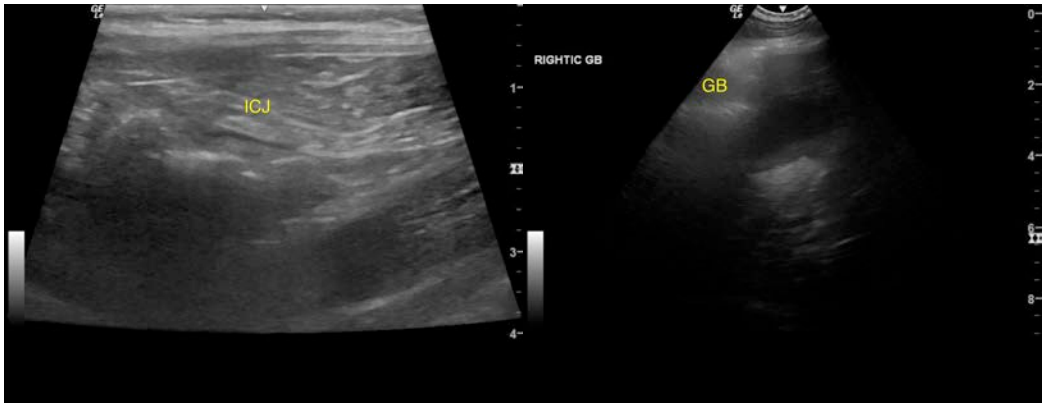

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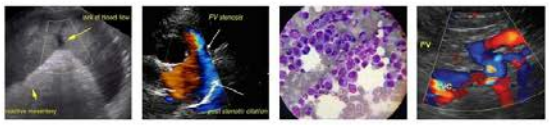

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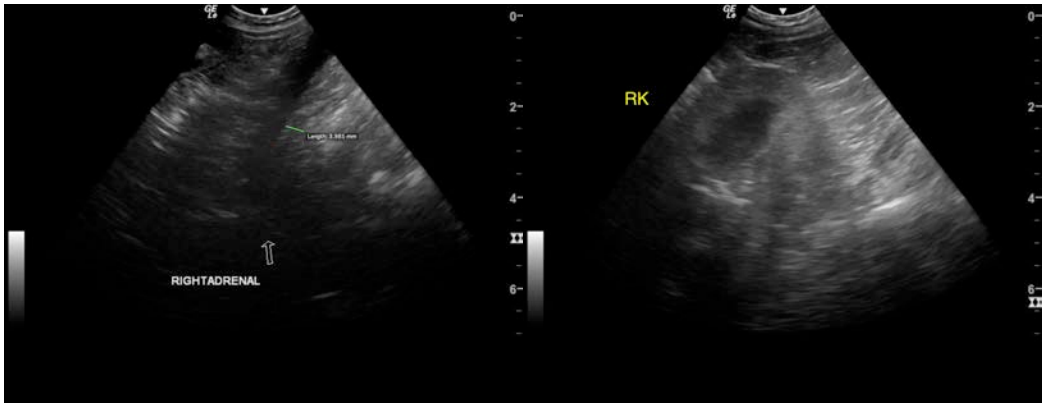

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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