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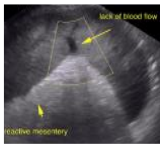
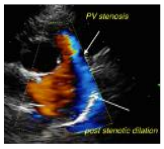
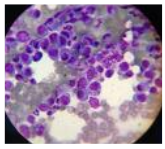
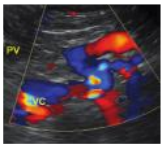

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1-800-838-4268 info@sonopath.com

PATIENT

Jinx Zahora

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

10 Years 5 Months

WEIGHT

44.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

16369

DATE

6/27/22

PRESENTING CLINICAL SIGNS

History: Patient originally presented for exam for ADR and skin issues, bloodwork was ran and showed elevated renal values, kept on IV fluids over weekend and recheck chem today 6/27 did not show much improvement.
Abnormal PE/Chem/CBC/UA Results: Chem: CREA 8.6mg/dL, BUN 114 mg/dL, PHOS >16.1mg/dL, AMYL 2411U/L, LIPA 5829 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size yet overall subjective normal tone. Anechoic urine was present with no sediment or calculi. No overt pathology in the area of the residual prostate. The residual prostate measured 1.0 cm in diameter. The urethra was normal to a depth of 3.0 cm. Aortic trifurcation was normal.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied, exhibiting mild nonuniform echotexture. Mild to moderate loss of corticomedullary distinction was also present. The renal medullary volume was reduced. Multiple thinly walled cortical cysts were present, containing anechoic fluid. Mild pyelectasia was present in both kidneys, likely owing to IV fluid therapy, potential for concurrent pelvic scarring possible. The left kidney measured 5.6 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.74 cm width in the cranial pole and 0.77 cm width in the caudal pole. The right adrenal gland measured 0.73 cm width in the cranial pole and 0.78 cm width in the caudal pole.

Spleen

The spleen was overall normal in size with maintained symmetrical capsule contour and primarily finely textured homogeneous parenchyma. A solitary non-expansive nonhomogeneous to hypoechoic nodule was noted in the mid spleen, measuring 2.3 cm in diameter. The nodule did not distort the splenic capsule.

Liver

The liver was subjectively normal in size, 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.

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 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.

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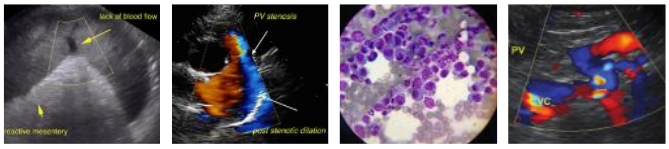

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

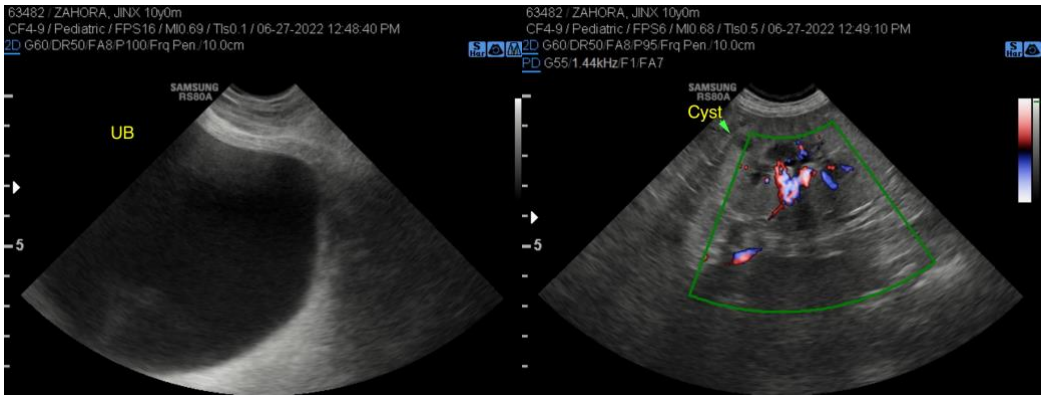
- Bilateral chronic nephropathy with multiple bilateral cortical cysts
- Nonspecific splenic nodule
- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Mild pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the kidneys was nonspecific yet consistent with chronic nephropathy, chronic renal disease with potential for nonspecific nephritis, such as interstitial nephritis or other possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Given the lack of response to IV fluids, potential end-stage nephropathy is of concern. Further prognosis would include continued monitoring of response to IV fluid therapy and additional renal staging. Screening blood pressure is recommended.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

Guarded prognosis, given the degree of azotemia.



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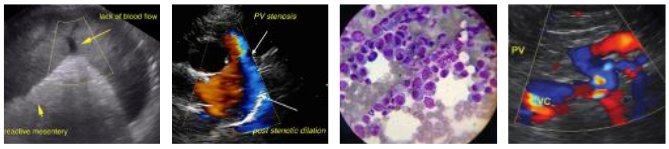

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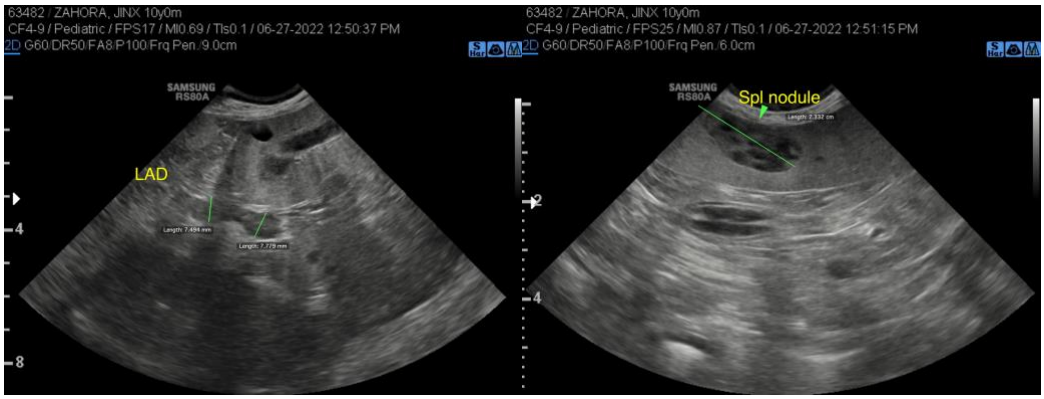

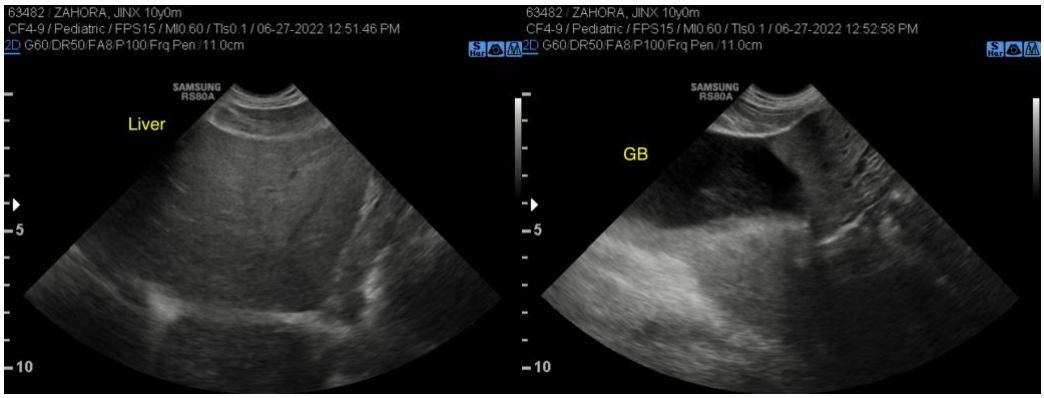

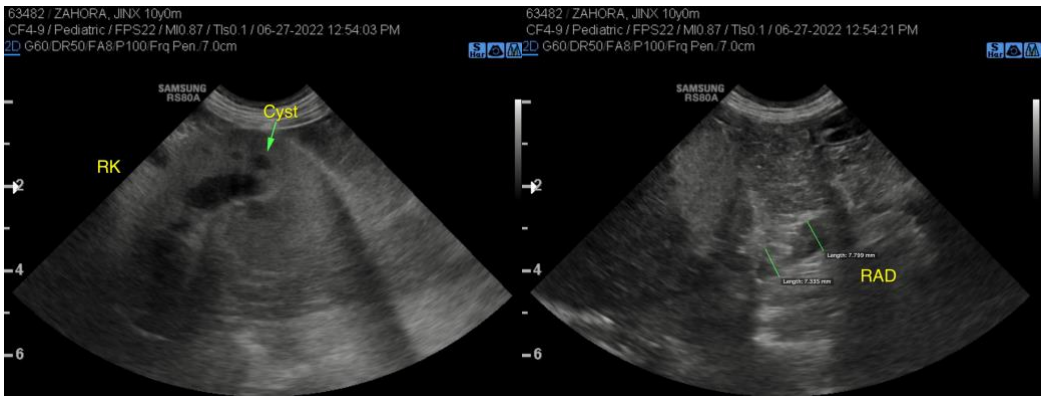

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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