



PATIENT

Louie Crites

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

14 years

WEIGHT

2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Harmon

INVOICE

17180

DATE

6/29/23

PRESENTING CLINICAL SIGNS

presented 6/29 early AM for 1 day history of vomiting, anorexia and lethargy.

Abnormal PE/Chem/CBC/UA Results: End stage dental disease. P thin BCS, abdomen non painful on palpation. mature cataracts. Labs: CBC- HCT 45% N, WBC 19.2 H, neut 16.42 H, eos 0 L, Plt 593 H, Plt/crit 0.58 H CHEM 17-BG 175 H, Creat 2.9 H, BUN 110 H, Phos 11.3 H, TP 8.7 H, Glob 5.7 H Lytes- Na 139 L, K 3.3 L, Cl 97 L Lac 5.23 H USG 1.020 (low inface of azotemia) UA-UA-USG 1.020, pH 6.5, WBC> 50/hPL, RBC 10/hPL, cocci-suspect, rods-present, bacteria confirmed on manual review

ULTRASONOGRAPHIC EXAMINATION

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. No evidence of urinary bladder tumors was noted.

There was no overt evidence of pathology associated with the residual prostate, although indistinctly visualized.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and asymmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild dystrophic medullary mineral was present. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary border demarcation. A small left kidney thinly walled cortical cyst was present. The right kidney exhibited mild pyelectasia. The left kidney measured 2.4 cm in length. The right kidney measured 2.8 cm in length.

Gastrointestinal

Brief sonographic assessment of the stomach revealed intact prominent gastric wall layering with minor retained gastric fluid. The gastric body wall width measured 0.62 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically normal urinary bladder
- Moderate chronic renal changes exhibiting dystrophic medullary mineral, left kidney cortical cyst, and mild right kidney pyelectasia

Secondary Findings

- Gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys exhibited moderate chronic degenerative renal changes with potential for emerging end-stage chronic kidney disease. There was no overt evidence of upper or lower urinary tract neoplastic



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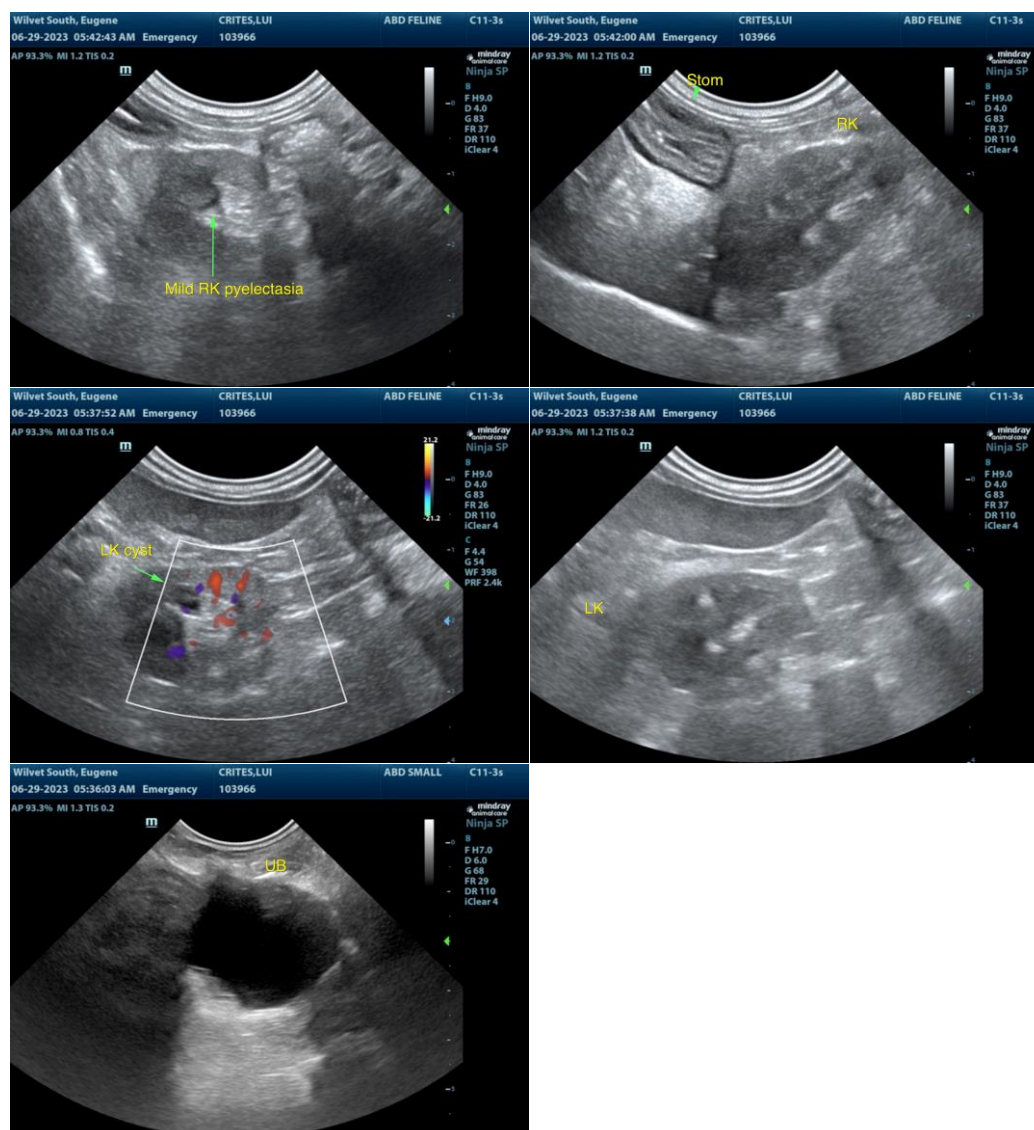
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criteria. The mild left kidney pyelectasia is likely owing to chronic renal changes and pelvic scarring possibly secondary to previous passage of minor medullary mineral. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Hospitalization with renal support, diuresis protocol, empirical therapy for urinary infection pending C/S results, with assessment of renal response is recommended. Prognosis is based on renal response to supportive care. As-needed gastrointestinal support including gastroprotectants is recommended.



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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