



PATIENT

Lucy Pankow

SPECIES

Canine

BREED

TerrierX

SEX

F/S

AGE

15 years

WEIGHT

20.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Velasco

INVOICE

14202

DATE

7/2/22

PRESENTING CLINICAL SIGNS

Lucy presented with a 2-3 day history of being lethargic and shaking. Survey rads of thorax and abdomen were WNL except chronic changes in her spine. She is azotemic and anemic. Hx of Babesiosis with successful treatment several years ago. (She is originally from TaiWan) Decreased appetite. Vomited once this morning.

Abnormal PE/Chem/CBC/UA Results: BUN = 130 Crea = 6.1 K+=5.7 Phos 15.1 WBC = 11,800 PCV = 28 UA - 3+ prot and blood on free catch. Culture is pending.

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. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age-related mural changes. Anechoic urine was present in the lumen with no uroliths, sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic criteria were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and minor asymmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Nonuniform to nonhomogeneous cortex hyperechogenicity with moderate loss of corticomedullary border demarcation was present. Both kidneys exhibited an ill-defined hyperechoic corticomedullary band consistent with a medullary rim sign. This may potentially be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, or Leptospirosis. However, it is a nonspecific finding. No evidence of left or right pyelectasia was noted. The left kidney measured 5.2 cm in length. The right kidney measured 5.0 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 0.54 cm width in the caudal pole. The right adrenal gland measured 0.68 cm width in the caudal 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 exhibited potential for mild enlargement with normal structure and contour. Uniform isoechoic nodule was present in the subjective midcaudal liver measuring 3.8 cm in diameter. 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.



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in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering in the area of the antrum and pylorus. The stomach lumen was empty without evidence of retained ingesta, fluid, or foreign material.

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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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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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.

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Free Abdomen

Focal to intermittent, mildly prominent nonhomogeneous to nodular mesenteric lymph nodes were present. An example measured 1.3 cm in diameter. No evidence of peritoneal free fluid or omental masses was noted.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral moderate to marked chronic renal changes with nonspecific medullary rim sign
- Hepatic parenchymal remodeling with caudal hepatoma-like nodule - subjectively benign
- Mild gallbladder debris
- Mild gastritis pattern - suspect mild uremic gastritis
- Mild pancreatic remodeling - benign, age-related pancreatic changes likely
- Intermittent mildly prominent nonhomogeneous to nodular mesenteric lymph nodes - subjectively benign, chronic hyperplasia or mild lymphadenitis likely, not consistent with neoplastic criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the kidneys was consistent with chronic nephropathy as opposed to acute kidney injury, although potential acute renal insult on top of chronic renal disease cannot be definitively excluded.

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Correlation with pending urine C/S is suggested. Assessment of systemic blood pressure is advised. Further renal staging to include UPC, given the 3+ proteinuria with quiet urinary bladder sediment, is suggested.

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Hospitalization with diuresis protocol, monitoring of urine output, body weight, and as-needed gastrointestinal support with an assessment of renal response is recommended. A guarded prognosis, based on the sonographic appearance of the bilateral kidneys, is warranted.



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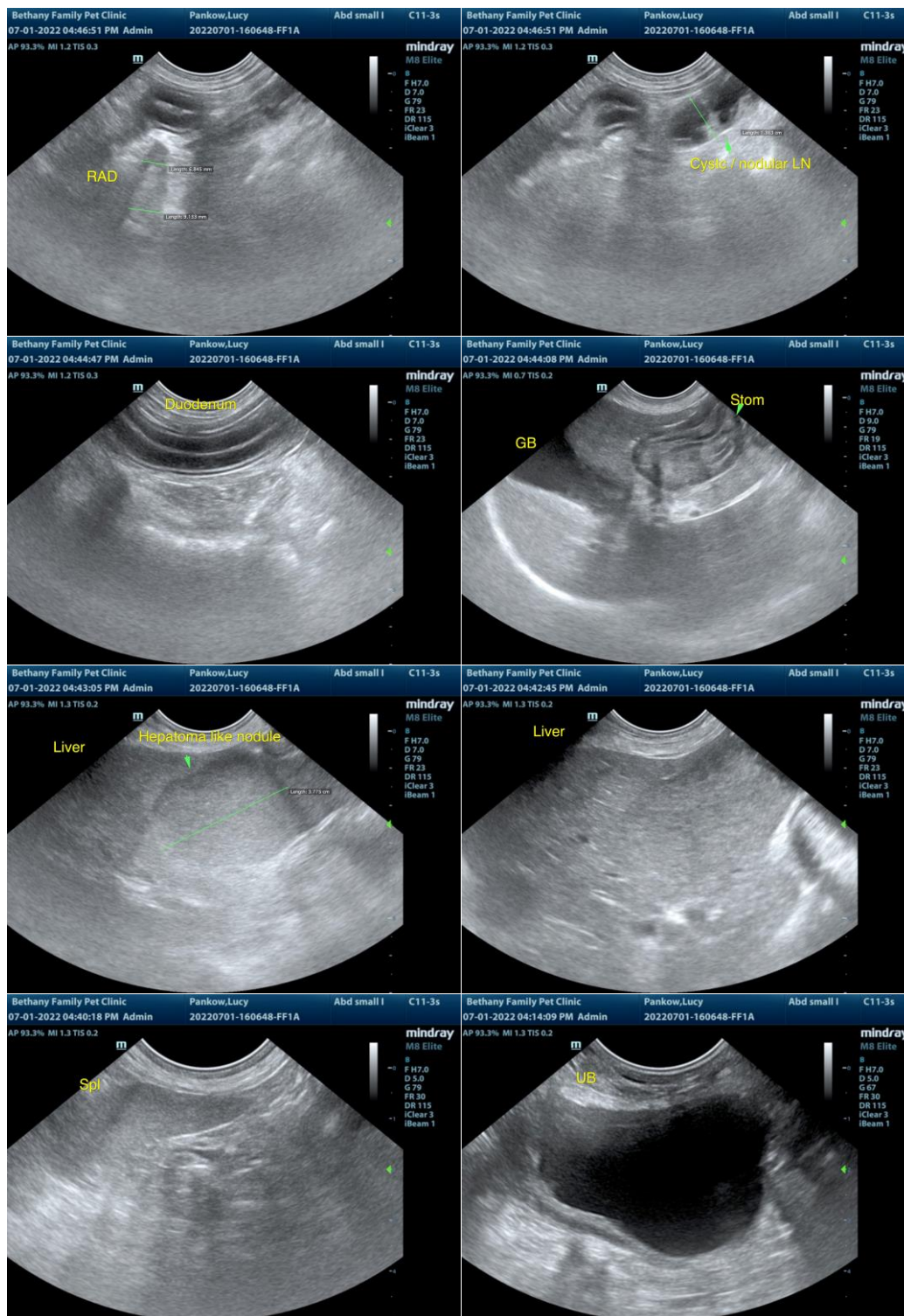
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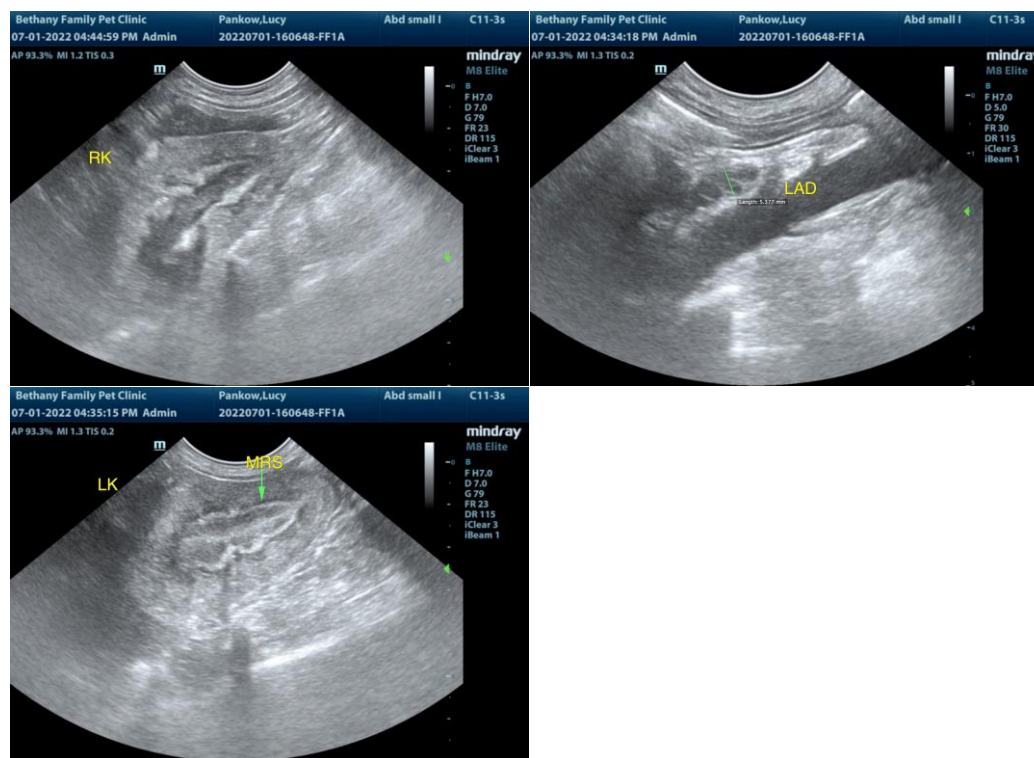
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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