



PATIENT

Buddy Bailey

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

MN

AGE

13 years

WEIGHT

7.94 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

WilVet of Salem

REFERRING VET

WilVet of Salem

INVOICE

14333

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Presented for hospitalization for azotemia Current Medications Cerenia, Pantoprazole, Buprenorphine, Ondansetron, Unasyn

Abnormal PE/Chem/CBC/UA Results: Chemistry: BUN 234 Creat 13.4 Phos 17.1 CBC; decreased lymphocytes (790/mcl), decreased eosinophils (30/mcl), decreased reticulocytes (4.9K/mcl)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.3 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Both kidneys were overall normal in size. Mild asymmetrical renal margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with moderate loss of corticomedullary border demarcation. Mild pyelectasia was present in the left kidney. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland exhibited subtle enlargement of the caudal pole with an indistinct, mildly nonhomogeneous, nonmineralized nodule present in the mid to caudal left adrenal gland measuring approximately 0.8 cm x 0.37 cm. The overall left adrenal gland measured 1.6 cm length x 0.78 cm width at the caudal pole and 0.46 cm width at the cranial pole. No evidence of capsular escape or vascular invasion associated with the indistinct left adrenal nodule was noted.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 1.6 cm length x 0.5 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.



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Liver/ Gallbladder

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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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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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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 subjective semi-formed feces in lumen.

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Chronic nephropathy with minor left kidney pyelectasia
- Nonspecific left adrenal nodule - suspect small adenoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The overall appearance of the kidneys is most consistent with chronic nephropathy / CRD. If recent history of azotemia, the possibility of acute on chronic renal Insult cannot be definitively excluded yet overall, the kidneys are most consistent with chronic renal disease or failure. The minor pyelectasia present in the left kidney may be owing to pelvic scarring, chronic renal changes, or IV fluid therapy (if applicable), without overt evidence of pyelonephritis which is considered less likely. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Renal prognosis is likely dependent upon renal response to IV fluid therapy with monitoring of body weight and urine output. However, given the sonographic appearance of the bilateral kidneys in combination with the degree of azotemia, a guarded to very guarded prognosis is likely indicated.

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The left adrenal nodule, although nonspecific, is not overtly consistent with neoplastic criteria at this time. Assessment of and monitoring of systemic BP for evidence of hypertension associated with



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chronic renal disease or failure is suggested. If renal parameters can be stabilized, sonographic monitoring of the left adrenal nodule for evidence of progression would be ideal.

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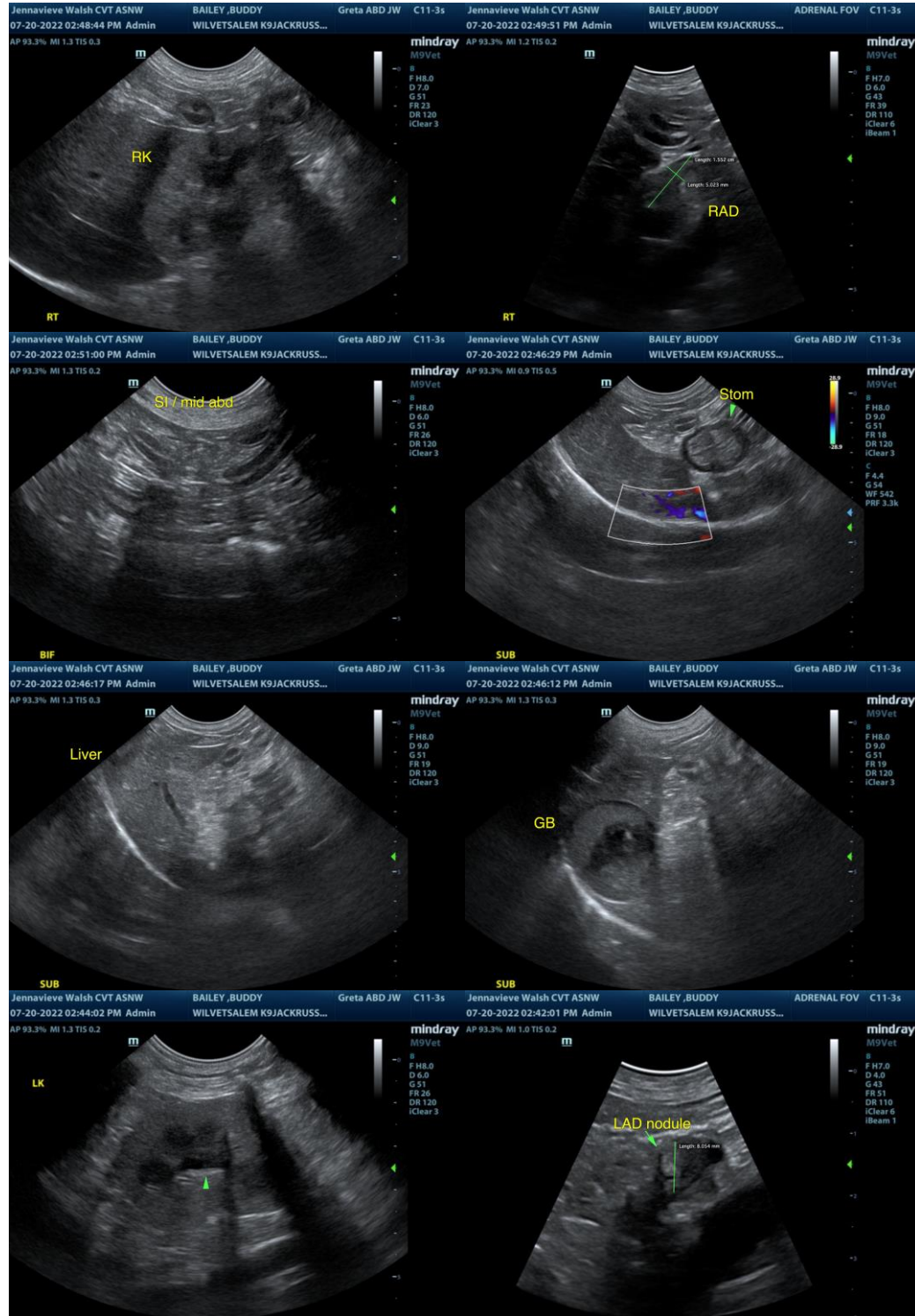
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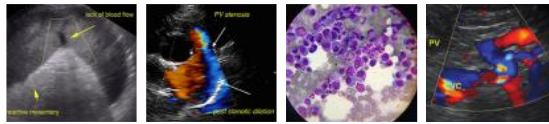
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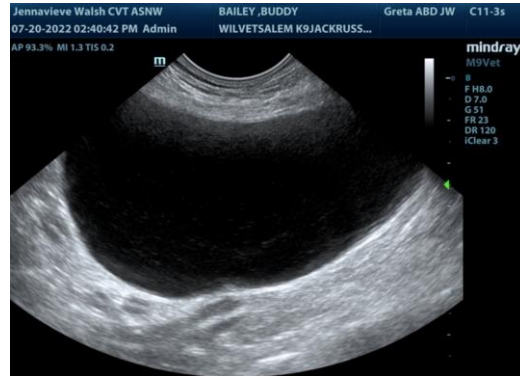
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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