



PATIENT

Wendy Lapp

SPECIES

Canine

BREED

Mixed Breed

SEX

FS

AGE

11 years

WEIGHT

16.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Mildand Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

14245

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Severe dental disease, in need of multiple extractions but blood work revealed mild anemia, elevated pancreatic values and severely elevated renal values, phosphorous. Ultrasound sought to evaluate further prior to anesthesia. Treated with Convenia injection - given 6/27.

Abnormal PE/Chem/CBC/UA Results: BUN 136, Creat. 4.3, BUN/Creat 32, phosphorous 13.7, amylase 1628, PrecPSL 645, HCT 34. U/A: pending. USG: 1.023.

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Moderate loss of corticomedullary border demarcation was noted. Mild nonuniform increased cortex echogenicity was present in both kidneys with no evidence of pelvic dilation or retroperitoneal inflammation. An intermittent yet variably prominent hyperechoic medullary band just inside the corticomedullary border, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and Leptospirosis. However, it is a nonspecific finding. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 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 1.5 cm length x 0.65 cm width in the caudal pole. The right adrenal gland measured 2.0 cm length x 0.59 cm width in 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/ Gallbladder

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 contained moderate congealed yet nonorganized mildly hyperechoic gallbladder debris. The gallbladder was otherwise normal and nondistended with no evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.



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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.

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 subtly prominent in size with areas of minor capsule asymmetry with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic nephropathy exhibiting nonspecific medullary rim sign
- Heterogeneous to mildly hypoechoic pancreas

Secondary Findings

- Moderate congealed yet nonorganized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the kidneys is consistent with chronic nephropathy / CRD, although potential for acute on chronic renal insult cannot be definitively excluded. Further renal staging to include urine C/S and protein: creatinine ratio on a sterile urine sample, pending urinalysis, may be considered.

The appearance of the pancreas was nonspecific with considerations including age-related or patient variant while low-grade chronic to chronic active pancreatitis is possible, given the elevated PSL level. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to some degree of pancreatitis, is suggested.

Hospitalization with 48–72-hour IV fluid protocol with monitoring of renal parameters is suggested. Anesthetic risk at this stage is considered elevated, pending renal response to IV fluid protocol. Chronic renal failure is a possibility In this patient, given the renal presentation and concurrent mild anemia.



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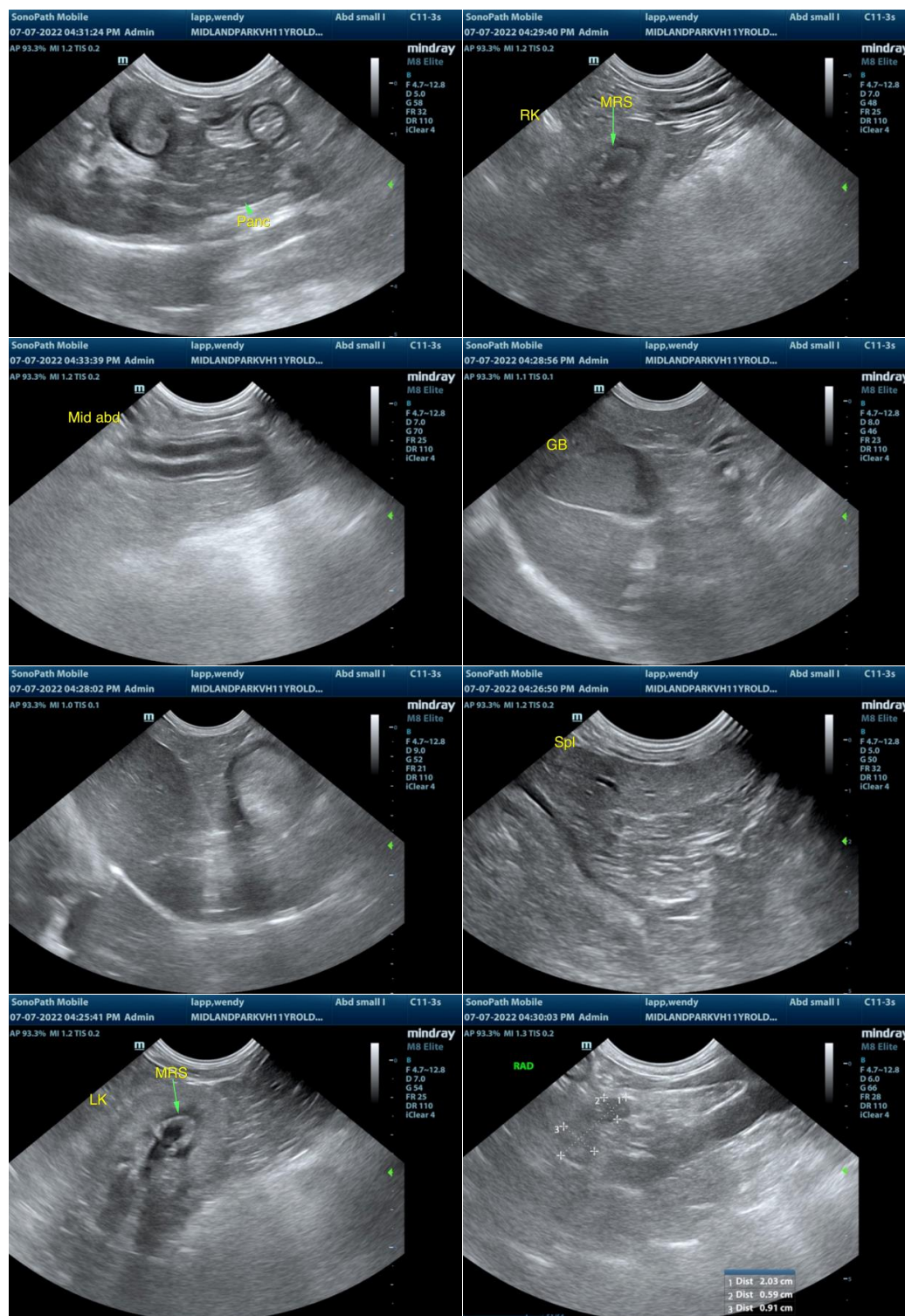
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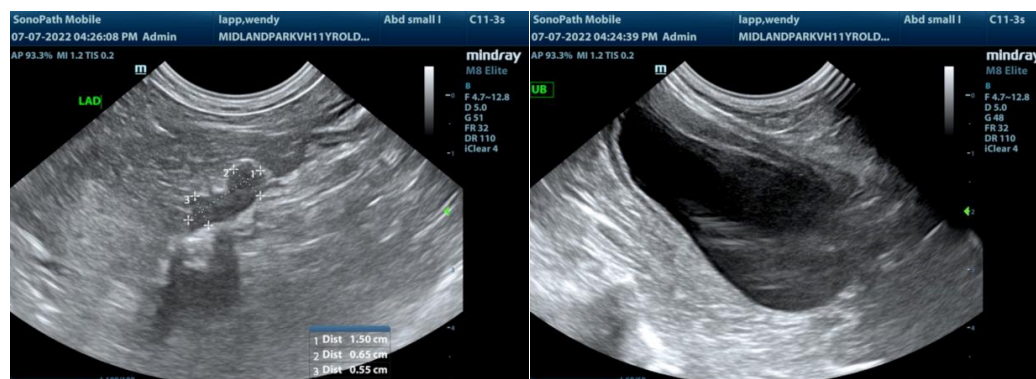
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com