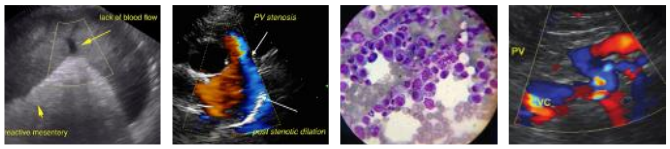
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Freda Ilagan

SPECIES

Canine

BREED

German Shepherd Mix

SEX

FS

AGE

11yr

WEIGHT

45.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Weekes

INVOICE

14558ag

DATE

08/10/2023

PRESENTING CLINICAL SIGNS

Reason for Visit: possible incontinent History: PU/PD, leaking urine when sleeping or resting. Pet is also chewing at rear paws No hematuria, stranguria, pollakiuria

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: mm pm Lymph Nodes: N Skin: mild pododermatitis CV/Respiratory: N Abd/GI: N Uro/Perineum: N Musculoskeletal: decreased ROM hips, feels like mild crepitus right hip, no back pain. Neurological: No CP deficits, normal cranial nerves Adult Annual Plus with UA Results: Azotemia--renal +/- pre-renal BUN=64 Crea=2.9 SDMA=22 Phos=4.8 ALT=137 (18-121), considered trivial/consistent with ALT last year UA (free catch) USG=1.020 pH=6.0 Protein negative, quiet sediment TT4 WNL 1.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal thickness and tone. The proximal urethra was not definitively visualized. 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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.58 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

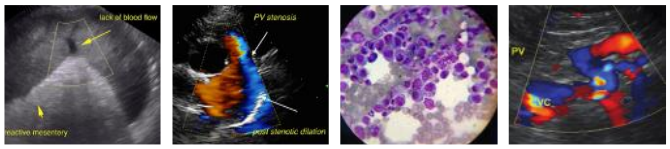
Spleen

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. Normal vascular volume. 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.

Gastrointestinal



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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.

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 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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder.
- Mild to moderate chronic renal changes.
- Sonographically unremarkable liver-consistent with low grade benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from mild to moderate subjective chronic renal changes, there is no evidence of urinary tract pathology as a cause of the patient's incontinence pattern. Screening urine C/S and baseline UPC level is suggested for further renal staging.

Sonographic assessment of the proximal urethra and right adrenal gland to rule out occult pathology would be ideal. Without overt evidence of neurological disease, nocturnal enuresis may be a consideration in this patient.

Trial therapy for incontinence i.e., phenylpropanolamine, Incurin etc. with assessment of clinical response and monitoring of renal parameters would be reasonable.

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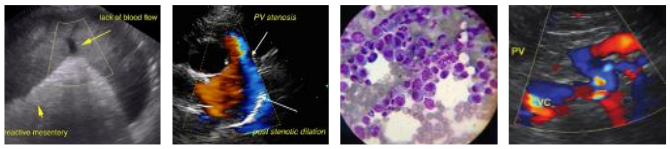

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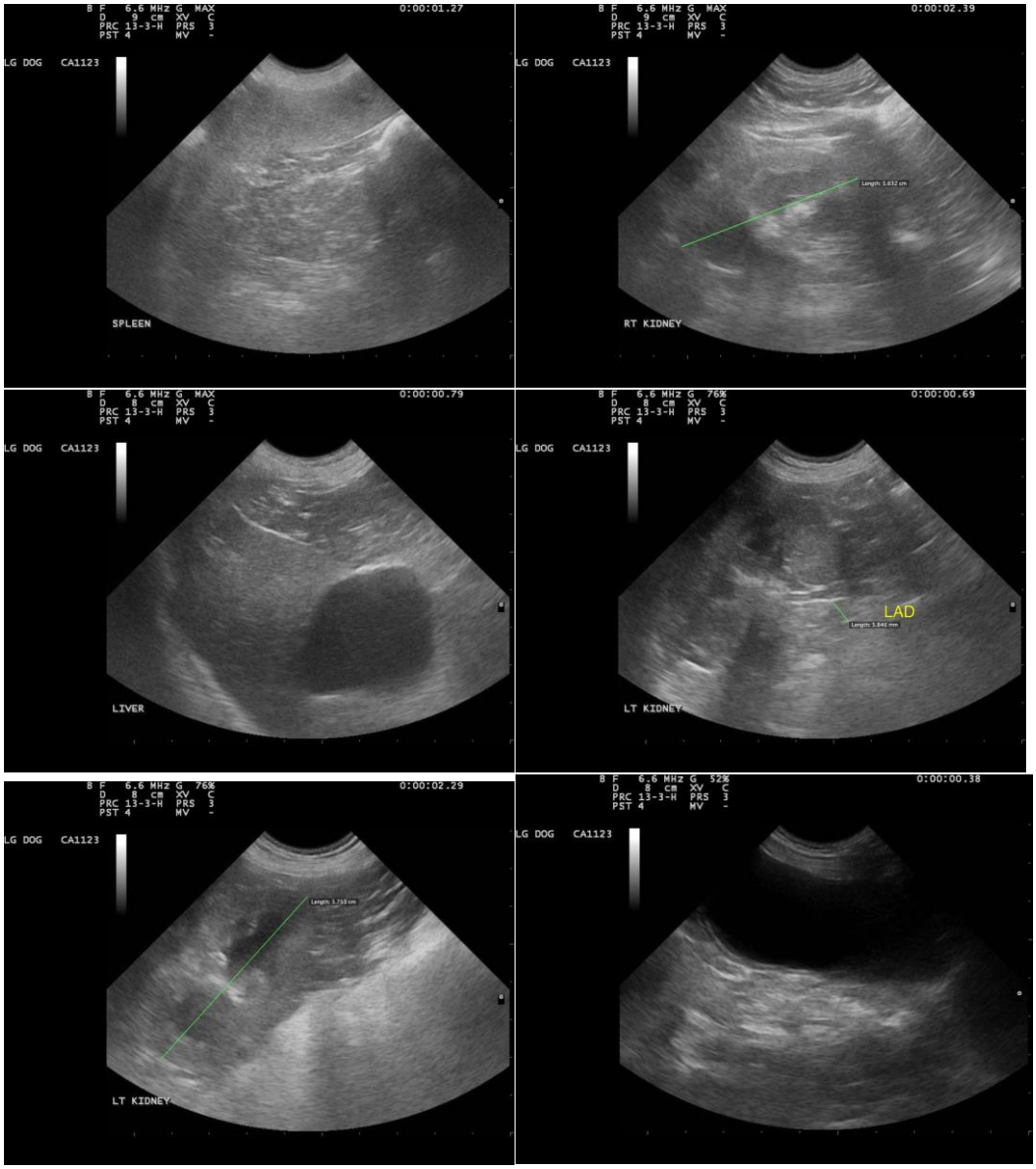

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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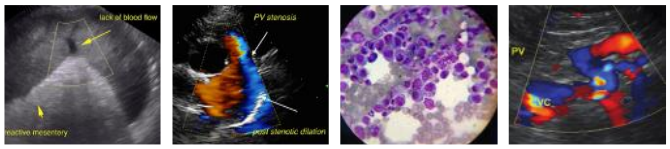

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