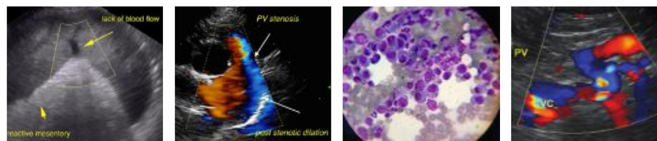
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Happy Lee

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

13 years

WEIGHT

6.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Lara Cabugawan

INVOICE

14866

DATE

8/17/23

PRESENTING CLINICAL SIGNS

Presented for as an outpatient abdominal ultrasound . Pet currently dx with azotemia by rDVM , as per owner no clinical symptoms and home cooked diet.

Abnormal PE/Chem/CBC/UA Results: Mild azotemia , NS OU , dental ds , DJD , hx skin allergy UA / UCS =- pending

BUN 114, Creatinine 1.7, SDMA 30.4, Precision PSL 198

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. 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 pathology in the area of the aortic trifurcation.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Scant pyelectasia was present. Minor areas of medullary mineral were noted along with intermittent cortical cysts. The left kidney measured 3.1 cm in length. The right kidney measured 2.6 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 0.62 cm width in the caudal pole. The right adrenal gland measured 0.54 cm width in the caudal pole.

Spleen

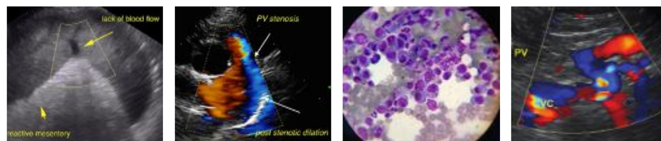
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 was non-distended in size containing primarily anechoic content with mild, non-dependent, particulate gallbladder sediment. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, nonshadowing ingesta without signs of 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.

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

Pancreas

The right pancreatic limb was normal in size and contour with heterogeneous variably hyperechoic parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes. No signs of active inflammation or neoplasia.

Free Abdomen

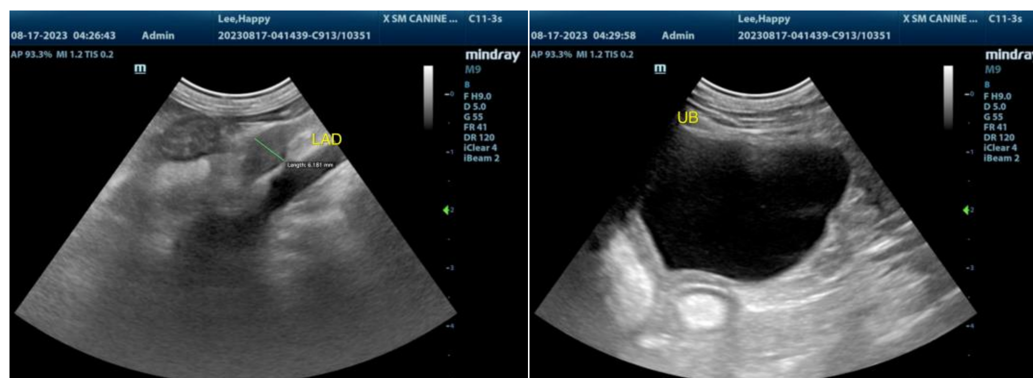
No overt lymphadenopathy or peritoneal effusion was present.

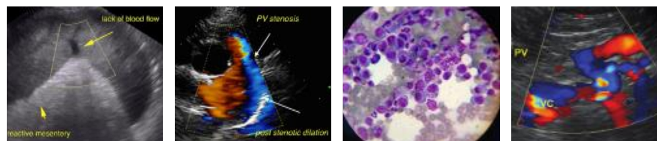
ULTRASONOGRAPHIC FINDINGS

- Moderate chronic degenerative renal changes exhibiting mild medullary mineral, scant pyelectasia, and cortical cysts
- Mild chronic pancreatitis / pancreatic fibrosis pattern right pancreas
- Variably echogenic gastric ingesta - likely post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending urinalysis and screening C/S is recommended. Concurrent baseline UPC level is suggested if evidence of proteinuria or for additional renal staging. Potential for chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. CKD therapy with monitoring of systemic BP would be reasonable.





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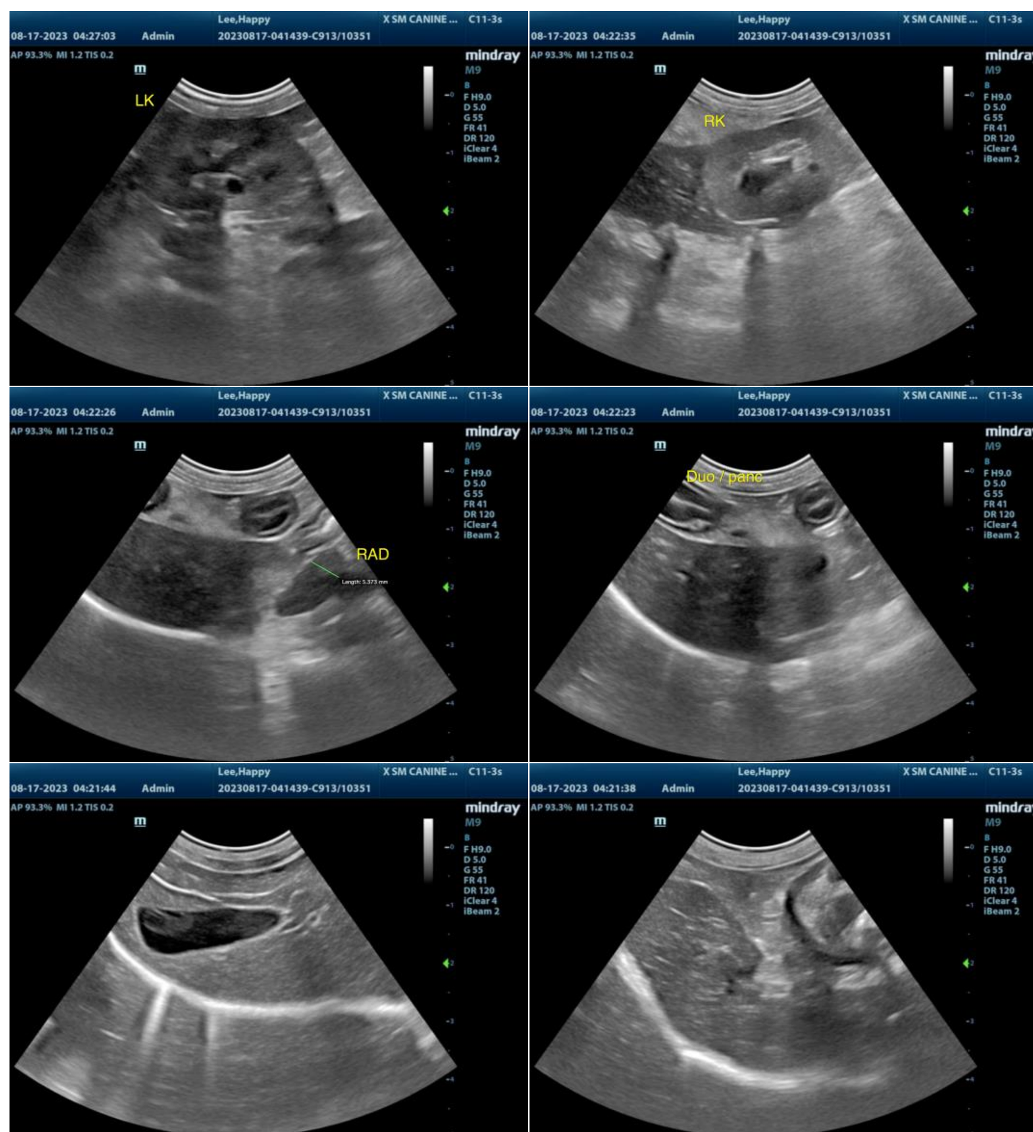

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com