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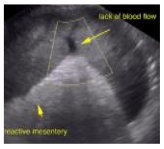

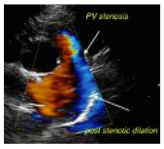

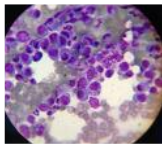
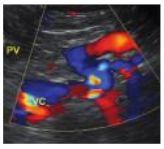

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1-800-838-4268 info@sonopath.com

PATIENT

Mocha Sanford

SPECIES

Canine

BREED

Mini Poodle Mix

SEX

FS

AGE

16 years

WEIGHT

3.98 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Patti Mayfield

REFERRING VET

Naomi Kitagaki DVM

INVOICE

14486

DATE

8/3/22

PRESENTING CLINICAL SIGNS

Patient remained hospitalized within BAESC ER service for referral AUS services this morning. Patient has been hospitalized x 2 nights (since 8/1/22) for vomiting (intermittently x 3-4 days), diarrhea (x 2 days), and the following problem list: 1. Azotemia: rule out renal (pyelonephritis, CKD, acute on chronic (infection, vascular, toxin, neoplasia, other), pre-renal (dehydration), vs less likely post-renal 2. Historical Seizures 3. Historical heart murmur 4. Historical hypothyroidism 5. Severe dental disease TREATMENTS: Norm-R @ 17ml/hr Maropitant 4mg IV q24h Keppra 170mg IV q8h O Zonisamide 50mg PO q12h O Ursodiol 125mg PO q24h O Denamarin 90mg PO q24h O Thyroxine 0.1mg PO q12h Abnormal PE/Chem/CBC/UA Results: PE: - QAR, ~ 5% dehydrated. Severe POD with halitosis. Pale pink mm's. Lenticular sclerosis OU. Grade II/VI holoystolic parasternal (L) murmur. soft and supple abdomen. Stiff on ambulation. DIAGNOSTICS: 8/1/2022: In-house CHEM (8/1/22): - SDMA 21 ug/dL (0-14) - Creat 11 mg/dL (0.5-1.8) - BUN 113 mg/dL (7-22) - PHOS >16.1 mg/dL (2.5-6.8) - ALP: 230 U/L (23-212) In-house CBC: - Unremarkable, HCT: 46.2% - PLT: 541,000/uL (148,000-484,000) In-house UA: -USG: 1.011 - pH: 5 - Bacteriuria, suspect presence cocci 8/2/22 Blood work from primary care DVM following ~ 24 hours of IVF diuresis/treatment: - SDMA 25 ug/dL (0-14) - Creat 5.3 mg/dL (0.5-1.8) - BUN/Creat 18 - Phos 13.8 mg/dL (2.5-6.8) - BP 130 systolic

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. 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 changes was noted.

The area of the aortic trifurcation was free of pathology.

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. Pinpoint areas of medullary mineral were present. Both kidneys exhibited multifocal, variably sized, thinly-walled, cortical cysts containing anechoic fluid, the largest of which was in the right kidney, measuring 1.5 cm in diameter. Mild left kidney pyelectasia was noted. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.55 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.55 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with mild parenchyma heterogeneity including an Indistinct area of hyperechoic parenchyma in the cranial lateral spleen. No evidence of masses was noted.

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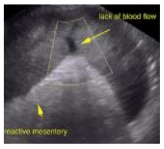

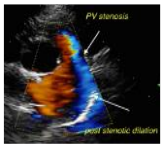

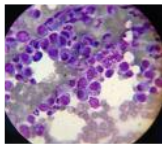
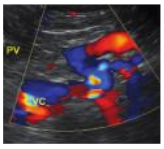

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Liver/ Gallbladder

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. Mild nondependent to mildly congealed gallbladder debris was noted. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 was empty with no signs of ileus, obstruction, or foreign material. The pylorus wall width measured 0.41 cm.

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. The duodenum wall measured 0.44 cm width. The jejunum wall measured 0.40 cm width.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation. The descending colon wall width measured 0.44 cm.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate chronic degenerative renal changes with variably sized cortical cysts and mild pyelectasia
- Mild gastroenterocolitis pattern

Secondary Findings

- Mild nondependent to congealed gallbladder debris (non-mucocele)
- Probable indistinct benign splenic myelolipoma
- Mild hepatic parenchymal remodeling - benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the kidneys is consistent with moderate degenerative renal changes / CKD with potential for possible end-stage CKD based on renal presentation.

Suspect mild potentially uremic or metabolic gastroenterocolitis.

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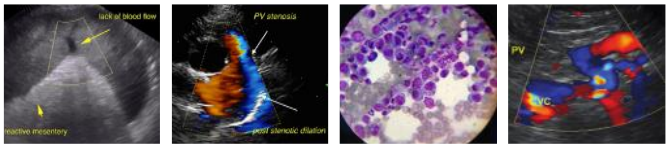

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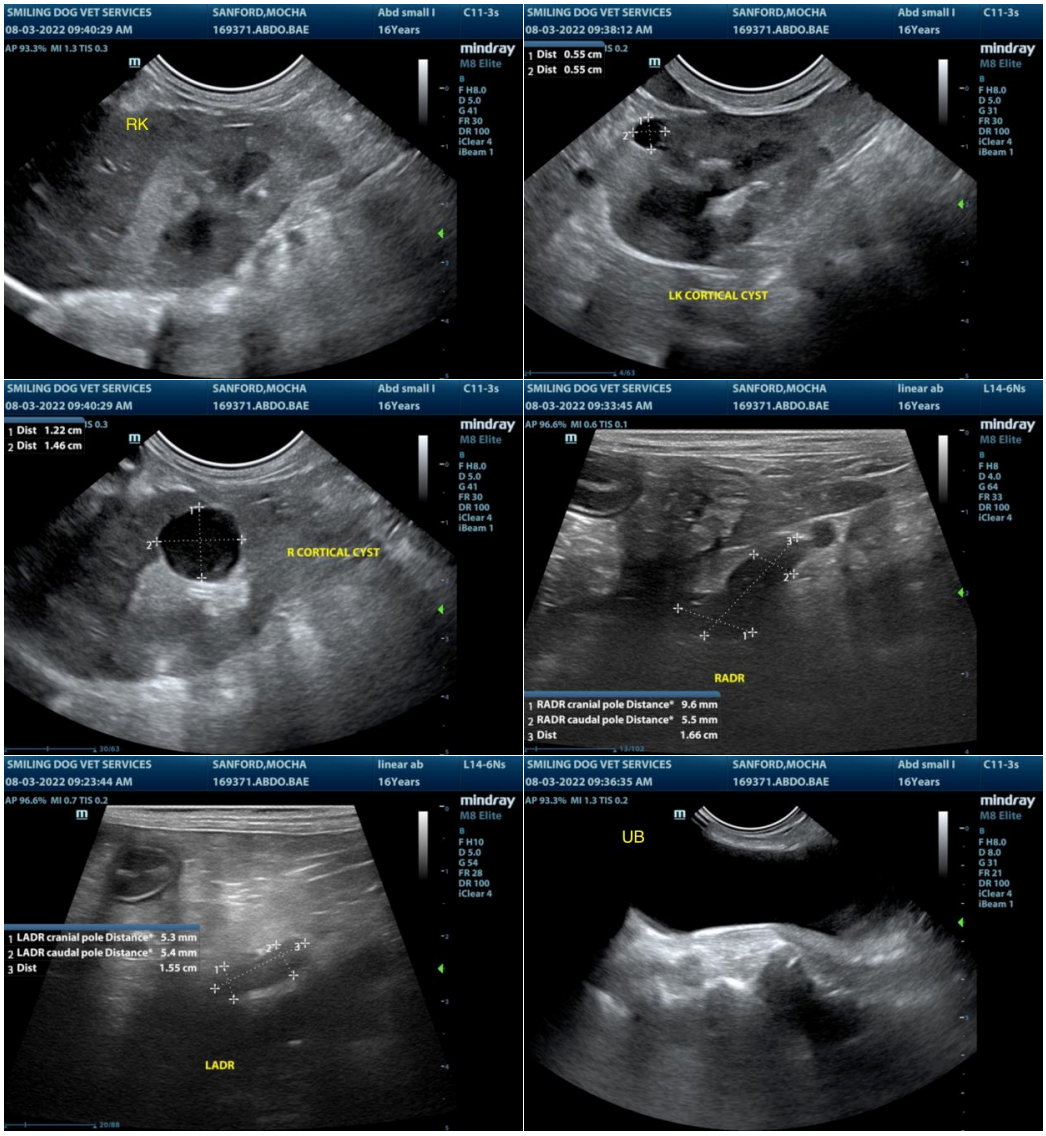
Further prognosis would include continued monitoring of renal response to IV fluids along with as-needed gastrointestinal support. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Continued monitoring of systemic BP is advised. A guarded long-term prognosis based on renal presentation and pending further monitoring of azotemia is warranted.



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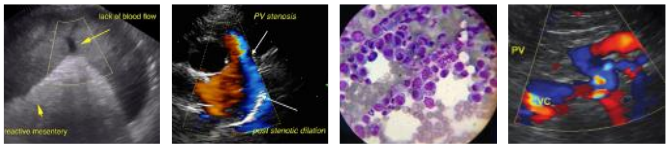

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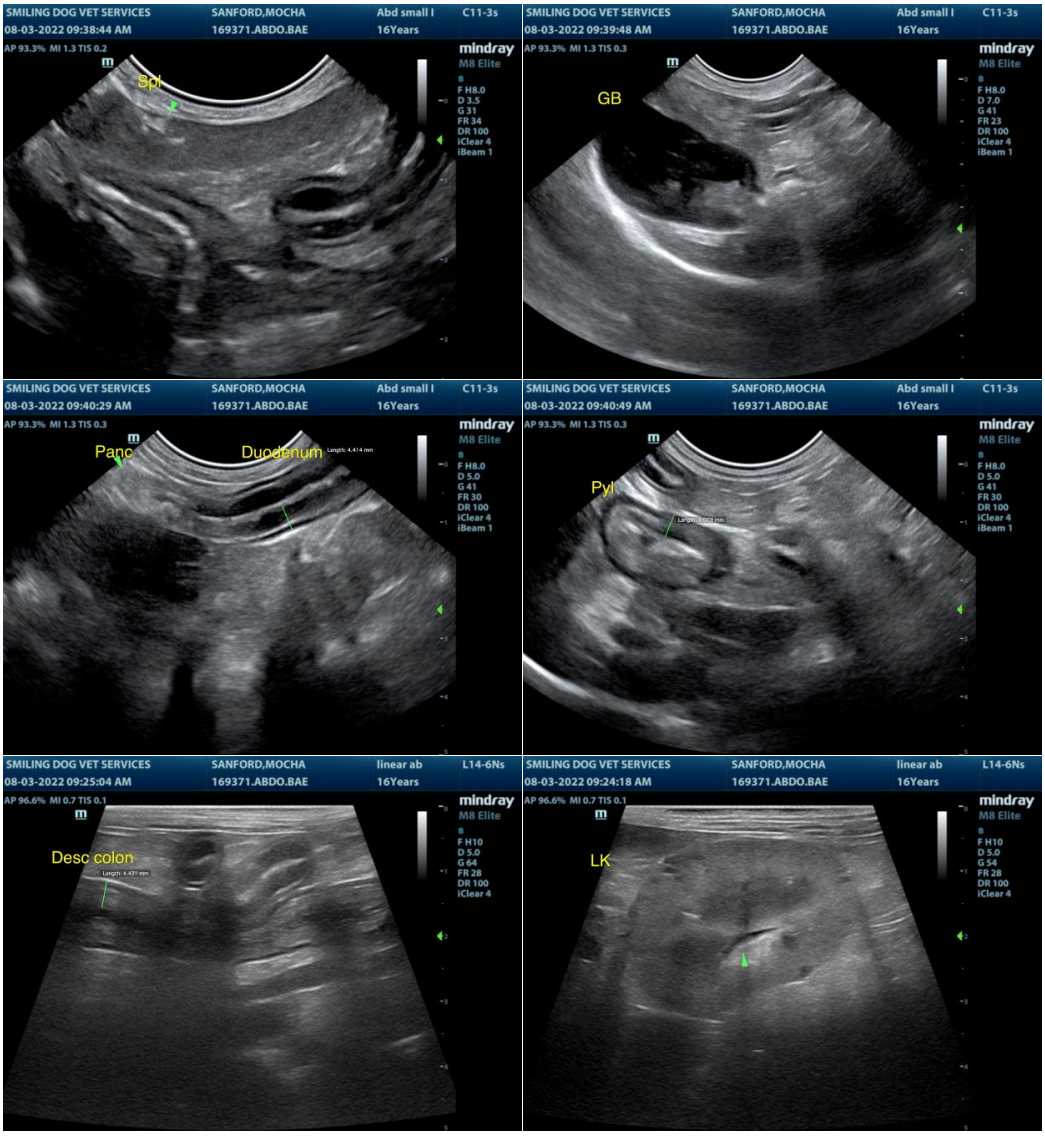

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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