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Clinical Sonography & Telecytology
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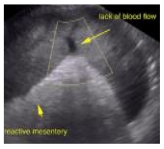
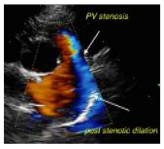
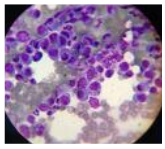
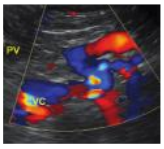




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cillian Hirschberg

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

SF

AGE

7 years

WEIGHT

96.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury Veterinary Hospital

REFERRING VET

Haley Harasimowicz

INVOICE

14805

DATE

8/3/23

PRESENTING CLINICAL SIGNS

Cillian was noted to have a fractured Upper right carnassial and Grade 2/4 dental disease. She has chronic mild SDMA elevation and suspect renal dysplasia. She also has chronic ALP elevation and chronic Anaplasma positive on 4Dx. While under anesthesia for her dental COHAT today, owner requested abdominal ultrasound to investigate renal and hepatic changes. P is clinically doing great at home - no abnormal clinical signs aside from mild PU/PD. She is on k/d diet.

Abnormal PE/Chem/CBC/UA Results:6/27/23: CBC: WNL Chem: SDMA - 15 (was 15 last year) ALP - 1079 (was 913 last year) ALT WNL at 112 (was 124 last year) T4: 2.4 UA: USG - 1.017, pH of 7.0, 1+ protein (was negative last year), quiet sediment UPC: 0.3 (sample was collected in hospital - p stressed) 4Dx: Anaplasma positive (chronic)

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. 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.

Both kidneys exhibited adequate size and asymmetrical margination. Mild subnormal left kidney size was noted compared to the right kidney. Variable cortical thickness and cortical echogenicity with lateral cortical infarcts were present in both the left and right kidneys. Moderate to marked loss of corticomedullary border demarcation was present with subjective reduced medullary volume and bilateral mild pyelectasia. There was no evidence of left or right retroperitoneal inflammation. The left kidney measured 6.2 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

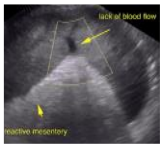
The bilateral adrenal glands exhibited a subjective flattened appearance, given the breed and patient's body size, with symmetrical contour and homogeneous parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole and 0.36 cm width at the cranial pole. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.37 cm width at the cranial pole.

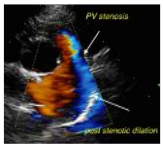
Spleen

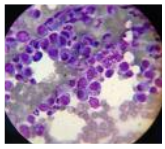
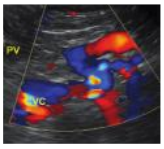
The spleen exhibited subjective enlargement owing to anesthesia with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory criteria, neoplastic criteria, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver exhibited mild to possible moderate enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without





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signs of congestion. The gallbladder was non-distended in size containing anechoic content with mild echogenic nonorganized gallbladder sediment. No evidence of 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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic dysplastic kidneys exhibiting cortical infarcts and mild pyelectasia
- Benign hepatopathy - sonographically suggestive of vacuolar hepatopathy criteria
- Minor gallbladder sediment (non mucocele)
- Subjective bilateral subnormal to flattened adrenal glands - nonspecific, likely patient variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history, chronic renal dysplasia is considered most probable. Potential for nonspecific chronic nephritis, i.e., pyelonephritis or similar, is possible yet thought less likely. The bilateral pyelectasia is suspected to be secondary to chronic renal changes or pelvic scarring. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Continued empirical CKD therapy and renal support with serial monitoring of renal parameters, SDMA level, and UPC is warranted. Screening hepatic FNA cytology, assuming normal clotting status, could be considered primarily to assess for inflammatory hepatic criteria, given the presence of minor gallbladder sediment. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. A screening resting cortisol level may be considered.

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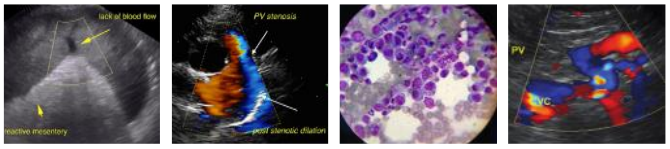

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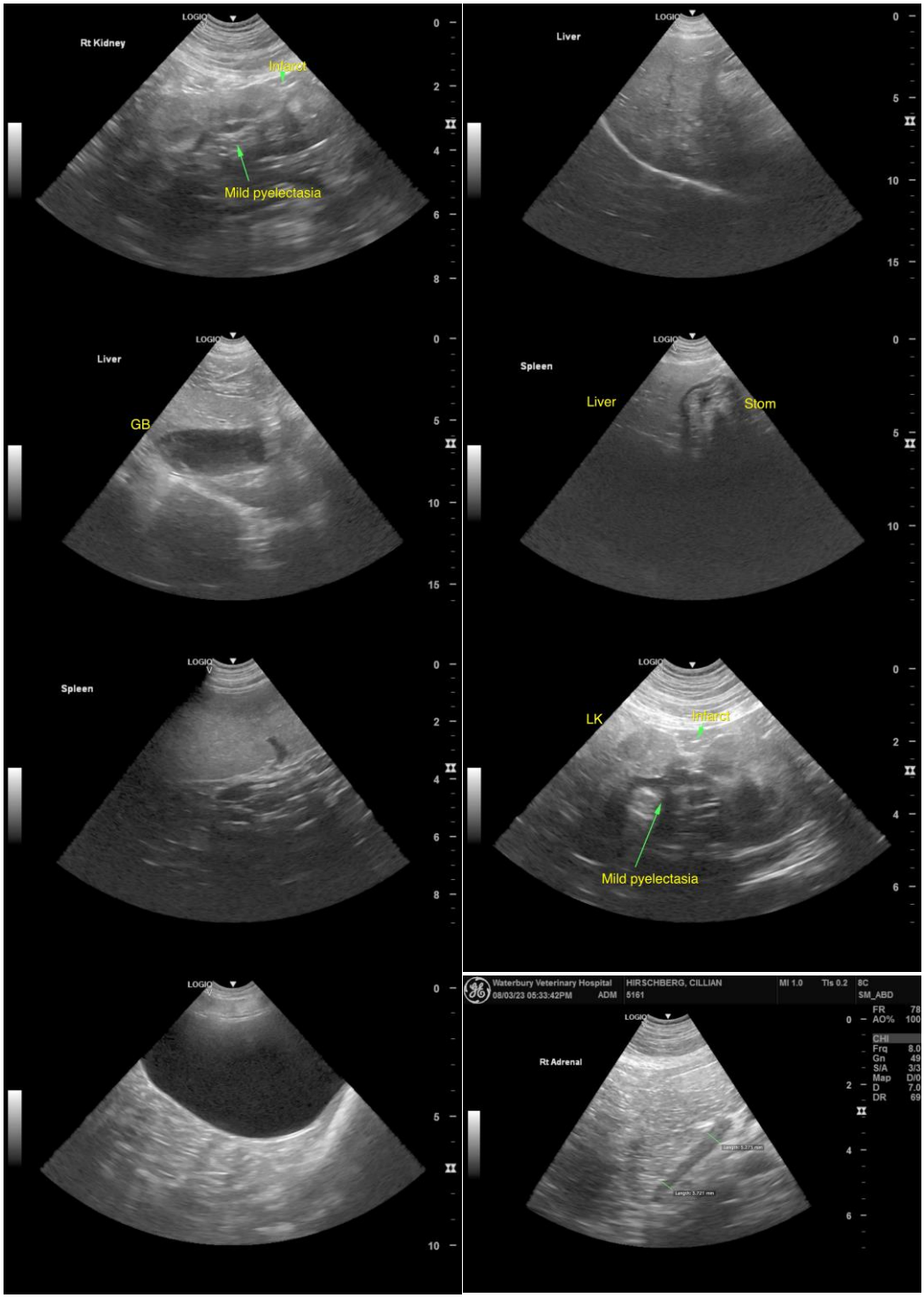

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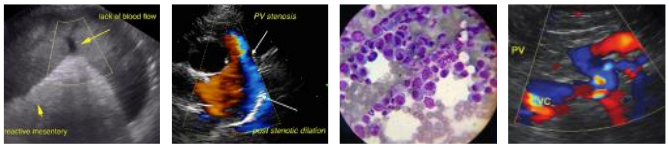

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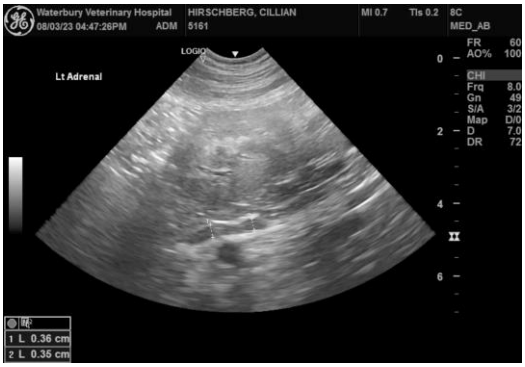

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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