



PATIENT

Bandit Barresi

SPECIES

Canine

BREED

Boxer Mix

SEX

MN

AGE

8 years

WEIGHT

58 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sanders

INVOICE

14508

DATE

8/4/22

PRESENTING CLINICAL SIGNS

Suspect PLN. Weight loss. Elevated BUN and Creatinine since 5/6/2022. Current on Lyme and Lepto vaccines historically. No known renal insult or illness prior to elevated renal values. Urine collected for C&S today. On K/D. Did a trial of Enalapril, but azotemia worsened, so discontinued.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/9 UA: repeatedly isosthenuric with Prot 500+, Bld 250. Quiet sediment. UPC (5/16) 3.2 BW (7/26) BUN 24, Creat 4.3, Alb 2.9. BW (7/1) BUN 31, Creat 5.2

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 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 overt evidence of pathology associated with the residual prostate.

The area of the aortic trifurcation was free of pathology.

Overtly normal size was present in the kidneys with maintained symmetrical renal margination. Both kidneys exhibited mild cortical hypertrophy with mild hyperechoic cortex echogenicity and mild loss of corticomedullary border demarcation. Both kidneys exhibited scant pyelectasia. The left kidney measured 5.1 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.5 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size and conformation. No overt pathology was noted in the area of the right adrenal gland.

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 with thin walls and primarily anechoic luminal content. 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.



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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.

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

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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.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes - suspect glomerulonephritis
- Sonographically unremarkable gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of underlying neoplastic criteria as the contributing factor to the proteinuria.

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Continued protein-restricted renal diet, potential angiotensin receptor blocker therapy given adverse effects of previous Enalapril, and Omega3 Fatty Acids supplementation which may prove beneficial, are recommended. Serial monitoring of systemic BP for evidence of hypertension, albumin levels, and UPC going forward is recommended.

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Renal biopsy would be required for a definitive diagnosis yet potentially could further adversely affect renal function. Antithrombotic therapy, i.e., low-dose Aspirin or Clopidogrel, should be considered given potential hypercoagulable state owing to loss of antithrombin III. Infectious disease serology, if clinically indicated, a GI panel to include PLI/TLI/Cobalamin/Folate, and three-view chest radiographs to rule out occult disease as a contributing factor to the patient's weight loss could be considered.

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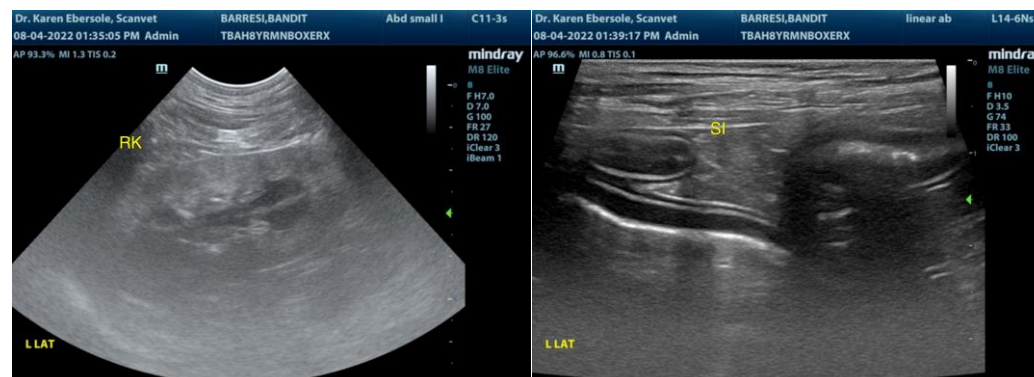
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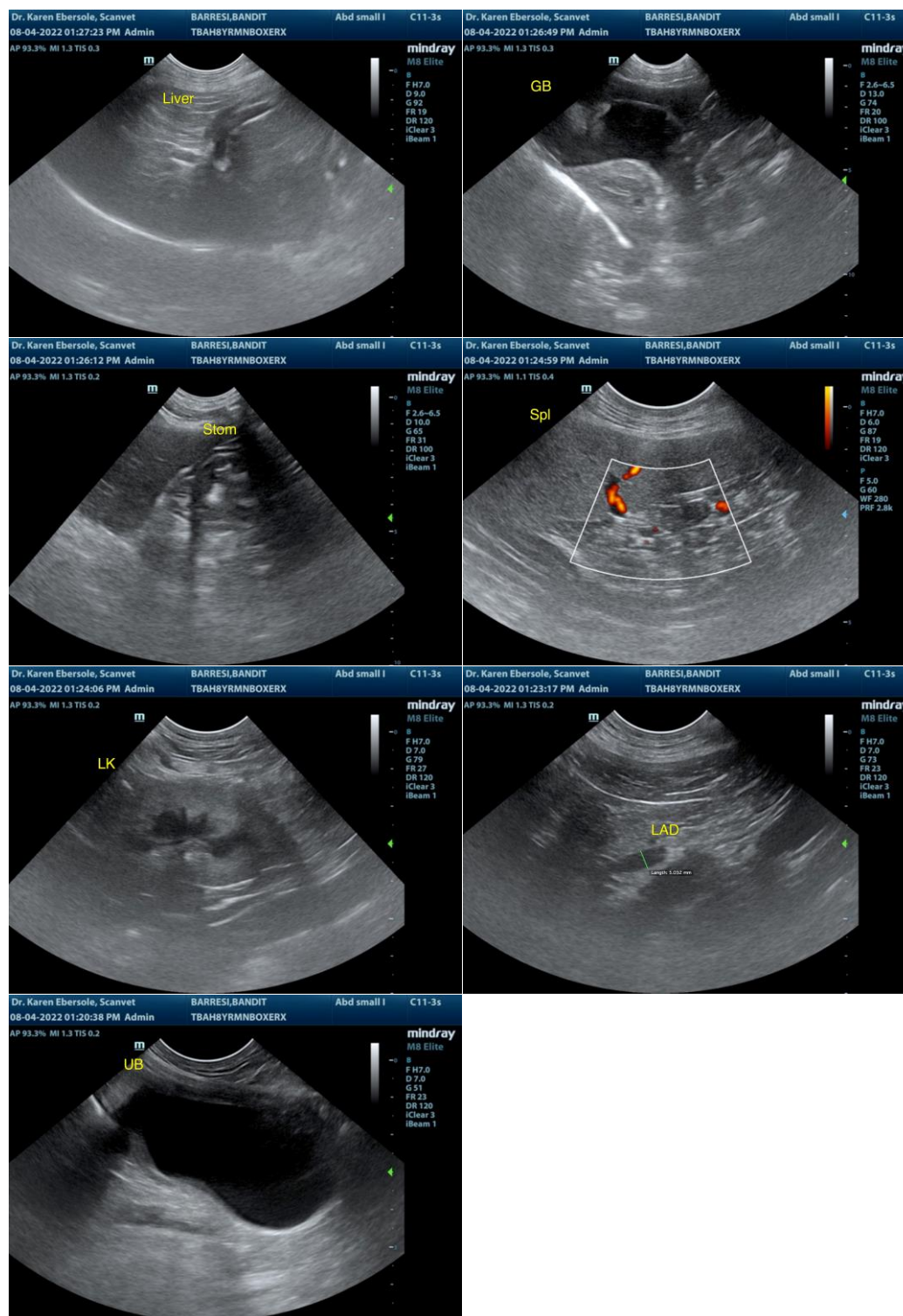
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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