

## PATIENT

Willy Sappingfield

## SPECIES

Canine

## BREED

Aussie Mix

## SEX

Neutered Male

## AGE

4 years

## WEIGHT

32.4 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Heidi Putnam, SDEP  
Clinical Sonographer

## HOSPITAL NAME

West Eugene AH

## REFERRING VET

Dr. Sundholm

## INVOICE

12091

## DATE

8/9/21

## PRESENTING CLINICAL SIGNS

Willy presented on 7/31/21 with a several month history of weight loss and night time incontinence. He has been PU/PD. He had a BCS of 3/9.

Abnormal PE/Chem/CBC/UA Results: CRE (5.0); BUN (104); PHOS (104); urine USG 1.010

## 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.

The residual prostate exhibited mild prominent size yet uniform echogenicity compared to the expected normal residual prostate size for a neutered male. This is a nonspecific finding and may indicate recent neuter with normal prostatic involution, patient variant, yet without evidence of inflammatory criteria. The prostate measured 1.7 cm in diameter.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Marked loss of corticomedullary demarcation was also present. The renal medullary volume was subjectively reduced. Pinpoint corticomedullary dystrophic mineral was present. Mild bilateral pyelectasia was noted. The left kidney measured 5.6 cm in length. The right kidney measured 5.9 cm in length.

### Adrenal Glands

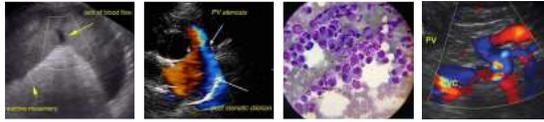
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.1 cm length x 0.69 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.0 cm length x 0.62 cm width at 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



**PATIENT**

***Gastrointestinal***

Willy Sappingfield

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.5 cm.

**SPECIES**

Canine

The small intestine presented intact yet subjective mild prominent wall layering owing to subjective propensity for mildly prominent duodenojejunal mucosa layer. The duodenum wall width measured 0.62 cm. The jejunum wall width measured 0.58 cm.

**BREED**

Aussie Mix

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

**SEX**

***Pancreas***

Neutered Male

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.

**AGE**

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***Free Abdomen***

**WEIGHT**

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Focal, medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.68 cm in diameter.

**INTERPRETED BY**

No other evidence of intraabdominal lymphadenopathy or peritoneal effusion was noted.

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**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

***Primary Findings***

- Bilateral chronic nephropathy
- Subjective mild generalized gastroenteritis pattern - potentially owing to azotemia / uremia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral kidneys were most consistent with chronic nephropathy as opposed to acute kidney injury or insult. Given the overall normal renal size noted in both kidneys, the potential for nonspecific underlying chronic nephritis (interstitial nephritis, glomerulonephritis, pyelonephritis or other possible). However, given the patient's young age, the potential for renal dysplasia is also possible. Renal biopsies would be required for a definitive diagnosis yet may potentially further affect renal function. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Screening blood pressure is recommended.

Empirically, chronic renal disease therapy would be appropriate pending further urinary workup. Gastrointestinal supportive care including gastroprotectants given the degree of azotemia is recommended.

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Overall, a guarded long-term prognosis, given the degree of azotemia and sonographic appearance of the bilateral kidneys.

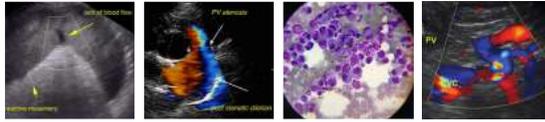
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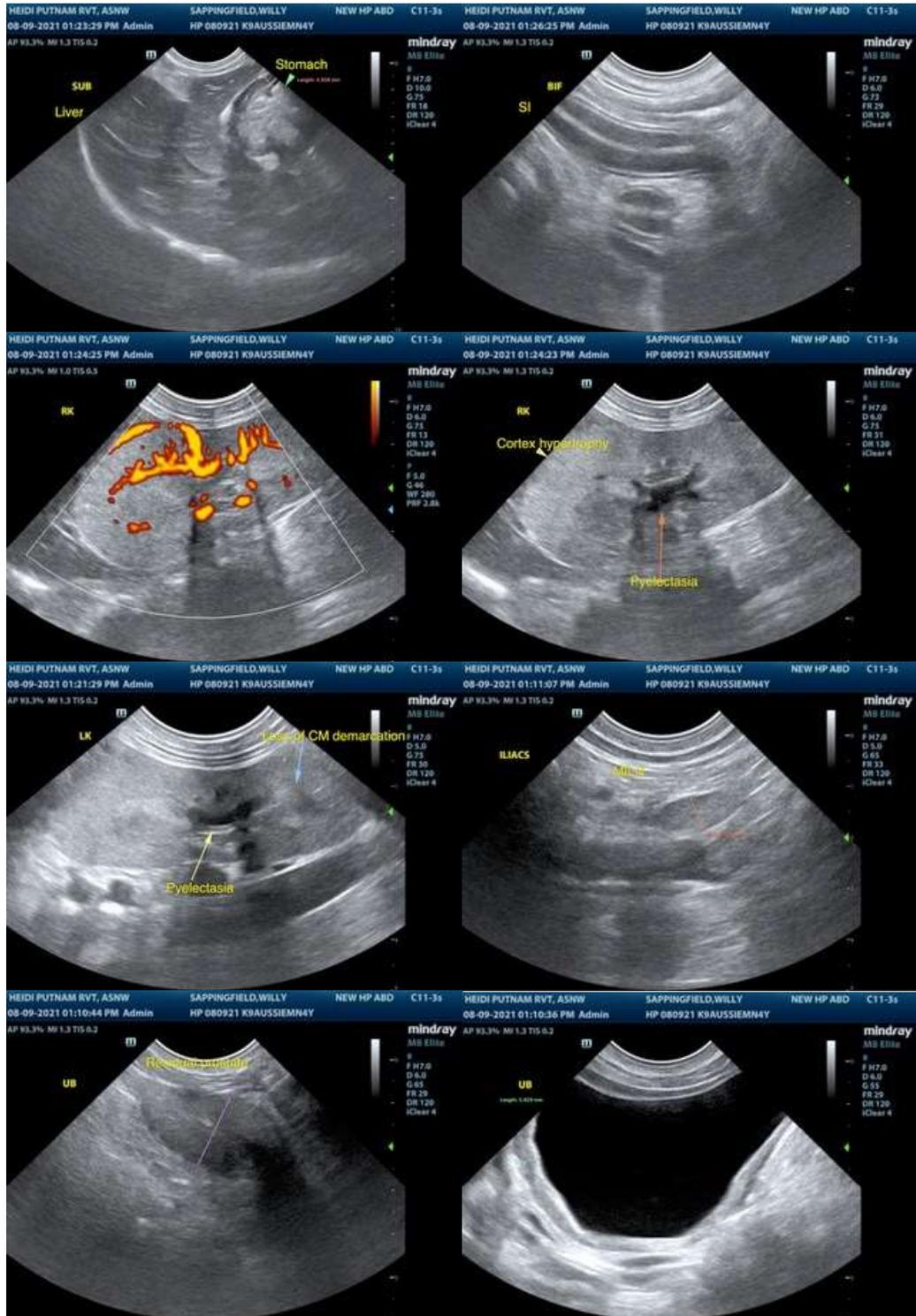
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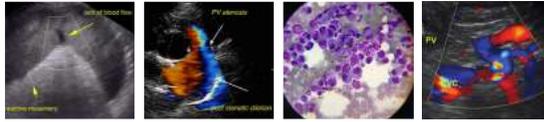
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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