SonoPath
Clinical Sonography & Telecytology
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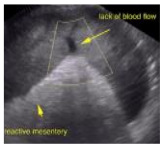

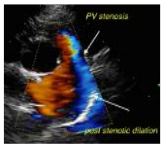

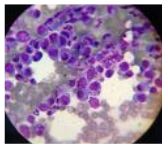
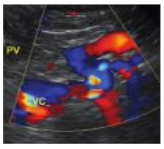

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Veruca Salt Elaschuk

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

12

WEIGHT

3.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Falconridge Animal Clinic

REFERRING VET

Dr. Rix

INVOICE

14979

DATE

9-23-22

PRESENTING CLINICAL SIGNS

Previous diagnosis of CRD IRIS stage 3 Previous scan at referral clinic Dec 2021. Diag as CRD and renal dysplasia
Abnormal PE/Chem/CBC/UA Results: Moderate elevation creatinine and BUN and SDMA

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 sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical renal margination were present in the kidneys. A subjective 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. Moderate medullary mineral to nonobstructive renolithiasis was present. No evidence of pyelectasia was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.3 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 0.35 cm width in the cranial pole and 0.46 cm width in the caudal pole. The right adrenal gland measured 0.44 cm width in the cranial pole and 0.34 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example measured 0.5 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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. The gallbladder was non-distended in size containing mild, dependent, mildly echogenic gallbladder debris primarily in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

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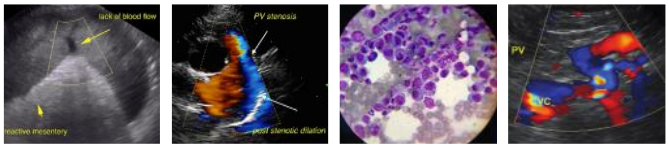

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Gastrointestinal

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

Free Abdomen

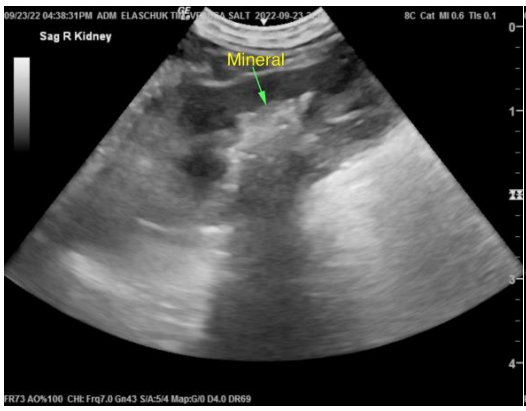
No overt lymphadenopathy or peritoneal effusion was present.

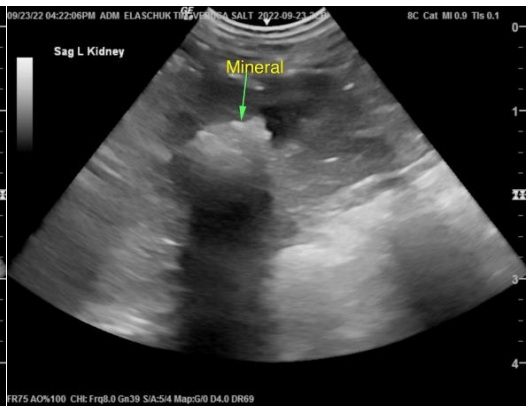
ULTRASONOGRAPHIC FINDINGS

- Bilateral moderate chronic renal changes with medullary mineral / nonobstructive renolithiasis
- Minor hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Benign splenic nodules - consistent with benign myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not done, full urinary work up including urinalysis, screening C/S, and baseline UPC level are suggested. Monitoring of systemic BP for evidence of hypertension and continued therapy for moderate CKD is recommended.





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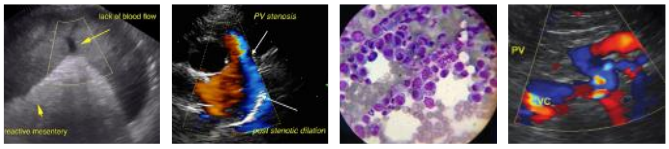

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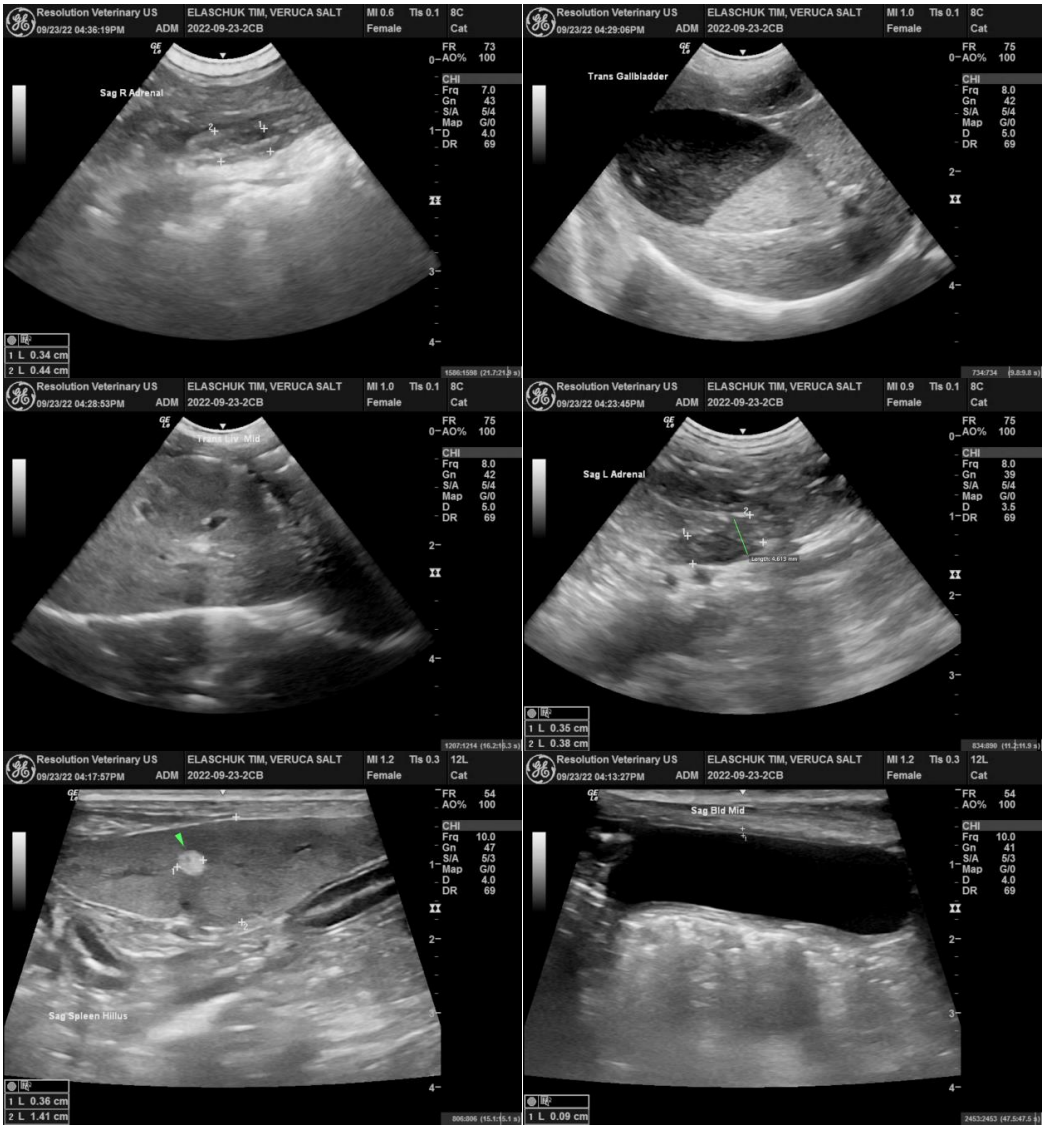

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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