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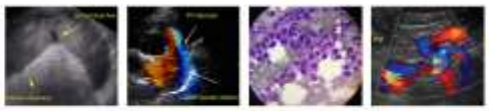
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Katie Holland

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

13 years

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase VC

REFERRING VET

Hallie Llpinski, DVM

INVOICE

12297

DATE

9/24/21

PRESENTING CLINICAL SIGNS

Presented initially for PU/PD. History of intermittent vomiting/diarrhea. BW at urgent care showed elevated SDMA/BUN, proteinuria. Repeat BW: CBC - Pit 513, rest WNL. Chem - Creat 1.7; BUN 73; NA 153; ALT 174; Amylase 9000; Lipase >1800 UA - USG 1.015; pH 7; protein 2+, rest unremarkable. UPC 2.3 Taking Telmisartan 5 mg SID

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 area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical renal 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. Both kidneys exhibited small cortical cysts. An example of a cortical cyst in the left kidney measured 0.52 cm width. Mild bilateral pyelectasia was noted. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 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 0.53 cm width at the caudal pole and 0.37 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.43 cm width at the cranial 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 mild, nondependent, nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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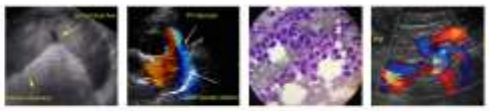

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Gastrointestinal

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 pylorus wall width measured 0.35 cm.

The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for generalized mildly prominent to echogenic submucosa.

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

Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic nephropathy with bilateral mild pyelectasia and cortical cysts - chronic renal changes suspect chronic nephritis such as glomerulonephritis, given the proteinuria
- Low-grade hepatopathy
- Mild gallbladder debris (non-mucocele)
- Chronic pancreatitis with possible fibrosis
- Possible low-grade inflammatory bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle mural changes specifically, subjective mild prominent to echogenic submucosa which attends to be more affected in dogs with underlying inflammatory enteropathy. Continued as-needed gastrointestinal support is recommended. Screening blood pressure is recommended. Reassessment or monitoring of UPC level on ARB medication is indicated.

The PU/PD in this patient is most likely secondary to chronic renal disease. No evidence of underlying endocrinopathy was noted.

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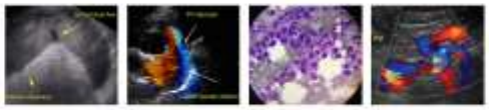

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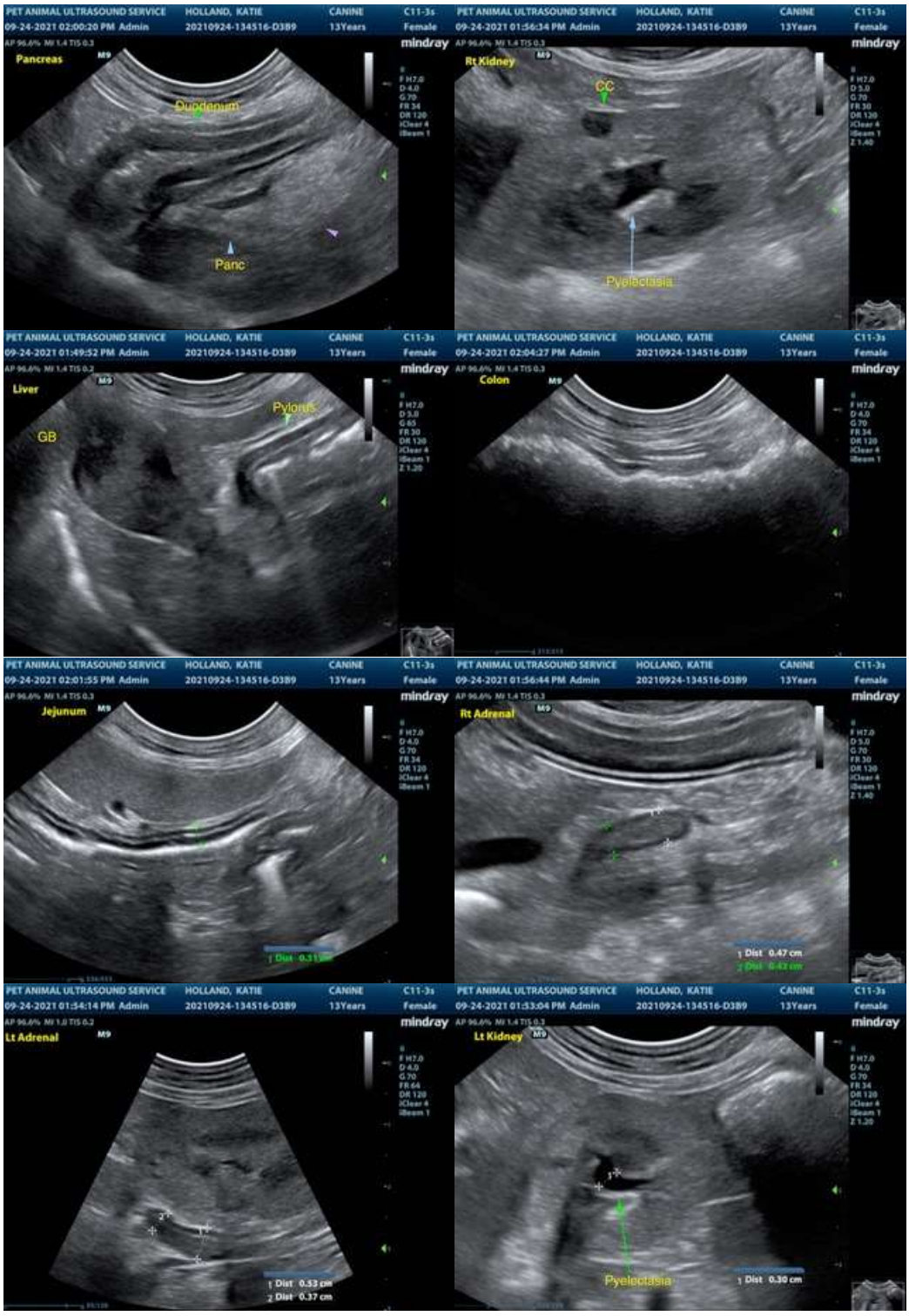

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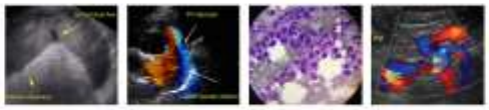

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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