



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** AJ Han P has history of picky appetite, but became anorexic 8/25, developed mild hind end weakness (has had historically as well) and has been arching back some. PE 9/3-grade 3/6 systolic murmur, very thin BCS, abdomen non painful on palpation, no obvious spinal pain, No teeth. Prev history of elevated SDMA and BUN with normal creat in 9/2018

**SPECIES**

**SPECIES** Canine  
Abnormal PE/Chem/CBC/UA Results: RDVM labs: 9/2 CHEM- BUN 185, Creat 8.7, Phos 21.3, Mag 3.6. Lytes-WNL PSL 287 CBC - HCT 42%, lymph 528 9/3 - EPOC -Creat 9.43, iCa 0.85, BUN > 120, pH 7.326, BE -11, Bicarb 15.1 Phos >16.1. UA USG 1.015, pH 5.0

**BREED**

Maltese

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 were noted.

**SEX**

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.85 cm in diameter.

**AGE**

14 Years

Both kidneys were overall normal in size with mild asymmetrical renal margination. Variable cortex echogenicity was present with moderate loss of corticomedullary border demarcation. Mild pyelectasia was noted in both kidneys without evidence of concurrent left or right ureter dilation. No evidence of associated left or right retroperitoneal inflammation or effusion. The left kidney measured 3.6 cm. The right kidney measured 3.5 cm.

**WEIGHT**

6.3 Pounds

The left adrenal gland was indistinctly visualized, subjectively measuring 0.41 cm in width. The right adrenal gland was normal in size, measuring 0.40 cm at the caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral chronic degenerative renal changes with mild pyelectasia

**IMAGING PERFORMED BY**

Dr. Couser

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the bilateral kidneys is consistent with chronic nephropathy as opposed to acute kidney injury or insult given the sonographic appearance of the bilateral kidneys and history of elevated BUN/SDMA levels. The pyelectasia present in both kidneys is likely secondary to chronic renal changes or potential pelvic scarring. Potential for low-grade chronic pyelonephritis is considered unlikely.

**HOSPITAL NAME**

Willamette VH

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment of systemic blood pressure recommended. Hospitalization with diuresis protocol with monitoring of body weight, urine output, and renal response recommended. Given the degree of azotemia, potential end stage renal disease is highly possible, yet prognosis is dependent upon renal response. Overall guarded prognosis indicated.

**REFERRING VET**

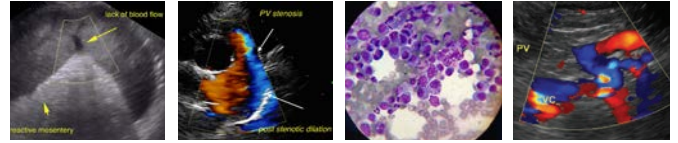
Dr. Couser

**INVOICE**

25195

**DATE**

9/4/21



**PATIENT**

AJ Han

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

6.3 Pounds

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**HOSPITAL NAME**

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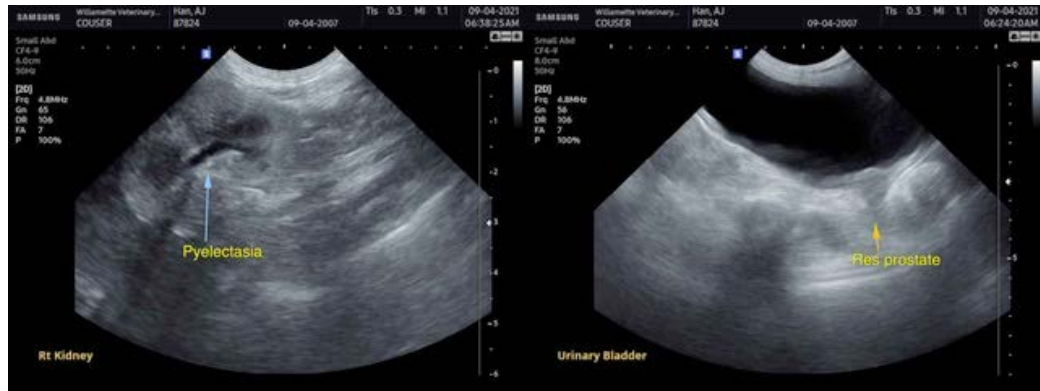
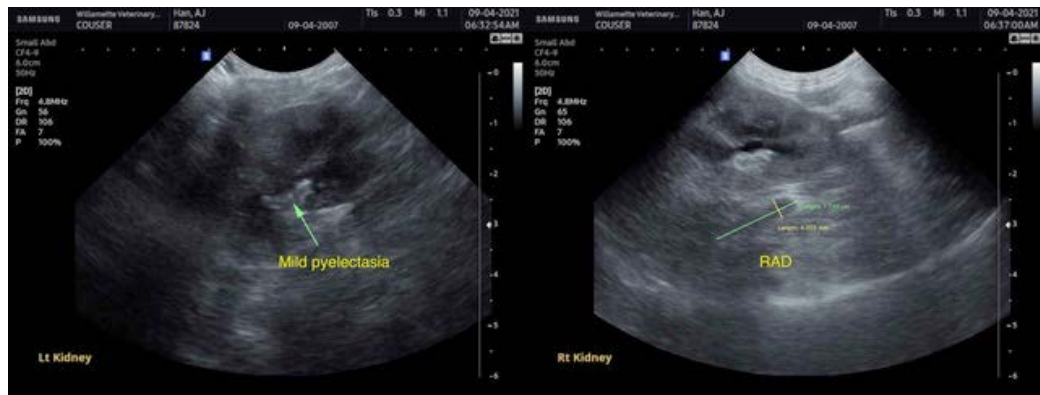
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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