



PATIENT PRESENTING CLINICAL SIGNS

Piper Gonsalves

History: Overall doing well, prev diagnosis of renal disease last spring. Has been eating k/d kibble no vomiting or diarrhea. Energy has been good and mobility decent for age. A few days ago, sudden onset of seeming to be off balance and fell on the stairs. Wasn't eating as well and now will only eat the canned k/d diet. Abdomen generally tense to palpate. Back pain? Abdominal discomfort? Check kidney status and liver. Has been on Pepcid SID.

SPECIES

Canine

BREED

Lab X

Abnormal PE/Chem/CBC/UA Results: CBC - M2 anemia, non-regenerative PCV 29, Hgb 96, SDMA 21(prev 35) Urea 14.5(prev 15.2) Creatinine 242(prev 220) Phos 2.1, K+ 5.6, Albumin 22, ALP 216 and Amylase and Lipase both elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is diffusely thickened and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. Pelvic urethra visualized to 2.0 cm

AGE

14.5 Years

Both kidneys exhibit poor corticomedullary differentiation. There is focal mineralization present within the renal cortex. There is evidence of prior infarcts in the left kidney, and a 2.0 cm cortical cyst present in the right kidney with anechoic contents. There is no evidence of nephrolithiasis, pyelectasia, or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 5.0 cm in length. The right kidney is 5.6 cm in length.

WEIGHT

58.7 Pounds

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 7.1 mm at the cranial pole and 8.9 mm at the caudal pole. The right adrenal gland height is 1.1 cm at the cranial pole and 6.4 mm at the caudal pole.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Southside PH

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a 4.0 cm region of inhomogenous parenchyma in the left caudal region. The portal hepatic vasculature is of normal size and appearance with no evidence of congestion or thrombosis.

REFERRING VET

Dr. Honda

INVOICE

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The gallbladder is moderately distended with anechoic contents and a small amount of freely moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

DATE

1/6/23

Gastrointestinal


PATIENT

Piper Gonsalves

The stomach is moderately distended with normal ingesta. The gastric wall is 4.4 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

SPECIES

Canine

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 5.0 mm. The jejunal wall measures up to 3.7 mm. Intestinal motility appears normal.

BREED

Lab X

The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas
SEX

Spayed Female

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen
AGE

14.5 Years

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS
WEIGHT

58.7 Pounds

Primary Findings

- Significant chronic renal changes bilaterally
- Mildly thickened and irregular bladder wall, typical of cystitis

Secondary Findings

- A 4.0 cm region of inhomogenous liver parenchyma, consistent, most likely, with benign change, such as nodular hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the kidneys are consistent with progressed chronic renal disease. Given the mild changes to the bladder wall, a secondary urinary tract infection should be ruled out. Additional recommendations include:

- Urinalysis with culture (if indicated)
- Blood pressure measurement
- On-going dietary and supportive care recommendations based on the staging of the disease, as outlined in the IRIS guidelines

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The change noted in the liver is nonspecific, and could be consistent with nodular hyperplasia, vacuolar hepatopathy, a benign hepatoma, or less likely neoplastic disease. If definitive diagnosis is desired, then needle aspirate or core biopsy would be needed. However, it would also be reasonable to monitor the lesion via serial ultrasound to see if there is progression.

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Lab X

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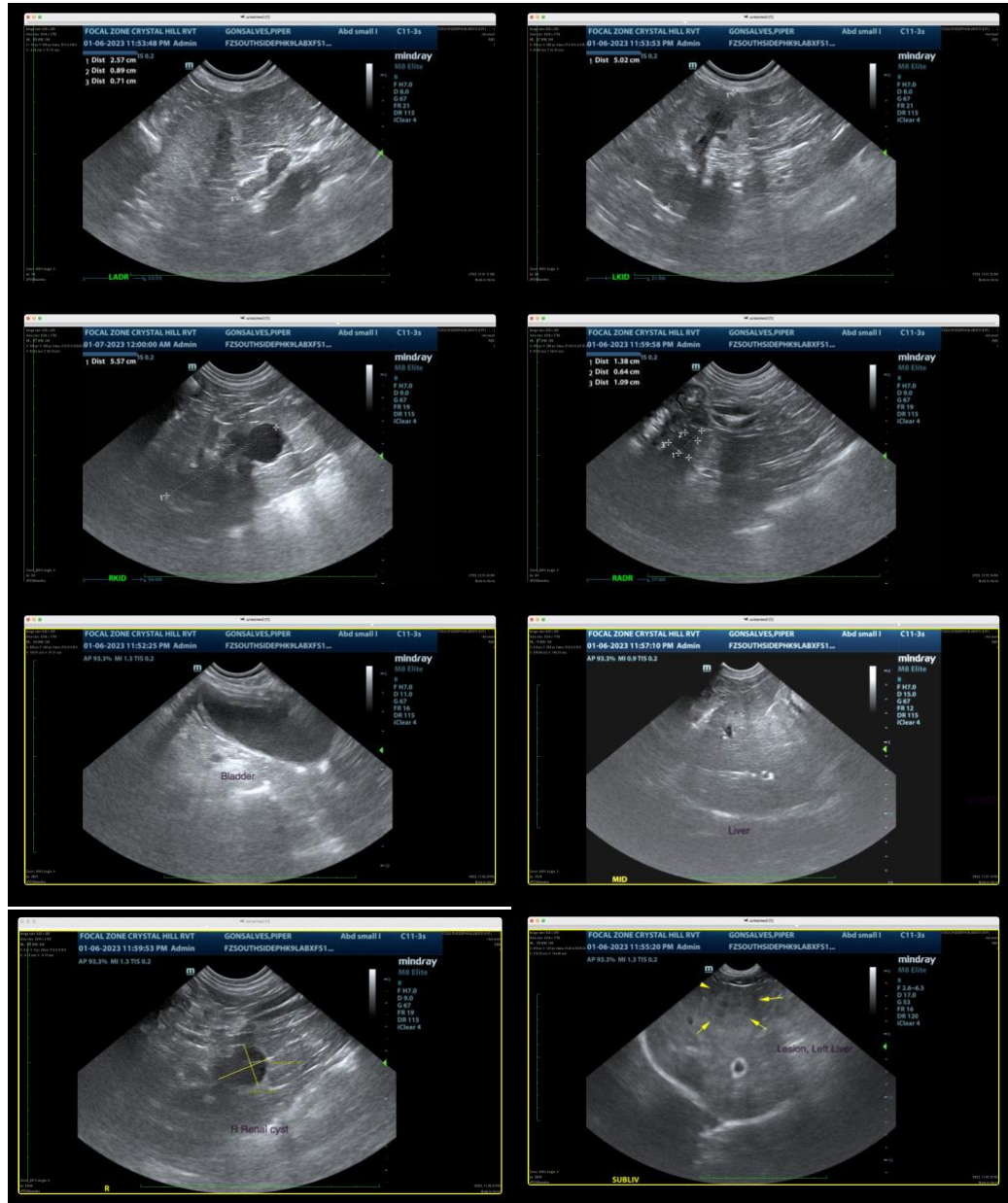
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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