



PATIENT

Tala Cardi

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed female

AGE

12 years

WEIGHT

48 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

31799

DATE

7/19/22

PRESENTING CLINICAL SIGNS

History: Azotemia (BUN 47, creat 2.0, SDMA 18) and slightly elevated ALT (162) picked up on wellness labwork, U/A - SpGr ranges from 1.034 - 1.045 and is normal except for repeatable finding of 4+ hyaline casts. Normotensive. Lepto PCR pending. Patient is asymptomatic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The left kidney is hyperechoic, and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 4.9 cm.

The right kidney is hyperechoic and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal).

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 (5.7) mm at the cranial pole and (6.0) mm at the caudal pole. The right adrenal gland height is (8.8) mm at the cranial pole and (9.0) mm at the caudal pole.

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.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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



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Gastrointestinal

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The stomach is empty. The gastric wall is (4.7) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The visualized portions of the duodenum, ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (5.5) mm. There is minor thickening of the small intestinal wall up to 4.5 mm and the mesentery is focally hyperechoic. Wall layering is preserved and maintains the 1:3 mucosal to muscularis ratio.

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

SEX

Pancreas

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.

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Free Abdomen

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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.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

Age related renal changes.

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SECONDARY FINDINGS:

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Minor changes to the small bowel consistent with mild enteritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurement is recommended along with testing for Leptospirosis and consider urine culture, especially if urine sediment is suggestive of one. Renal diet would also be recommended.

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There is no clinical history of signs consistent with enteritis. If vomiting, diarrhea or weight loss are present, then a fecal parasite check, empiric panacur trial, and a bland diet could be considered.

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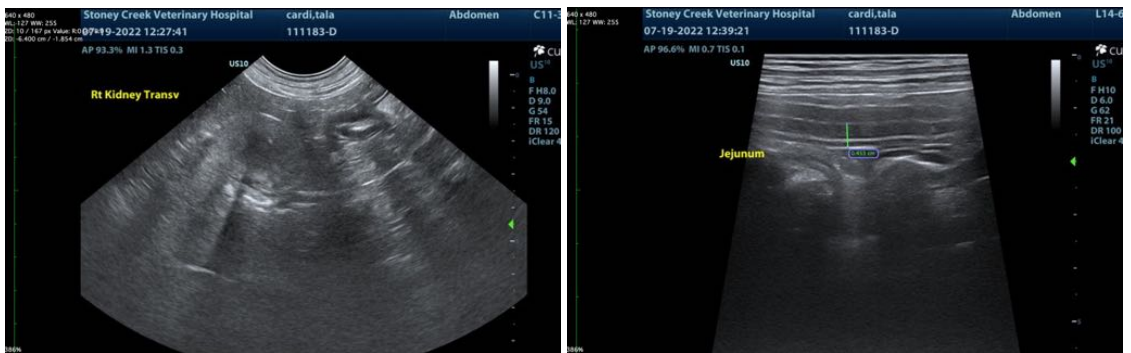
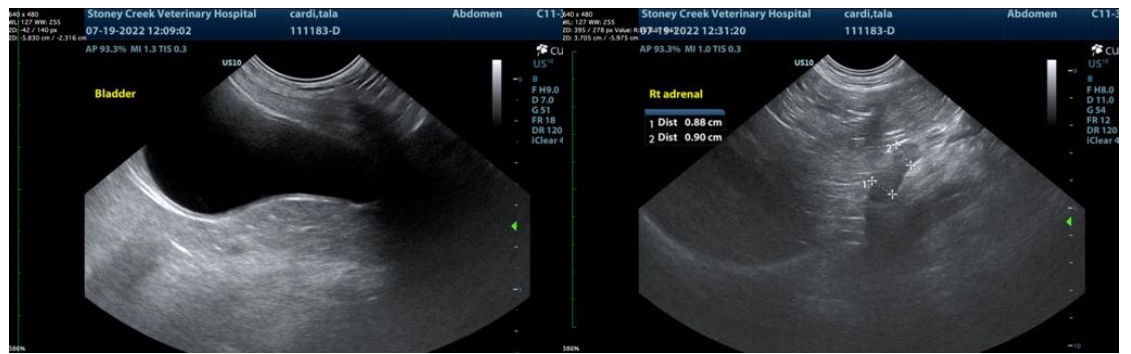
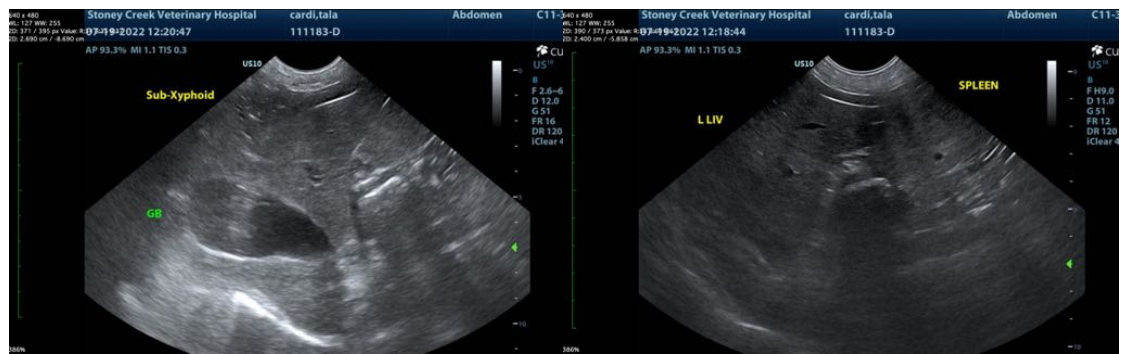
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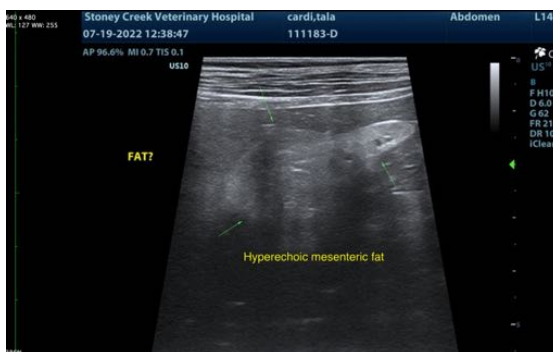
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com