



**PATIENT PRESENTING CLINICAL SIGNS**

Timber Bynum History: Relapsing UTI, PuPd.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: SG 1.030, pH 6, hematuria, leukouria.

CBC: N/A.

**BREED** Serum Biochemistry: Azotemia.

Boxer Radiographic Findings: N/A.

**SEX**

FS

**AGE**

20 months

**WEIGHT**

56 #

**INTERPRETED BY**

Remo Lobetti, BVSc,  
MMedVet (Med), PhD,  
Dipl. ECVIM

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. Moderate amount of floating hyperechogenic sediment. No uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Left kidney – normal size with increased echogenic appearance, loss of cortico-medullary differentiation, irregular capsule, and normal pelvis. Faint areas of mineralization.

Right kidney – normal size, echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

**IMAGING PERFORMED BY**

Dr Shanna Sallee

**Reproductive System**

N/A.

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**Adrenal Glands**

Normal position, shape, size, and echogenic appearance.

**Spleen**

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Dr Shanna Sallee

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

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9/1/21

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and no loss of layering or distension of the lumen.



**PATIENT** *Pancreas*

Timber Bynum Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
No ascites.

**BREED**

Boxer

**ULTRASONOGRAPHIC FINDINGS**

**SEX** Primary Findings:

- Renal disease.
- Urinary bladder sediment.

**AGE**

20 months Secondary Findings:

- None.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Dipl. ECVIM

Etiologies for the left kidney would be unilateral dysplasia, bacterial nephritis, early pyelonephritis, and previous traumatic injury, or previous obstructive uropathy. Although the right kidney appears ultrasonographically normal, with the azotemia, it has to be functionally affected.

The urinary bladder sediment is compatible with bacterial cystitis.

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Further assessment would be urine culture and blood pressure. Renal biopsy may be required for a final etiological diagnosis.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be long course of antibiotics, renal diet, enteric phosphate binders as needed, and ACE inhibitor/receptor blocker.

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**PATIENT**

**IMAGES**

Timber Bynum

**Urinary bladder**

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

20 months

**WEIGHT**

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**Left kidney**

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

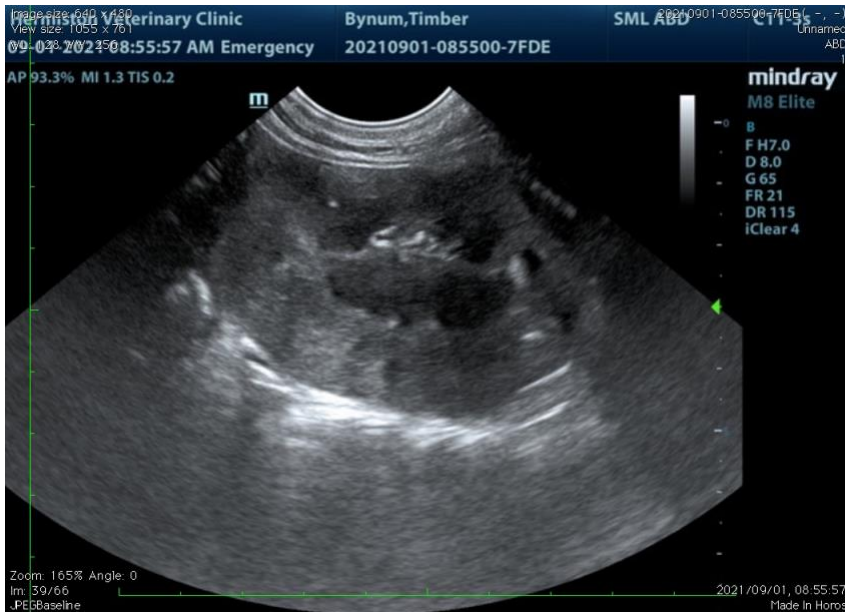
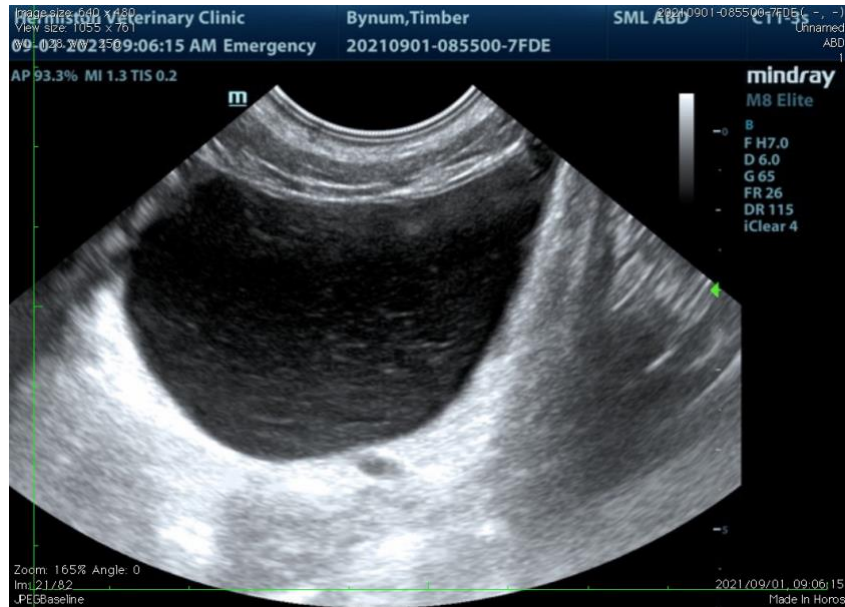
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**PATIENT** Right kidney

Timber Bynum

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

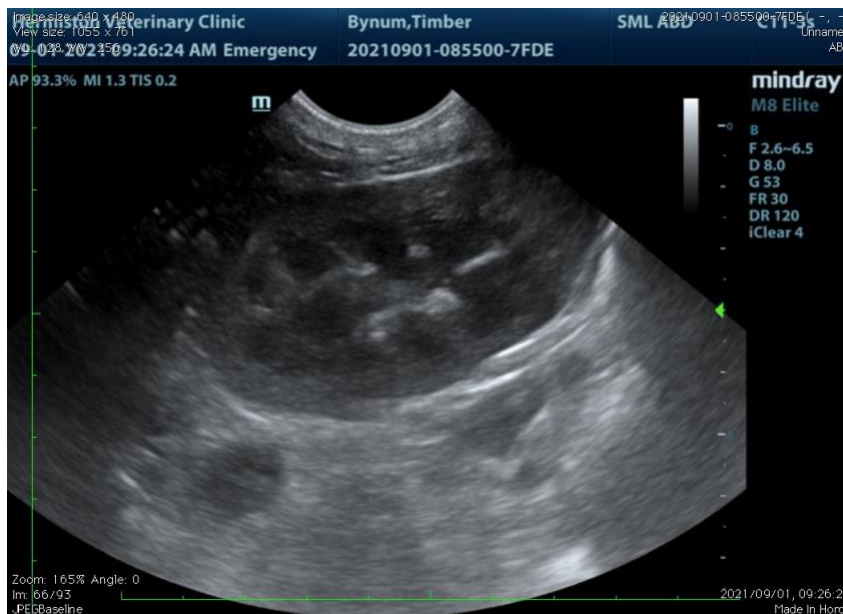
FS

**AGE**

20 months

**WEIGHT**

56 #



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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.

**IMAGING PERFORMED BY**

Dr Shanna Sallee

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.

**HOSPITAL NAME**

Hermiston Veterinary Clinic

**Remo Lobetti**, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)  
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