



PATIENT PRESENTING CLINICAL SIGNS

Timber Bynum History: Renal disease on previous ultrasound (1/9). Treated for UTI with ciprofloxacin.

SPECIES Physical Examination: N/A.

Canine Urinalysis: Hematuria, leukouria, suspected cocci and bacilli.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Boxer Radiographic Findings: N/A.

SEX

FS

AGE

21 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. Normal anechoic urine with a very small 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 and blood flow. Faint areas of mineralization.

Right kidney – not visualized.

Reproductive System

N/A.

Adrenal Glands

N/A.

Spleen

N/A.

Liver

N/A.

Gastrointestinal

N/A.

Pancreas

N/A.

IMAGING PERFORMED BY

Dr Shanna Sallee

HOSPITAL NAME

Hermiston Veterinary
Clinic

REFERRING VET

Dr Shanna Sallee

INVOICE

302576

DATE

9/29/21



PATIENT *Free Abdomen*

Timber Bynum
No mesenteric lymphadenomegaly.
No ascites.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Boxer

Primary Findings:

- Left renal pathology.

Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the left kidney is similar to that of the previous ultrasound. Etiologies for the left kidney would be still be unilateral dysplasia, previous traumatic injury and previous obstructive uropathy. Bacterial nephritis and pyelonephritis, at this point seem highly unlikely differential diagnoses.

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The urinary bladder sediment that was evident on the previous ultrasound appears to have resolved.

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As the urine sample was a free-flow sample the bacteria evident are most likely contaminants from the genital tract.

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Further assessment would be renal function (urea, creatinine, SDMA), blood pressure, and possibly urinalysis and culture from a cystocentesis sample. Renal biopsy may be required for a final etiological diagnosis.

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Specific therapy would be dependent on the results of the further assessment.

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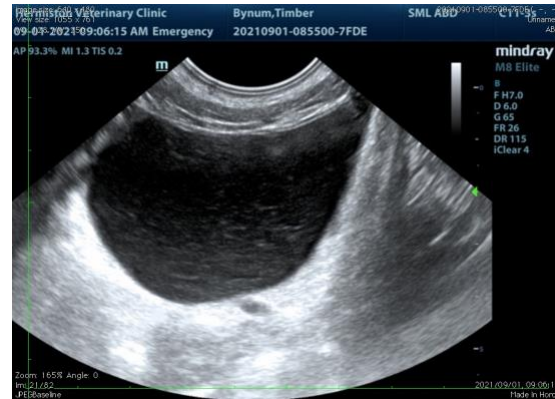
DATE

9/29/21

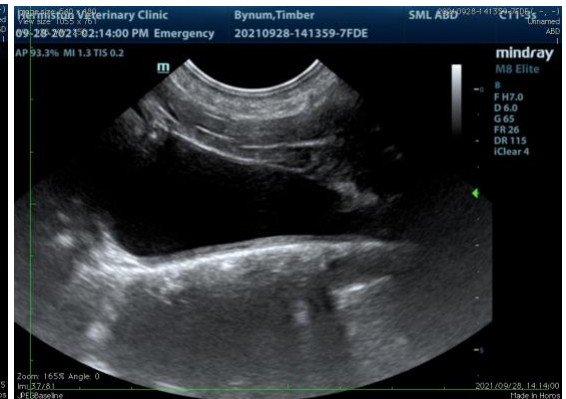
IMAGES

Urinary bladder

9/1



9/28



Left kidney

9/1



9/28



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.

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

rlobetti@mweb.co.za