

**PATIENT**

Stella Bretz

**PRESENTING CLINICAL SIGNS**

vomiting lethargic

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached labs. UA and culture pending (sampled today).

**BREED**

Labrador

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**SEX**

Spayed Female

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. The right kidney measures 7.14 cm. The left kidney measures 7.83 cm. Pyelectasia measuring 0.75 cm noted in the left kidney in the transverse view. Multiple chronic infarcts noted in both kidneys.

**AGE**

6 Years

**Adrenal Glands**

The right adrenal gland is normal in size (0.77 cm at the cranial pole and 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**WEIGHT**

133 Pounds

The left adrenal gland is normal in size (0.64 cm at the cranial pole and 0.92 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**HOSPITAL NAME**

SVS Imaging MI

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**REFERRING VET**

Briarwood VH

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**INVOICE**

43027

**DATE**

11/29/22

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

**SPECIES**

Canine

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**BREED**

Labrador

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

**SEX**

Spayed Female

A normal shaped isoechoic right sublumber lymph node is visible, measuring 0.88 cm thick.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc. Chronic infarcts are noted bilaterally.
- **Pyelectasia (most prominent in the left kidney)** – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

**WEIGHT**

133 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

As is reportedly pending, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

A blood pressure is recommended if not recently evaluated.

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

Given the appearance of this patient's kidneys, the azotemia is likely truly renal azotemia, suggestive of chronic kidney disease with potentially an acute on chronic exacerbation. However, given the concurrent eosinophilia, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

**HOSPITAL NAME**

SVS Imaging MI

Testing for Leptospirosis is recommended to look for potential causes of acute on chronic illness.

**REFERRING VET**

Briarwood VH

In the meantime, empirical therapeutic recommendations include IV diuresis and/or subcutaneous fluid therapy pending availability, antiemetics, gastroprotectants, broad-spectrum antibiotics, and empirical deworming with a 5-day course of Panacur.

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**IMAGING PERFORMED BY**

SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



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**INTERPRETED BY**

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DACVIM

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

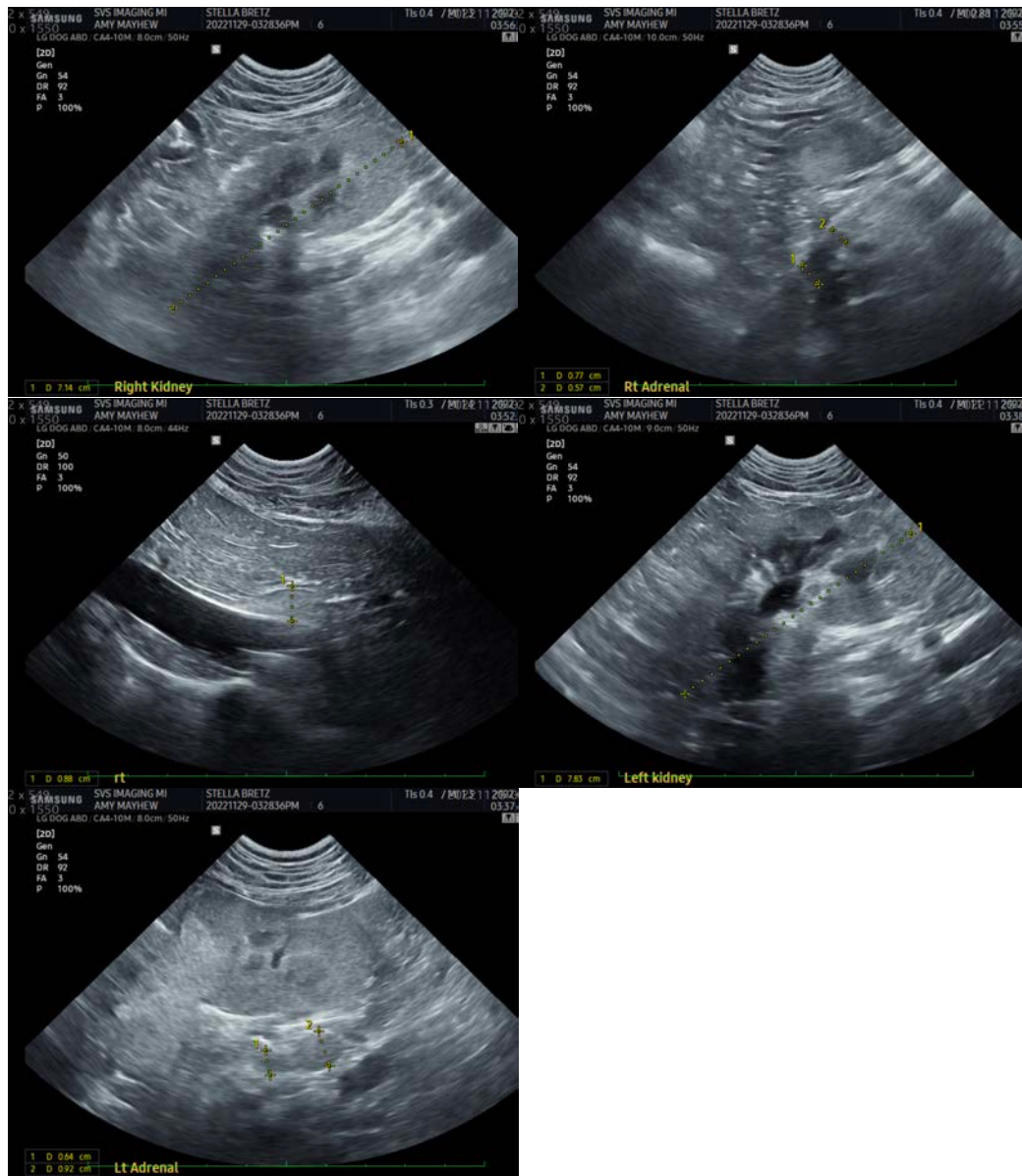
Briarwood VH

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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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com