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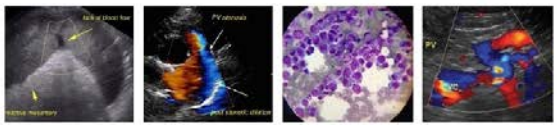


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Bear Archibald

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

3 Years

WEIGHT

10.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Sixteen Mile VC

REFERRING VET

Dr. Bile

INVOICE

43001

DATE

11/29/22

PRESENTING CLINICAL SIGNS

long history of relative PUPD, pre-an BW showed mild azotemia and USG was inappropriately low
Abnormal PE/Chem/CBC/UA Results: please see attached labs

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.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No overt neoplasia or mineral is observed. The right kidney measures 4.23 cm. The left kidney measures 4.35 cm. Bilateral pyelectasia is also observed.

Adrenal Glands

The right adrenal gland is normal in size (1.83 cm long x 1.23 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.76 cm long x 0.46 cm at the cranial pole and 0.42 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

Liver

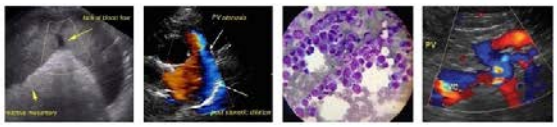
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

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.

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.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with 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

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.

Free Abdomen

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

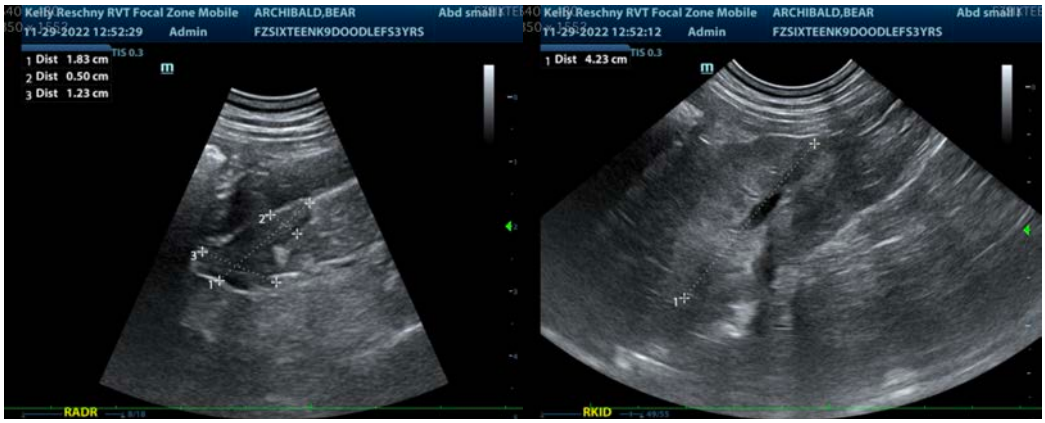
There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Renal dysplasia –** This appearance of the kidneys in a young dog is most concerning for congenital renal dysplasia or juvenile nephropathy. Other differentials include glomerular or interstitial nephritis, leptospirosis, chronic pyelonephritis, ethylene glycol toxicosis, etc.
- **Bilateral pyelectasia –** Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pathology described above is most consistent with chronic kidney disease/congenital renal dysplasia. Secondary infection, or acute on chronic pyelonephritis can't be definitively ruled out. Therefore, if not already evaluated, a urine culture is recommended. Testing for Leptospirosis is also recommended. A blood pressure is recommended if not already evaluated. In the meantime, management of kidney disease in the form of diet therapy as well as hypertension and/or proteinuria management, if indicated, as well as symptomatic therapy, etc. is recommended with monitoring of laboratory values, urine protein levels, blood pressure, +/- broad-spectrum empirical antibiotics for possible secondary infection, etc. for progression.



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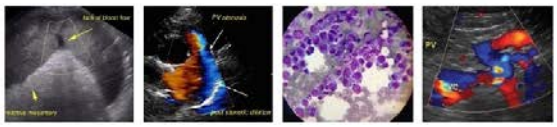

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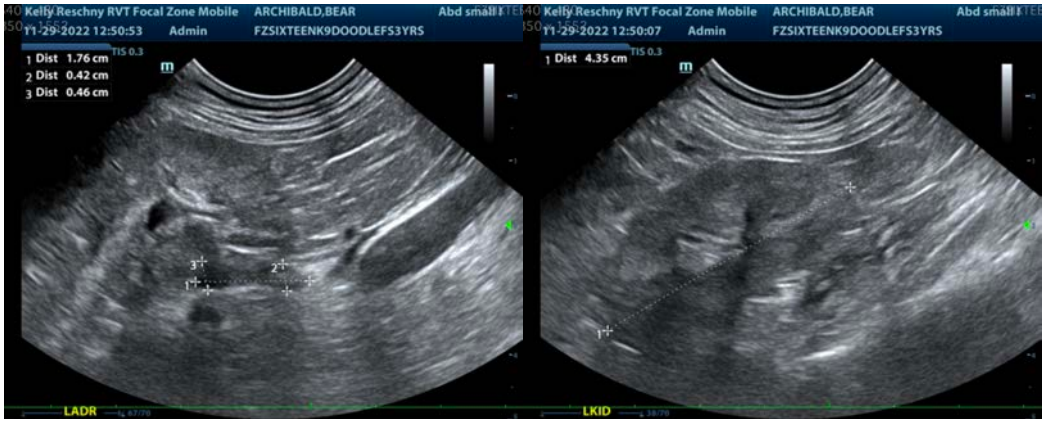

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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