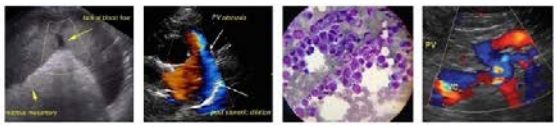
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Otis Kingenberg

SPECIES

Canine

BREED

Wheaton

SEX

Intact Male

AGE

1 Year

WEIGHT

16.3 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Puckering

INVOICE

45147

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Abnormal urine behavior resulted in labs-biochem elevated BUN/Creat suggestive of congenital renal concern

Abnormal PE/Chem/CBC/UA Results: CBC-WNL Chem-BUN 11, creat 168, UPC 0.35(normal), USG 1.020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

The right kidney is normal in size (6.16 cm) but slightly irregular in shape and diffusely echogenic/hyperechoic with decreased corticomedullary distinction and poor visualization of internal architecture. No overt neoplasia or mineral are observed.

The left kidney is not visible.

Adrenal Glands

The right adrenal gland is normal in size (0.70 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 (1.98 cm long x 0.33 cm at the cranial pole and 0.34 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

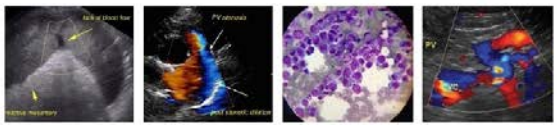
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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



PATIENT

Otis Kingenberg

SPECIES

Canine

BREED

Wheaton

SEX

Intact Male

AGE

1 Year

WEIGHT

16.3 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Puckering

INVOICE

45147

DATE

2/15/23

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with 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.

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.

Both testicles are visualized without evident testicular pathology.

ULTRASONOGRAPHIC FINDINGS

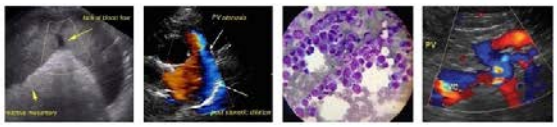
- There is no visible left kidney present in these images, and the right kidney is consistent with renal dysplasia – The appearance of the right kidney in a young dog is most concerning for congenital renal dysplasia or juvenile nephropathy. Other differentials include glomerular or interstitial nephritis, leptospirosis, chronic pyelonephritis, ethylene glycol toxicosis, etc.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of this patient's renal pathology is most consistent with a congenital defect. However, ruling out concurrent kidney insults is recommended, beginning with urine culture if not recently evaluated, as well as testing for Leptospirosis. Additionally, blood pressure is recommended if not recently evaluated.

Otherwise, beginning management for chronic kidney disease, starting with a kidney diet followed by close monitoring of hypertension or proteinuria (which warrant medical intervention), electrolyte abnormalities, gastrointestinal upset, decreased appetite, etc. that may warrant more aggressive intervention, even at home fluid therapy, etc. in the future.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Otis Kingenberg

SPECIES

Canine

BREED

Wheaton

SEX

Intact Male

AGE

1 Year

WEIGHT

16.3 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

New Hamburg VC

REFERRING VET

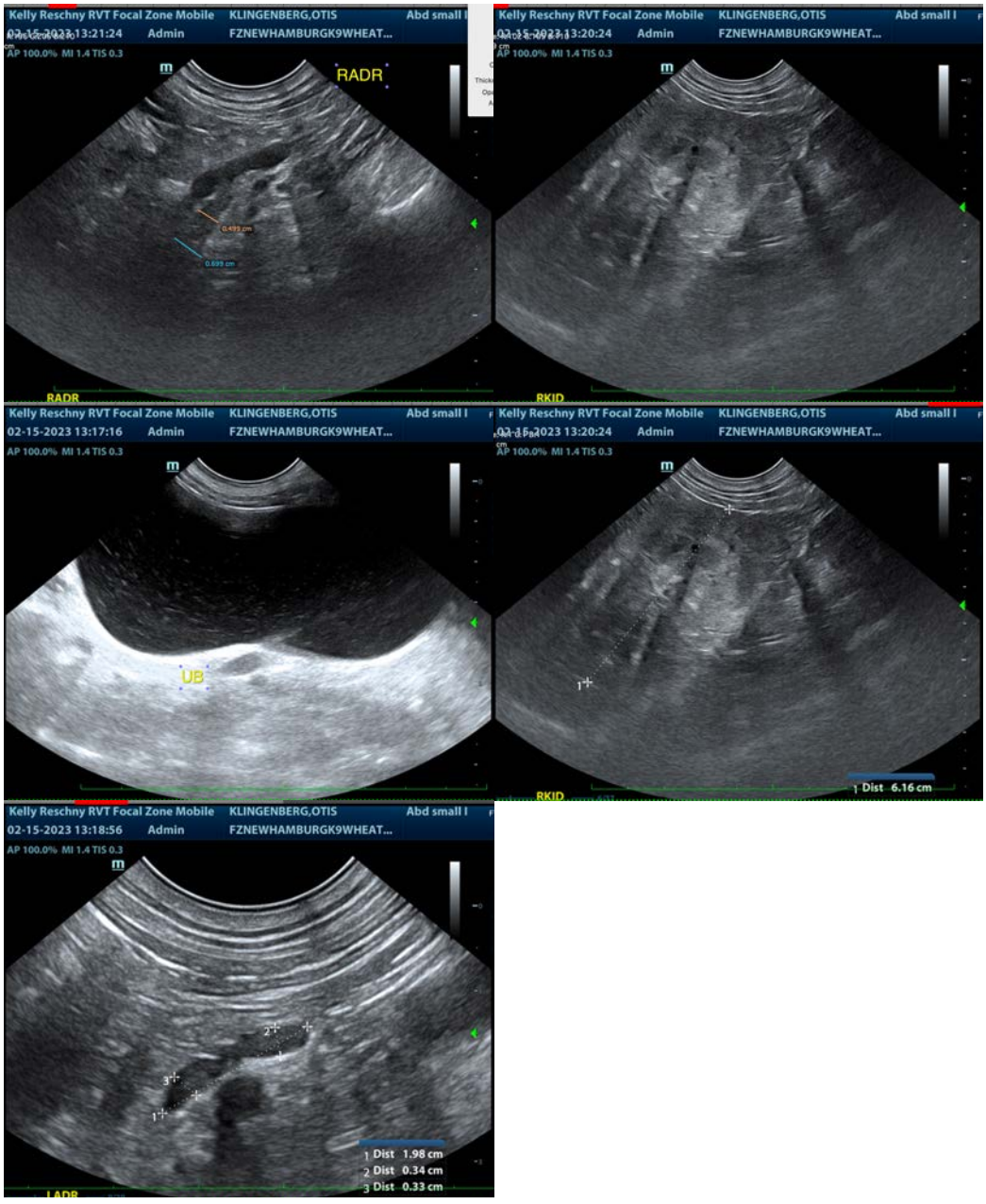
Dr. Puckering

INVOICE

45147

DATE

2/15/23



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