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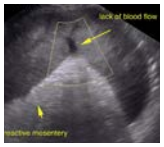
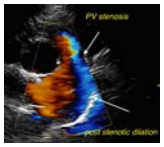
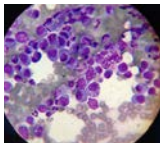
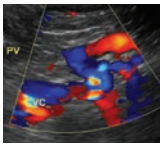

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1-800-838-4268 info@sonopath.com

PATIENT
Peaches Meis

SPECIES
Canine

BREED
Labrador Retriever

SEX
Female

AGE
23 Weeks

WEIGHT
21.5 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Haley Harasimowicz

HOSPITAL NAME
Waterbury VH

REFERRING VET
Dr. Haley Harosimowicz

INVOICE
47242

DATE
5/9/23

PRESENTING CLINICAL SIGNS

Owner noticed PU/PD since she picked up puppy in Florida 2 weeks ago. P was 'runt of the litter' but is otherwise e/d well, no v/d/c/s. Puppy will want to play and owner would not call lethargic, but is a 'laid back puppy'. UTD on DHPP, lepto, bord and rabies vax. Fecal test negative.

Abnormal PE/Chem/CBC/UA Results: PE on 5/6/2023: P has mild underbite. Has small frame and has pot-bellied appearance. No other abnormalities noted. BW on 5/6/2023: CBC: Hct - 28.2% with low normal retic count. Lymphocytosis - 5.796k and monocytosis - 1.208k. Chem: SDMA - 44, Creatinine - 4.7, BUN - 99, Ph - 11.6, Ca - 12.4, TP - 4.9, Alb - 2.5, ALP - 184 BP today was WNL UA w/ UPC pending (urine was grossly very dilute when collected) Urine culture pending.

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. One ureteral papilla is observed and is located in a normal anatomic position, and it is believed to be the left ureteral papilla. The right is not definitively visualized, but there is no ultrasonographic evidence of ectopic ureters.

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 left kidney measures 4.31 cm. The right kidney measures 4.63 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.31 cm x 0.43 cm at the cranial pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 cm at the cranial pole and 0.48 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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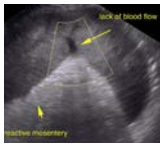
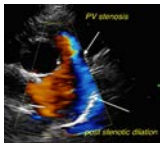
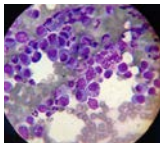
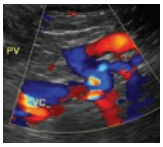

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Gastrointestinal

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.

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 a scant amount of anechoic free fluid noted, primarily around the kidneys.

The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY 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. The abnormal appearance is more appreciated in the left kidney than the right. The free fluid may be partially normal puppy variant. However, it could also imply an acute on chronic insult to the kidneys form toxin, infection, other.

- Urinary bladder debris

SECONDARY FINDINGS

- **Lymphadenopathy –** Normal age variant for a puppy.

- **Mild gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a urine culture is recommended, as is a urine protein to creatinine ratio if indicated based on urinalysis results. Additionally, testing for Leptospirosis could be considered. In the meantime, beginning medical management for kidney disease such as diet therapy, fluid therapy (if indicated), supportive/symptomatic medical management of gastrointestinal signs, etc. should be considered.

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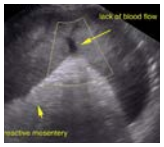
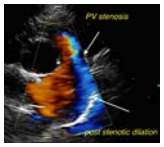
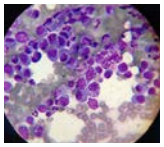
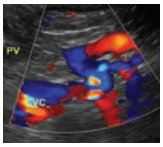

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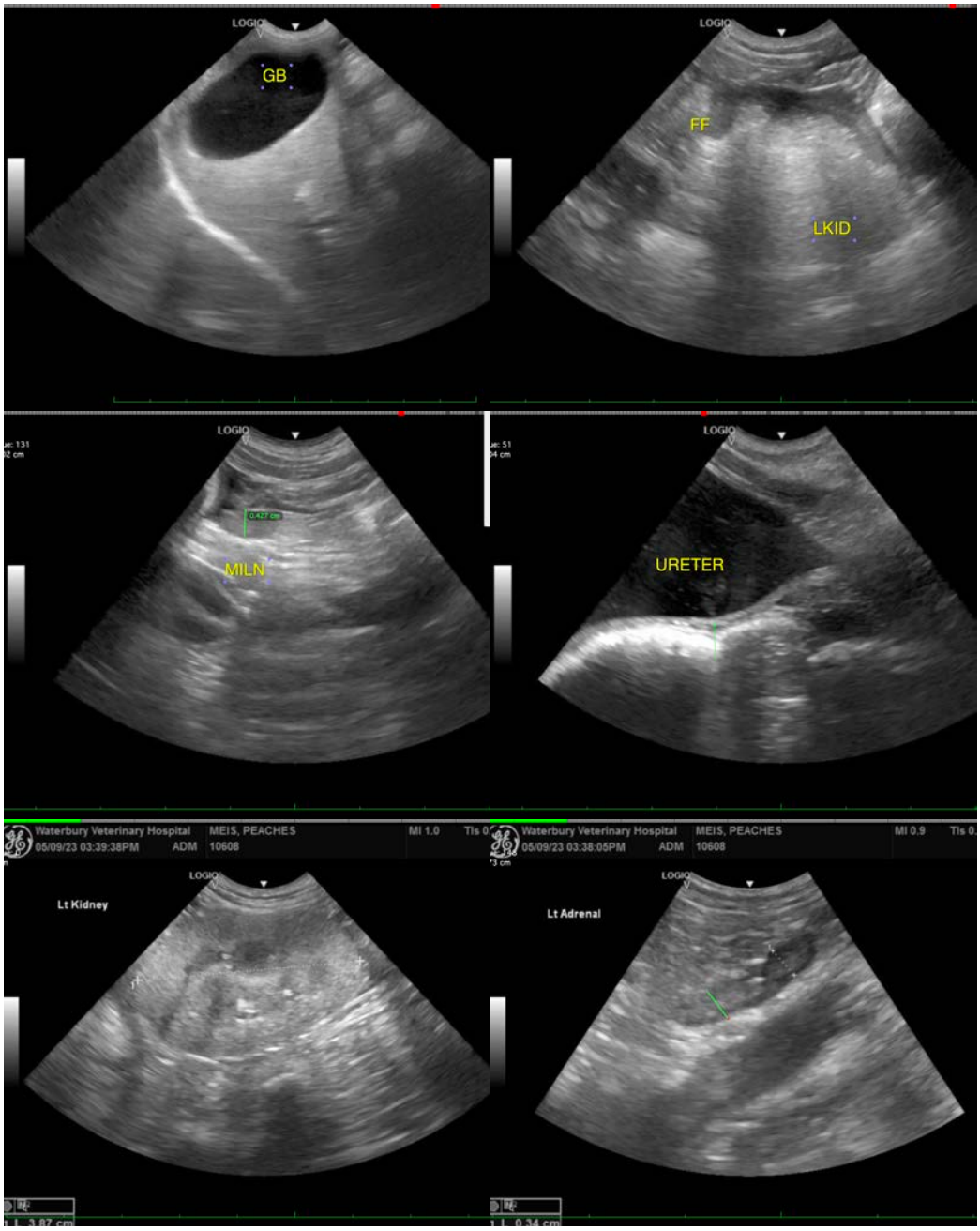

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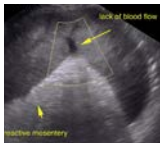
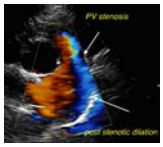
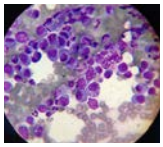
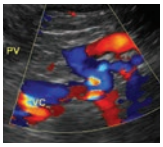

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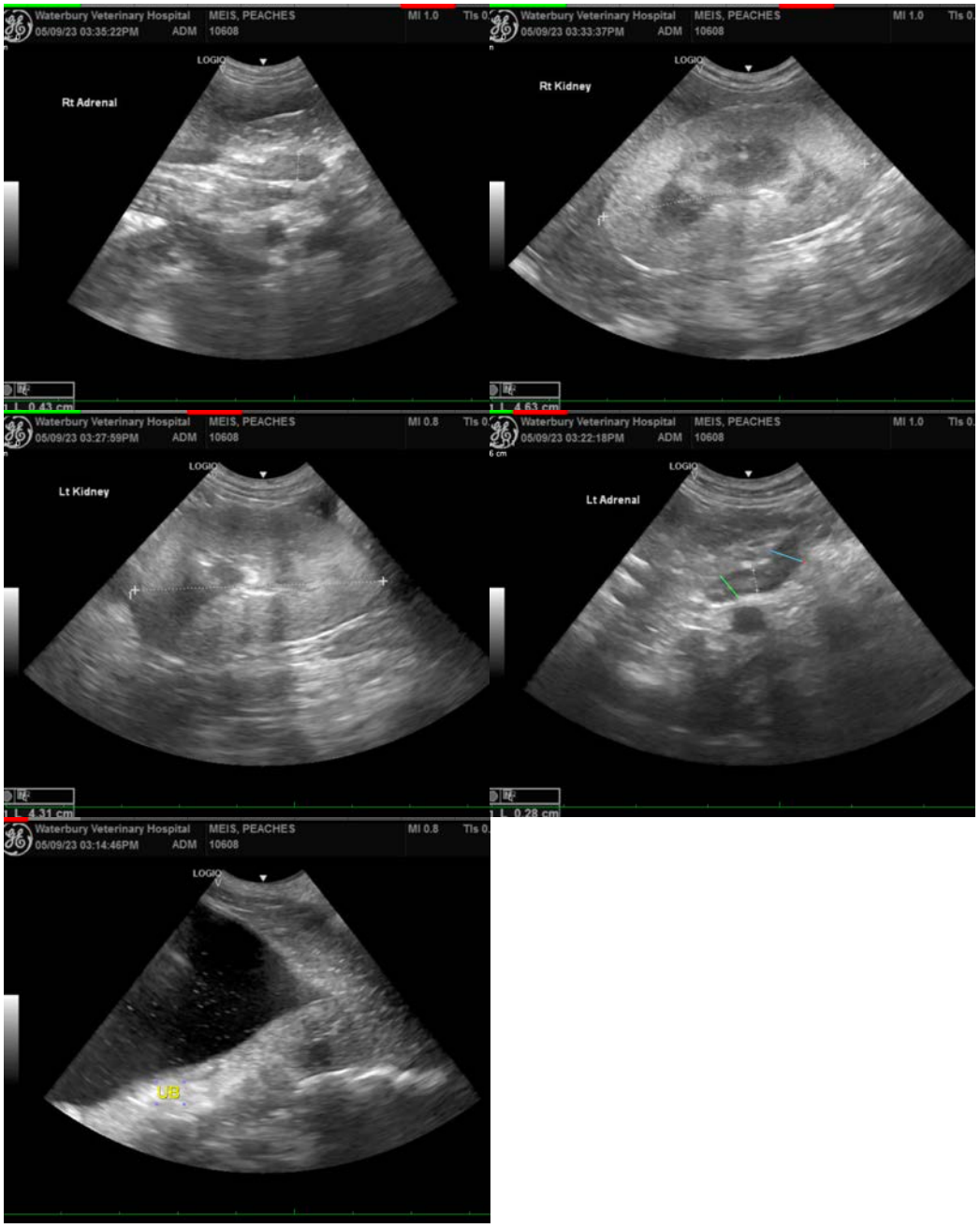

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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