

PATIENT PRESENTING CLINICAL SIGNS

Bonnie Logan History of bladder stones that were removed 2 years ago. RDVM thought that she had recrudesced and performed an expl lap. Findings were the L kidney was 4xs the size of the R kidney and full of fluid and stones. RDVM closed her up and sent her to us for nephrectomy.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Chem and CBC pending

BREED

Aussie Doodle

SEX

Spayed Female

AGE

6 Years

WEIGHT

24.4 Pounds

INTERPRETED BY

**Beth Johnson, DVM
DACVIM**

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care VC

REFERRING VET

Dr. Gifferson

INVOICE

44908

DATE

8/24/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Additionally, there is multifocal mineral densities, consistent with mineral debris/sand and possible punctate/small cystoliths. Apical urinary bladder wall is diffusely thick (0.39 cm thick). Mucosa is hyperechoic and irregular. No masses are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The right kidney is normal in size (4.84 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Non-obstructive nephroliths are noted. There is no evidence of pyelectasia or infarcts observed.

The left kidney is large in size (7.34 cm), with normal shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Multiple, too numerous to count nephroliths are noted throughout the parenchyma of the left kidney and additionally within the renal pelvis, the largest of which measures 1.8 cm in diameter. Marked pyelectasia is appreciated, suggesting at least partial obstruction from the nephroliths. There is no evidence of infarcts observed.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

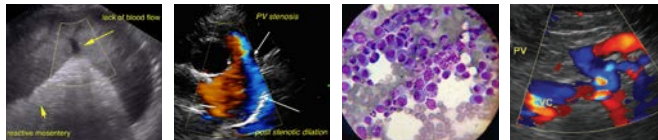
Spleen

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.



PATIENT *Gastrointestinal*

Bonnie Logan

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with fluid, as well as echogenic nonshadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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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.

SEX

Spayed Female

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

Pancreas

AGE

6 Years

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.

WEIGHT

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Free Abdomen

A trace amount of free fluid and enhanced hyperechoic mesenteric fat is noted primarily around the left kidney.

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There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nephroliths with at least partial obstruction from a nephrolith suspected in the left kidney. Perinephric inflammatory changes are noted as well around the left kidney.
- **Chronic Cystitis** - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's left nephroliths are at least partially obstructed, characterized by renomegaly on the left side as well as pyelectasia. Additionally, however, a concurrent infection could be playing a role to the inflammatory changes. Therefore, if not recently evaluated, a 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.

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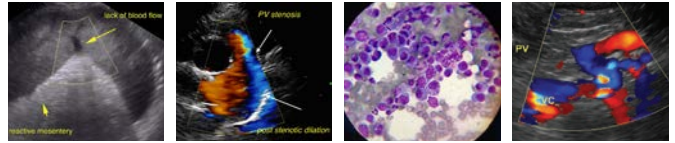
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Pending results, as well as pending patient response to fluid therapy, supportive/symptomatic medical management of clinical signs, medical management of a suspected secondary infection, etc., ultimately surgical and/or other interventional techniques to address the suspected partial obstruction of the left side may be necessary.

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If stone retrieval is performed, stone analysis is recommended to help implement preventative medical management moving forward.



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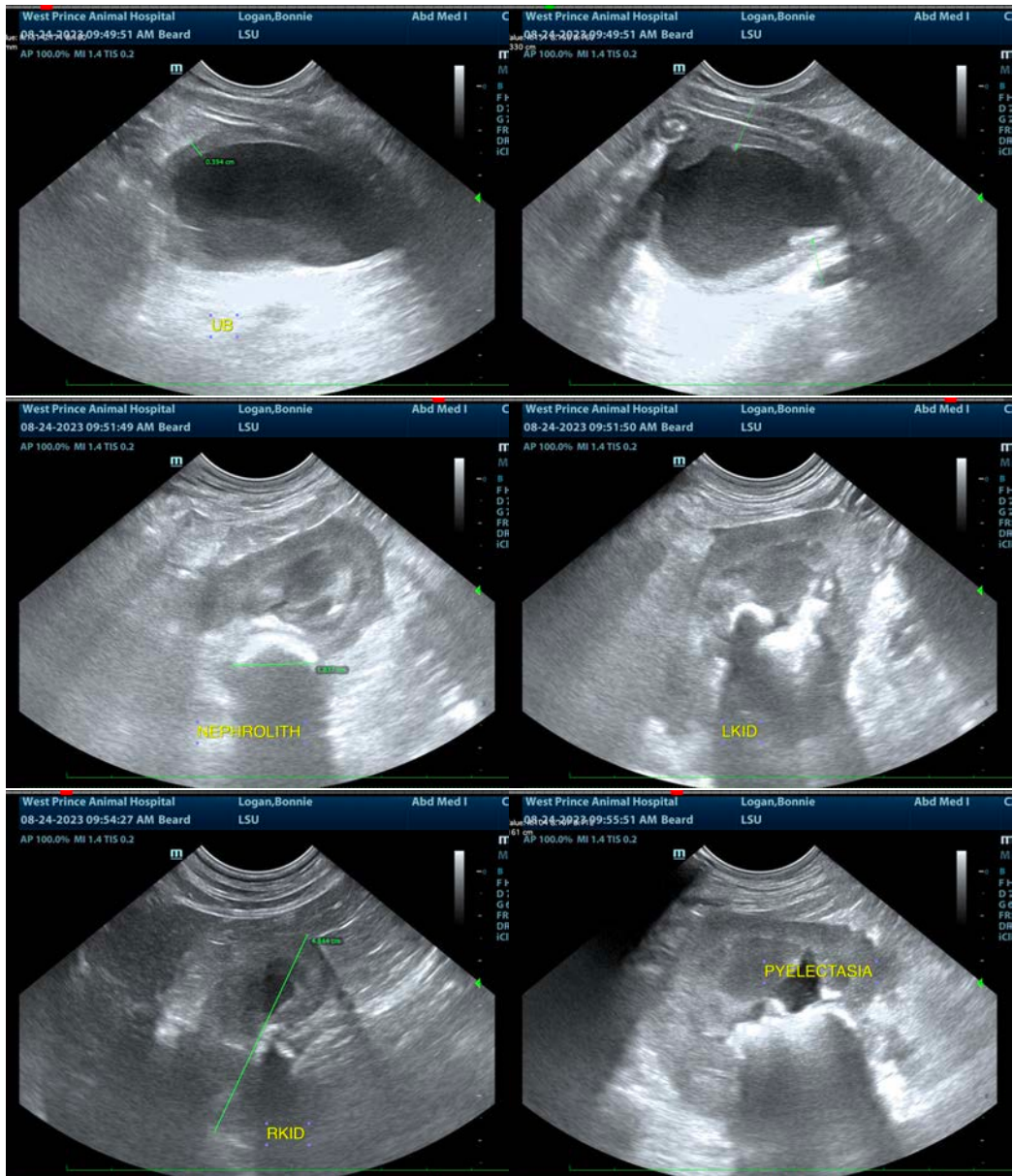
Dr. Gifferson

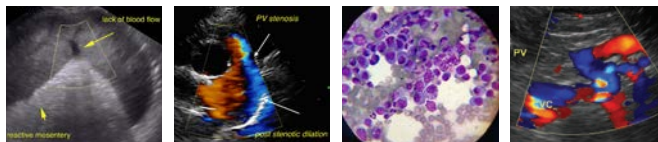
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com

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