
PATIENT

Charlotte Krantz

SPECIES

Canine

BREED

 West Highland White
 Terrier

SEX

Spayed female

AGE

7 years

WEIGHT

11.8 kg

INTERPRETED BY

 Beth Johnson, DVM
 DACVIM

**IMAGING
 PERFORMED BY**

Crystal Hill, RVT

HOSPITAL NAME

Bronte Village AH

REFERRING VET

Dr. McGrath

INVOICE

31551

DATE

7/11/22

PRESENTING CLINICAL SIGNS

History: mmpink, abdomen naf- bladder full on ultrasound - no stones or neoplasia seen HR 110 rr panting, some mild dental tartar on some teeth but not serious good skin BCS 3.75/5 Lepto suspect - labwork pending. What is causing the hematuria- UTI, urolith, renolith, tumour, leptospirosis? Has been on Clavaseptin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Urinary bladder is adequately 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 normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. A very scant amount of anechoic free fluid was noted around the left kidney. The left kidney measured 4.66 cm and the right kidney measured 4.96 cm.

Adrenal Glands

Left adrenal gland is normal in size (1.9 cm long 0.48 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.4 cm long, 0.91 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

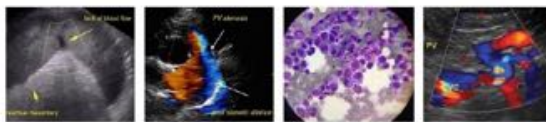
Spleen

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

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 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.



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Gastrointestinal

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with 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. 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.

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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no evidence of apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

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DACVIM

Primary Findings

Nephritis- This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis, etc.) cannot be ruled out. This finding should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. Given the reported hematuria full assessment of coagulation status as well as a blood pressure exam are recommended if not already evaluated.
2. Urine culture is recommended at least a week off of antibiotics if not already evaluated.
3. Given the mild kidney changes and scant amount of fluid around the left kidney, testing for Leptospirosis as is reportedly pending is appropriate followed by empirical antibiotic therapy as is reportedly in place while awaiting results.
4. Ultimately if hematuria does not resolve with medical management a free catch urinalysis is warranted to rule out iatrogenic hematuria from a cystocentesis and if still present advanced imaging of the urinary tract and/or cystoscopy may be recommended in the future.

REFERRING VET

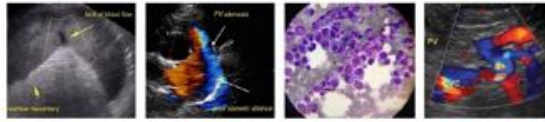
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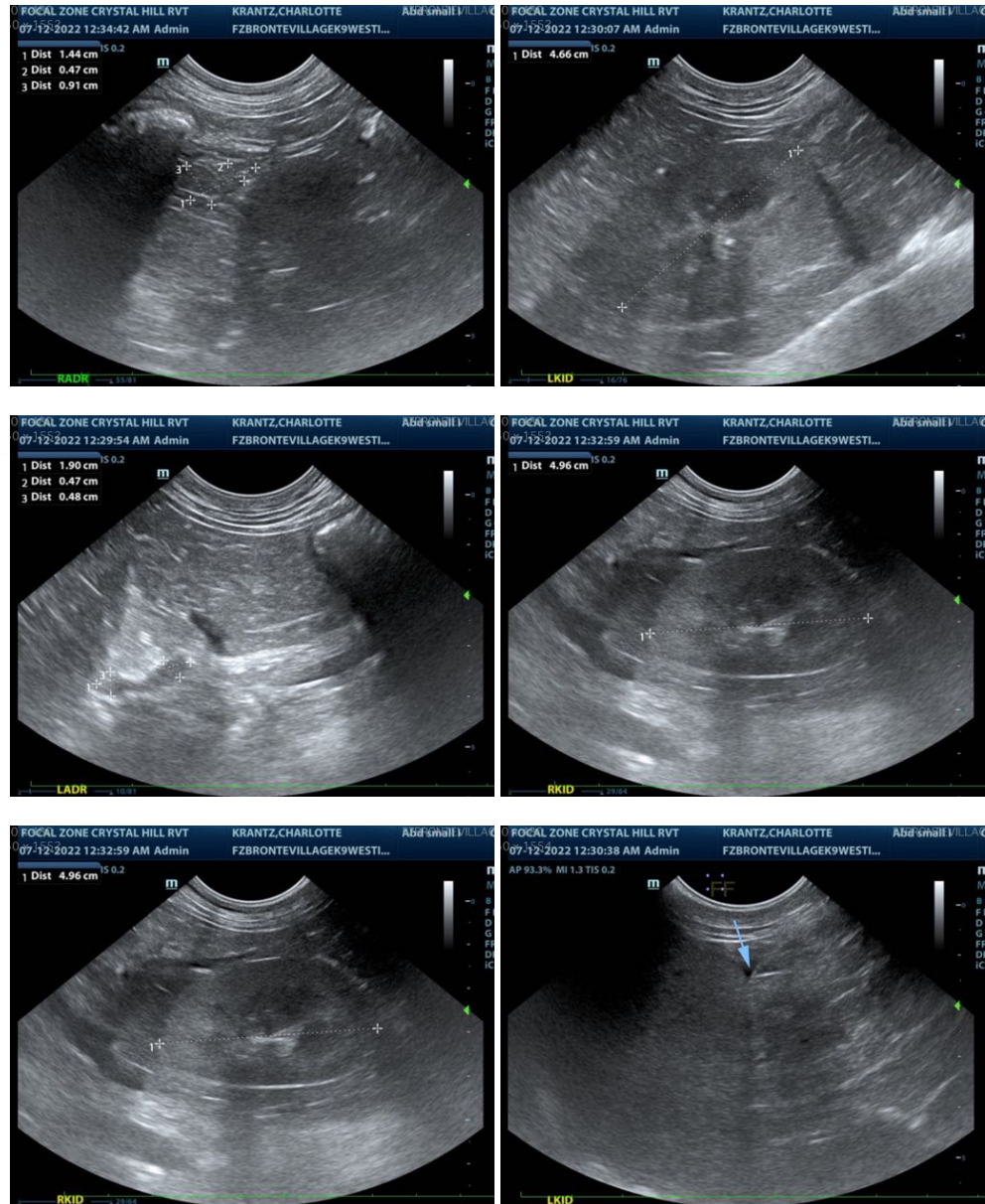
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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