



**PATIENT**

Casey Rayfield

**SPECIES**

Canine

**BREED**

Corgi Mix

**SEX**

Neutered male

**AGE**

4 years

**WEIGHT**

33.4 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Diane McFadden,  
RVT

**HOSPITAL NAME**

Ringwood AH

**REFERRING VET**

Dr. Wilkes

**INVOICE**

31208

**DATE**

6/23/22

**PRESENTING CLINICAL SIGNS**

History: increased renal values on routine bloodwork; recurrent UTIs. . Not on any meds  
Abnormal PE/Chem/CBC/UA Results: Crea 2.0, BUN 24, K 5.5 , CI 105 decr, chol 399, AG 29, UA: pH 8, protein 1+, USPG 1.008

**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.

The prostate is normal for a neutered dog.

Kidneys are bilaterally normal in size (left kidney measured 5.2 cm and the right kidney measured 4.91 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (2.3 cm long, 0.47 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.4 cm long, 1.3 cm at cranial pole and 0.48 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.



**PATIENT** *Gastrointestinal*

Casey Rayfield 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.

**SPECIES** 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.  
Canine

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

**SEX** *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.  
Neutered male

**AGE** *Free Abdomen*  
4 years

**WEIGHT** There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.  
33.4 lbs

**INTERPRETED BY** *Chronic Kidney Disease* – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.  
Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY** Diane McFadden, RVT

**HOSPITAL NAME** Ringwood AH

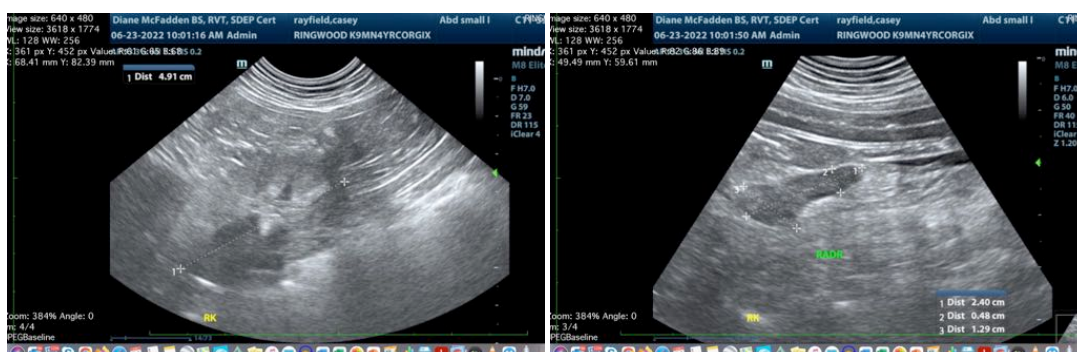
**REFERRING VET** Dr. Wilkes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Testing for Leptospirosis can be considered if not recently evaluated.
2. Blood pressure is recommended if not recently evaluated.
3. Given the chronic UTI's a urine culture is recommended if not recently evaluated; however, despite culture results empirical therapy for possible pyelonephritis/complicated UTI with a longer term i.e. 4-6 week course of antibiotics can be considered.
4. Once the urine is clear and the sediment is quiet, if there is protein in the urine a urine protein to creatinine ratio is recommended to determine whether or not proteinuria needs to be concurrently managed. In the meantime, transition to a renal diet can be considered.





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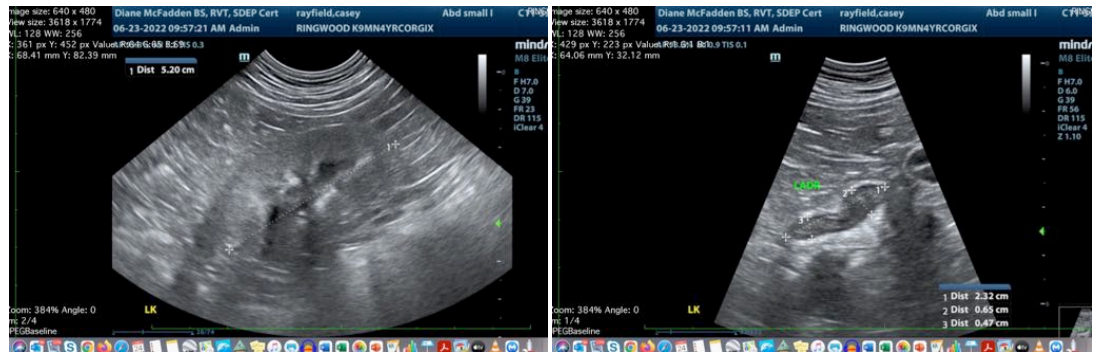
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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