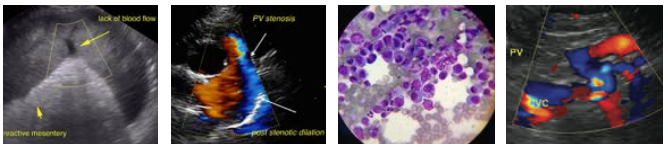
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bishop Clayton

SPECIES
Canine

BREED
Labrador Retriever

SEX
Intact female

AGE
1 year

WEIGHT
48.7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Kalenius

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Kalenius

INVOICE
91910

DATE
9/17/21

PRESENTING CLINICAL SIGNS

History: History of PUPD and vomiting. Longer history of recurrent UTIs treated by rDVM. Heat cycle 2 months ago - owner / rDVM concerned about false pregnancy as well.
CBC all values wnl. - chem17/lytes/LAC = CREA 2.1 mg/dl, BUN 61 mg/dl - in house UA USG 1.010, pH 5.0, trace protein, sediment NSF - lepto test negative - BP 125/71 - UPC pending - urine culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. A slight tubular structure was noted dorsal to the urinary bladder. This may represent an ectopic ureter. It appeared to be hypercontractile.

The **left kidney** was significantly disrupted in architecture with multiple cysts that deviated and disrupted renal pelvis. Lack of corticomedullary definition was noted. The right kidney was subnormal in size with hypovascular disrupted architecture and irregular contour. Multiple cysts were noted in the right kidney as well. The left kidney measured 7.55 cm. The right kidney measured 4.78 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.53 x 0.76 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 2.67 x 0.46 cm at the cranial pole and 0.71 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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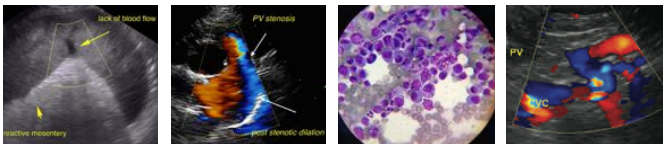

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Mesenteric lymph nodes were reactive and measured 1.5 0.5 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

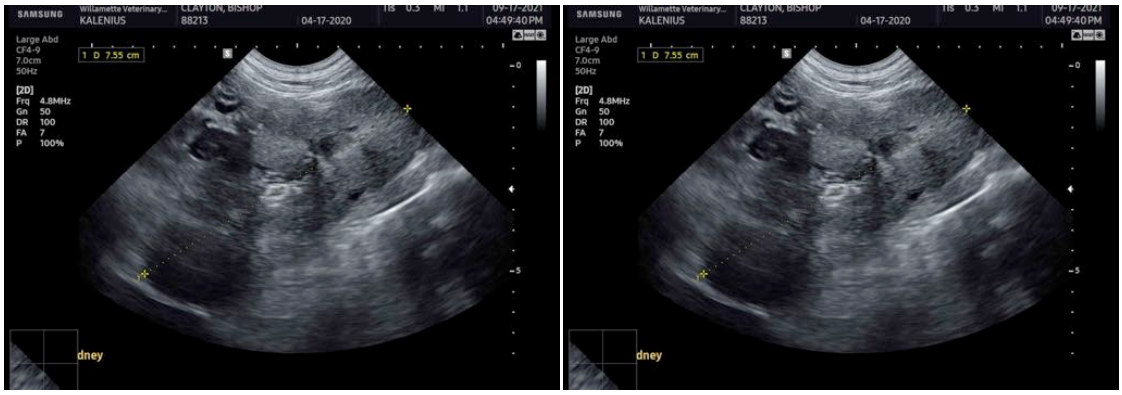
ULTRASONOGRAPHIC FINDINGS

Primary renal dysplasia pattern with possible small ectopic ureter.

Reactive mesentery lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy would be necessary for further definition. The breeding line should be evaluated for similar changes. The prognosis long term is poor and this patient should not be bred.



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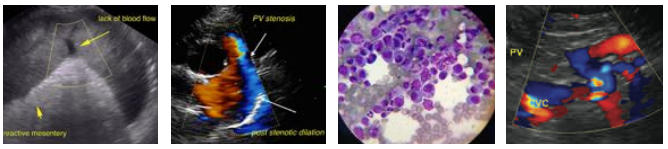

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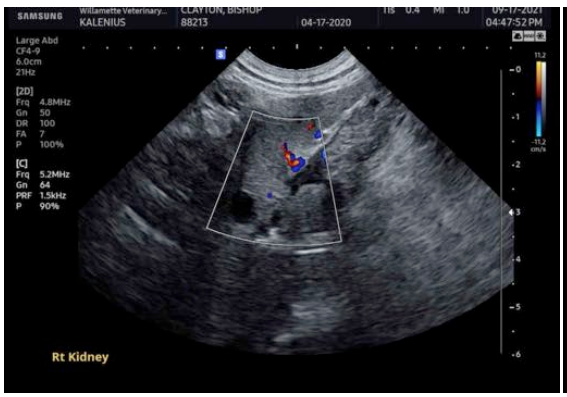

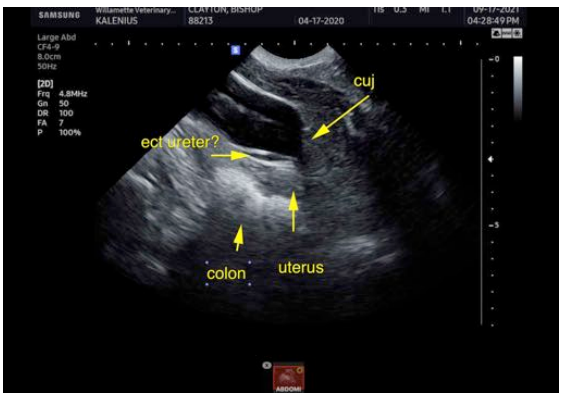

The information and recommendations provided are based on the images presented by the referring

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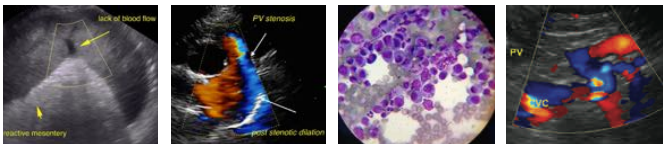

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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com