



PATIENT

Lulu Morgan

SPECIES

Canine

BREED

Retriever X

SEX

Spayed Female

AGE

4 Years 5 Months

WEIGHT

64 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Dr. Ellen Puthoff

HOSPITAL NAME

Kings Vet Hospital

REFERRING VET

Dr. Ellen Puthoff

INVOICE

42445

DATE

11/1/22

PRESENTING CLINICAL SIGNS

Lulu presented for a two week history of urinary incontinence at night. No change in appetite, thirst, or urination frequency during day. Urinalysis was relatively unremarkable other than USG: 1.011. D/t low USG, bloodwork was performed, revealing moderate azotemia (SDMA 20, creatinine 3.3, BUN 40) and elevated HCT (75%). Urine culture pending, cortisol normal (4.3).

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is normal in size (7.91 cm) but slightly irregular with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.21 cm) but slightly irregular with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

ULTRASONOGRAPHIC FINDINGS

- Slightly irregular kidneys with mildly reduced corticomedullary distinction – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys appear slightly irregular and have a somewhat mottled appearance with mildly reduced corticomedullary distinction. These are non-specific changes. Consider possible causes for acute renal failure, such as any exposure to medications, toxins, etc., Leptospirosis, and recommend a urinalysis and culture to look for any evidence of concurrent infection.

Additionally, there could be some component of congenital renal disease present. It is unusual that the hematocrit is so high. This could be secondary to dehydration and hemoconcentration, or consider the possibility of polycythemia vera, which can be acquired, and occasionally due to primary renal disease such as neoplasia, etc. Recommend recheck evaluation of the hematocrit after adequate rehydration, etc. Additionally, a fine needle aspirate of the kidneys could be considered, provided blood pressure and coagulation parameters are normal.

- Recommend urinalysis and culture.
- Recommend Leptospirosis screening.
- Recommend blood pressure evaluation.
- You could consider a fine needle aspirate.

**Please noted that labels regarding the side of the kidneys were not include, so I labeled the first image of a kidney “left” and the last imaged provided as “right”. If this is incorrect, please clarify and we can change the report.



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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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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