

**PATIENT**

Ruby Carney

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Intact Female

**AGE**

6 months

**WEIGHT**

37 lbs

**INTERPRETED BY**Kathleen Sennello  
DVM, MS, Diplomate  
ACVIM (Small Animal  
Internal Medicine)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Dr. Baylis AH

**INVOICE**

96043

**DATE**

2/9/22

**PRESENTING CLINICAL SIGNS**

PU/PD. Appetite and energy adversely affected. Pre-anesthetic blood labs revealed significant renal elevations.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

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 has a normal shape and size (5.47 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Pyelectasia is noted and measures 0.58 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.49 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Pyelectasia is noted and measures 0.72 cm. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.52 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.36 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**Pancreas**

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

**Other**

Both the left and right ovaries are visualized (left ovary 1.0 cm and right ovary measured 1.2 cm) and appear within normal limits. Additionally the uterus is visualized and appears normal.

**ULTRASONOGRAPHIC FINDINGS****PRIMARY FINDINGS:**

Decreased corticomedullary distinction in both kidneys with pyelectasia. 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 are relatively normal in size, but are devoid of normal architecture. These findings are most consistent with congenital renal disease or early damage to the kidneys. Additionally there is bilateral pyelectasia present.

- I recommend blood pressure evaluation.



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- Recommend urinalysis and culture.
- Consider baseline cortisol level and Leptospirosis testing if you want to check all the boxes

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Unfortunately renal biopsies would be necessary to confirm a congenital etiology and this is not recommended with this advanced of renal disease present. Some of these dogs can do remarkably well despite having severely elevated renal values and can be managed medically for a period of time.

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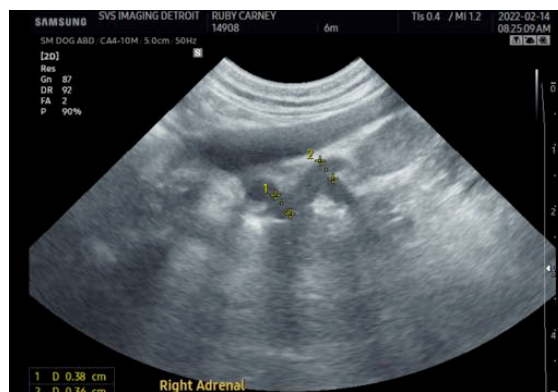
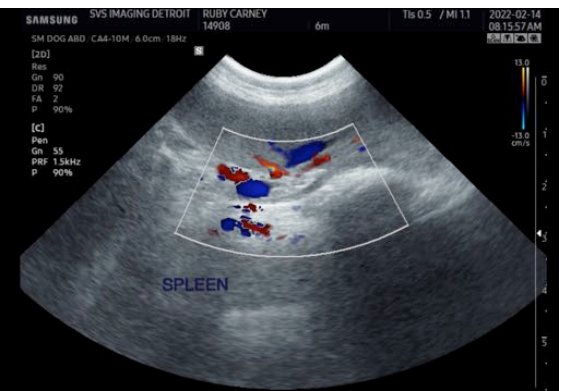
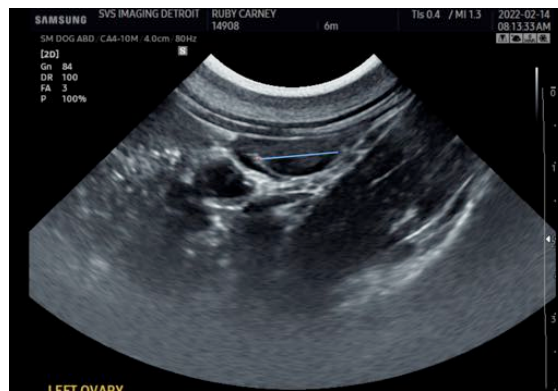
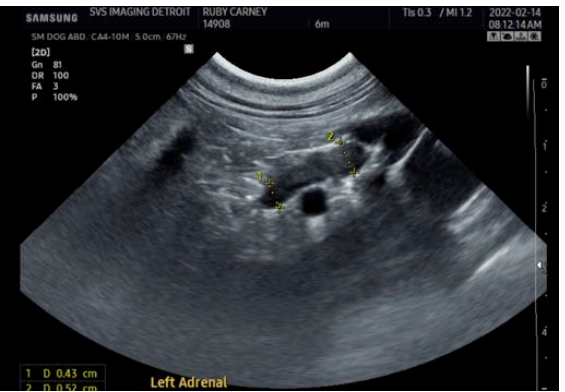
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com