



**PATIENT PRESENTING CLINICAL SIGNS**

Charlie Heiderann Stage 3 CRF.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: PE: OD microphthalmia, BCS 6.5/9, NSOS, dental level 3, intermittent lameness but unable to evaluate well as uncooperative for ortho exam. 4/29/2023: creat=3.3 (was 2.0 in June 2022 and 2.2, 2.1 through 2022) r/o CRF stage 3, pyelonephritis, dehydration, other. BUN=41 (was 24) r/o CRF worsening Ca=11.5, corrected =11.7, (was 10.3 in June 2022) r/o renal, neoplasia, incidental, pancreatitis chol=366 r/o nonfasted, Cushing's, hypothyroidism  
**BREED** Corgi  
**SEX** Neutered Male  
**AGE** 8 Years 4 Months

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**WEIGHT** *Urinary System*

33 Pounds 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.

**INTERPRETED BY**

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

The prostate is normal in size (1.1 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**IMAGING PERFORMED BY**

Dr. Winifred Krogman

The left kidney has a normal shape and size (4.41 cm) with mild pyelectasia at 0.20 cm. Overall echogenicity is slightly hyperechoic with poor 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.

**HOSPITAL NAME**

RB Northside AH

The right kidney has a normal shape and size (4.79 cm) with pyelectasia at 0.23 cm. Overall echogenicity is slightly hyperechoic with poor 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.

**REFERRING VET**

Dr. Leslie Agulnick

**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.

**INVOICE**

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The right adrenal gland is normal in size measuring 0.52 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.

**DATE**

6/28/23



**PATIENT** *Spleen*

Charlie Heiderann

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.

**SPECIES**

Canine

*Liver*

**BREED**

Corgi

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.

**SEX**

Neutered Male

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

**AGE**

8 Years 4 Months

*Gastrointestinal*

**WEIGHT**

33 Pounds

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.

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(Small Animal Internal  
Medicine)

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. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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*

**HOSPITAL NAME**

RB Northside AH

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*

**REFERRING VET**

Dr. Leslie Agulnick

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.

**ULTRASONOGRAPHIC FINDINGS**

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- Decreased corticomedullary distinction in both kidneys with mild bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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**PATIENT**

Charlie Heiderann

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Neutered Male

**AGE**

8 Years 4 Months

**WEIGHT**

33 Pounds

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**INVOICE**

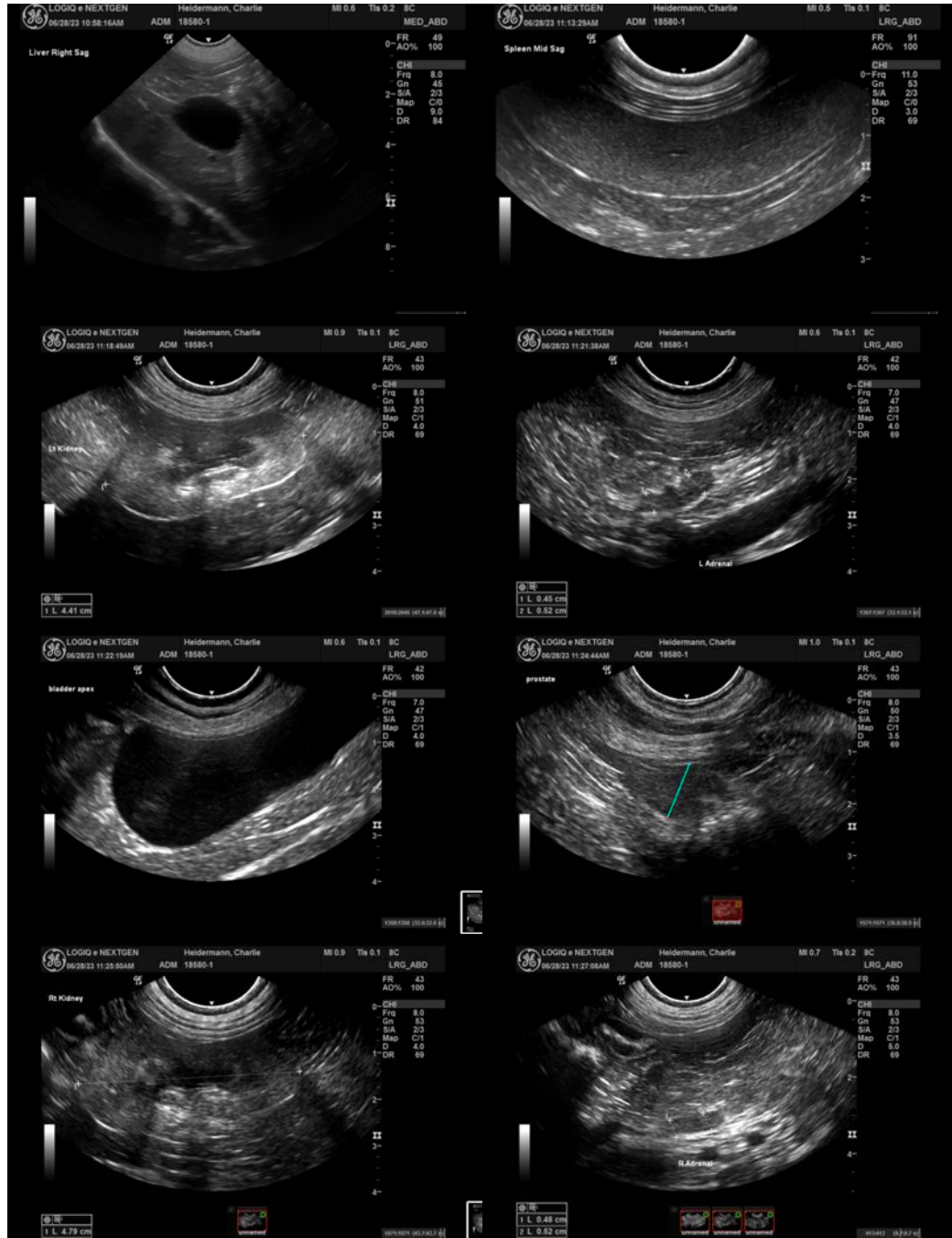
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed are most consistent with chronic progressive renal disease. No complicating factors such as obstructive disease, mass lesions, etc. are observed. There is mild pyelectasia present, which could be consistent with diuresis, but a blood pressure, urinalysis and culture is recommended as a baseline (if not already done).





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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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