



**PATIENT PRESENTING CLINICAL SIGNS**

**Bella Black** loss of appetite and low energy for last 10 days, vomiting intermittently. getting more frequent and complete loss of interest in food last few days

**SPECIES** Abnormal PE/Chem/CBC/UA Results: BUN = 129, Crea = 9.5, SDMA = 54, Phos = 14.1 rest of lab work is unremarkable Current Medications creatinine Radiographic Findings survey rads = no abnorms  
**Canine**

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Labrador Retriever** *Urinary System*

**SEX** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Suspect mild ventroapical polyp measuring ~ 0.2 cm in diameter. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.  
**FS**

**AGE**

**8yr** Bilateral subnormal size and asymmetrical margination were present in the kidneys. Variable non-uniform cortex hypertrophy with marked to severe loss of corticomedullary border demarcation was present. Mild bilateral pyelectasia was present. Indistinctly visualized cranial left kidney with possible parenchymal loss, suspect multifocal to diffuse cortical infarction. No evidence of renal tumors. The left kidney measured 4.7 cm in length. The right kidney measured 4.0 cm in length.

**WEIGHT**

**80lb**

**INTERPRETED BY** The area of the aortic trifurcation was free of pathology.

**R. McKenzie Daniel, DVM, DABVP (Canine and Feline)** *Adrenal Glands*  
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 2.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.90 cm width at the caudal pole and 2.7 cm length.

**IMAGING PERFORMED BY**

**Sara Hansen** *Spleen*

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**HOSPITAL NAME**

**Q Street Animal Hospital**

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**Dr. Bretschneider**

*Liver/Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**DATE**

**1/11/2023**

*Gastrointestinal*



<b>PATIENT</b>	The stomach presented moderate wall thickening secondary to echogenic mucosa hypertrophy and prominent rugal folds. Intact wall layering was maintained and distinct. Mild gastric distension with moderate retained primarily anechoic fluid was present.
Bella Black	
<b>SPECIES</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
Canine	
<b>BREED</b>	<b>Pancreas</b>
Labrador Retriever	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
<b>SEX</b>	<b>Free Abdomen</b>
FS	
<b>AGE</b>	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
8yr	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
80lb	<ul style="list-style-type: none"><li>• Bilateral marked to severe chronic degenerative nephropathy with suspect loss of medullary parenchyma and mild bilateral pyelectasia</li><li>• Hypomotile gastritis pattern-probable uremic gastritis</li><li>• Sonographically unremarkable small bowel</li></ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Given the degree of azotemia and renal appearance, end stage renal disease is present. Considerations of the kidneys may include chronic to severe dysplasia, nonspecific nephritis, CRD with no overt evidence of renal neoplastic criteria.
<b>IMAGING PERFORMED BY</b>	A full urinary workup including UA, C/S and baseline UPC with assessment and monitoring of systemic BP is recommended. Diuresis protocol could be considered with close monitoring of urine output, body weight and with as needed GI support. However, an unfavorable prognosis is indicated.
Sara Hansen	
<b>HOSPITAL NAME</b>	
Q Street Animal Hospital	
<b>REFERRING VET</b>	
Dr. Bretschneider	
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**PATIENT**

Bella Black

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

8yr

**WEIGHT**

80lb

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

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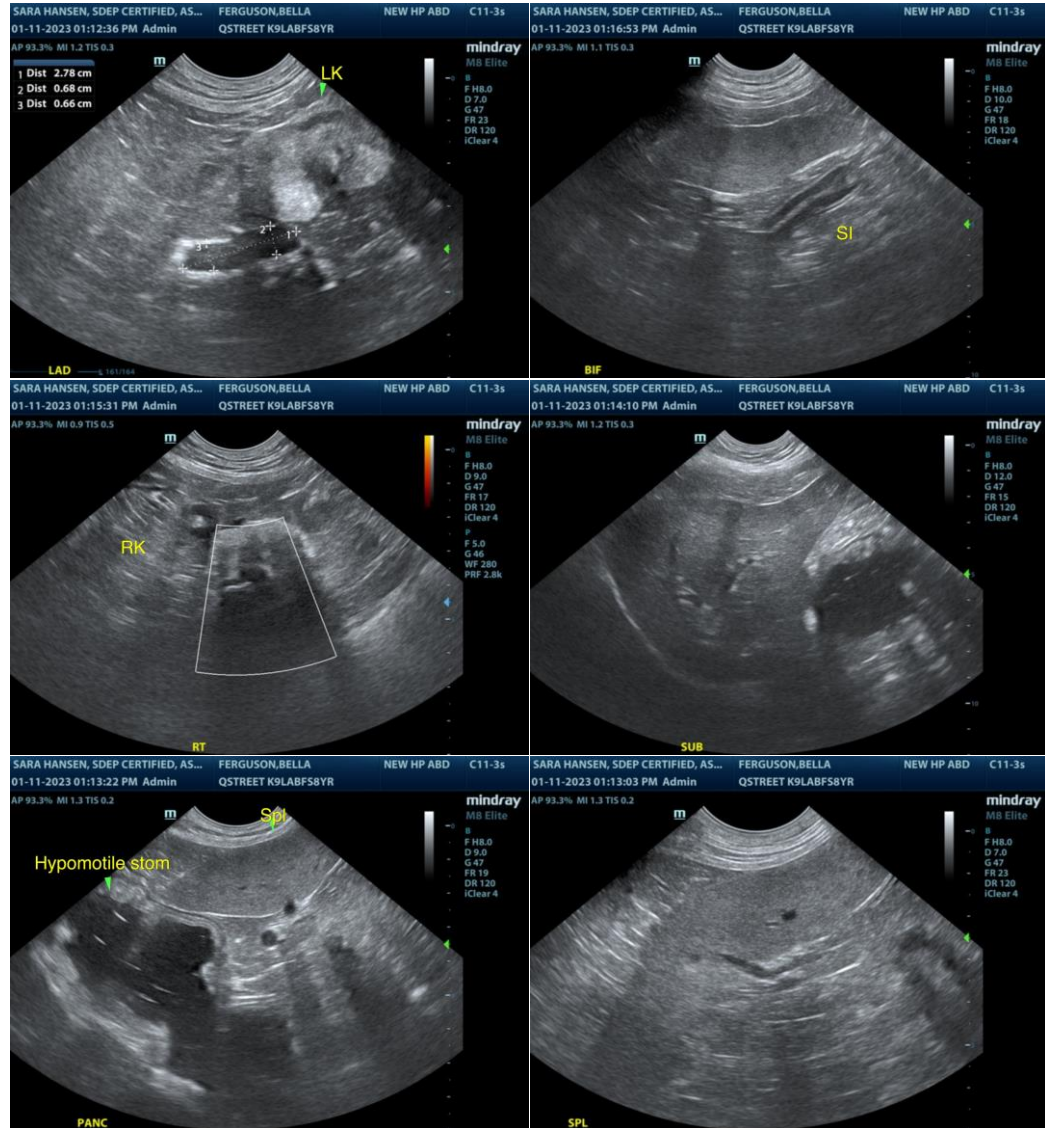
Dr. Bretschneider

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**PATIENT**

Bella Black

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

8yr

**WEIGHT**

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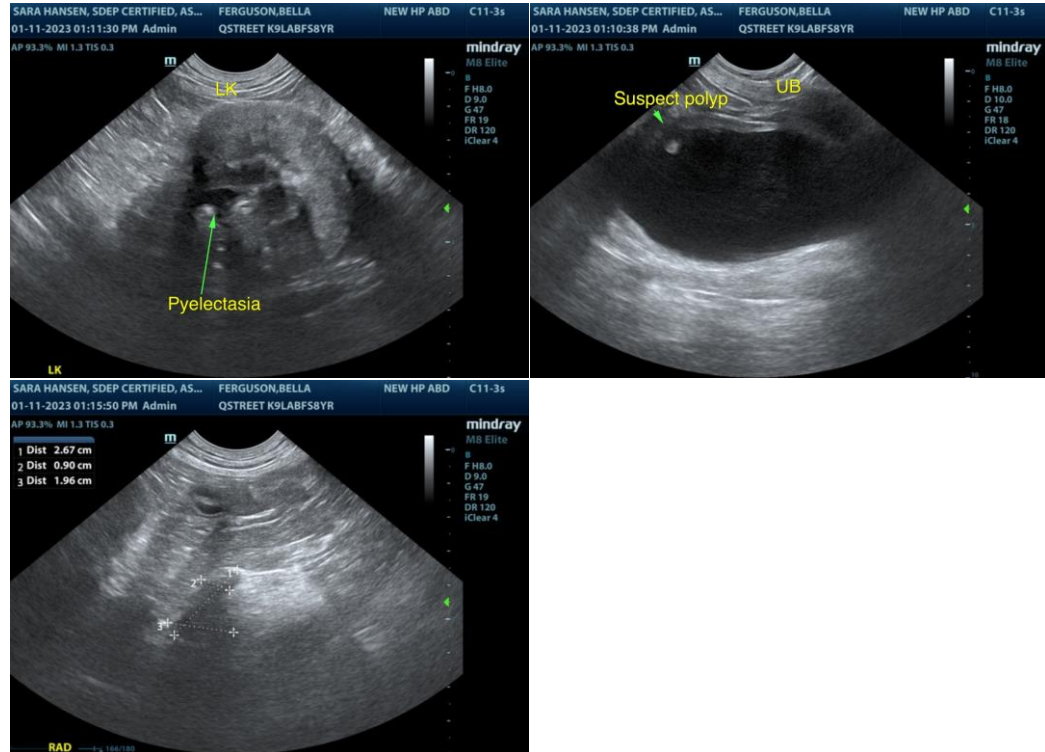
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com