



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bjorn Bringelson	ongoing mildly elevated CREA, had mild proteinuria - last UA shows no protein in urine
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: CREA 2.0 9/14, 1.8 1/12 Current Medications none
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<i>Urinary System</i>
Bernese Mountain Dog	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
<b>SEX</b>	
MN	Both kidneys exhibited potential for borderline subnormal size in light of patient breed and body weight. Minor asymmetrical renal margination was present. Mild indistinct corticomedullary border demarcation was present. A normal 1:3 cortex / medulla ratio was maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. No evidence of mineralization. The left kidney measured 6.2 cm in length. The right kidney measured 6.2 cm in length.
<b>AGE</b>	
2yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
110lb	Mildly prominent symmetrical residual prostate exhibiting nonhomogeneous non mineralized parenchyma was present. The residual prostate measured approximately 3.6 cm x 18 cm. No evidence of inflammatory or neoplastic criteria, Likely residual prostate patient variant given patient size and breed.
<b>INTERPRETED BY</b>	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 3.1 cm length. No overt pathology in the area of the right adrenal gland.
<b>IMAGING PERFORMED BY</b>	<i>Spleen</i>
Sara Hansen	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.
<b>HOSPITAL NAME</b>	<i>Liver/Gallbladder</i>
VCA Vitality	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.
<b>REFERRING VET</b>	
Dr. Burgt	<b>Gastrointestinal</b>
<b>INVOICE</b>	
12713ag	
<b>DATE</b>	
01/16/2023	



**PATIENT**

Bjorn Bringelson

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

MN

**AGE**

2yr

**WEIGHT**

110lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

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.

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Possible subjective borderline bilateral subnormal renal size with mild indistinct corticomedullary border distinction
- Sonographically unremarkable urinary bladder

**Secondary**

- Subjective prominent to non-homogeneous residual prostate- incidental, considered patient variant without evidence of inflammatory criteria

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral kidneys were nonspecific. The mildly elevated creatinine level may indicate some degree of non-clinical renal insufficiency while the possibility of low grade dysplasia or nonspecific nephritis i.e. glomerulonephritis cannot be excluded. Continued monitoring of urinalysis for recurrent proteinuria +/- baseline UPC level and C/S is recommended. Assessment of diet to rule out possible diet high in meat as a potential contributing factor to the elevated creatinine is suggested. At this stage assuming adequate urine concentrating ability continued monitoring of renal parameters with renal diet would be appropriate. Sonographic reassessment of the bilateral kidneys is recommended if evidence of progressive azotemia or recurrent to progressive proteinuria.



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**REFERRING VET**

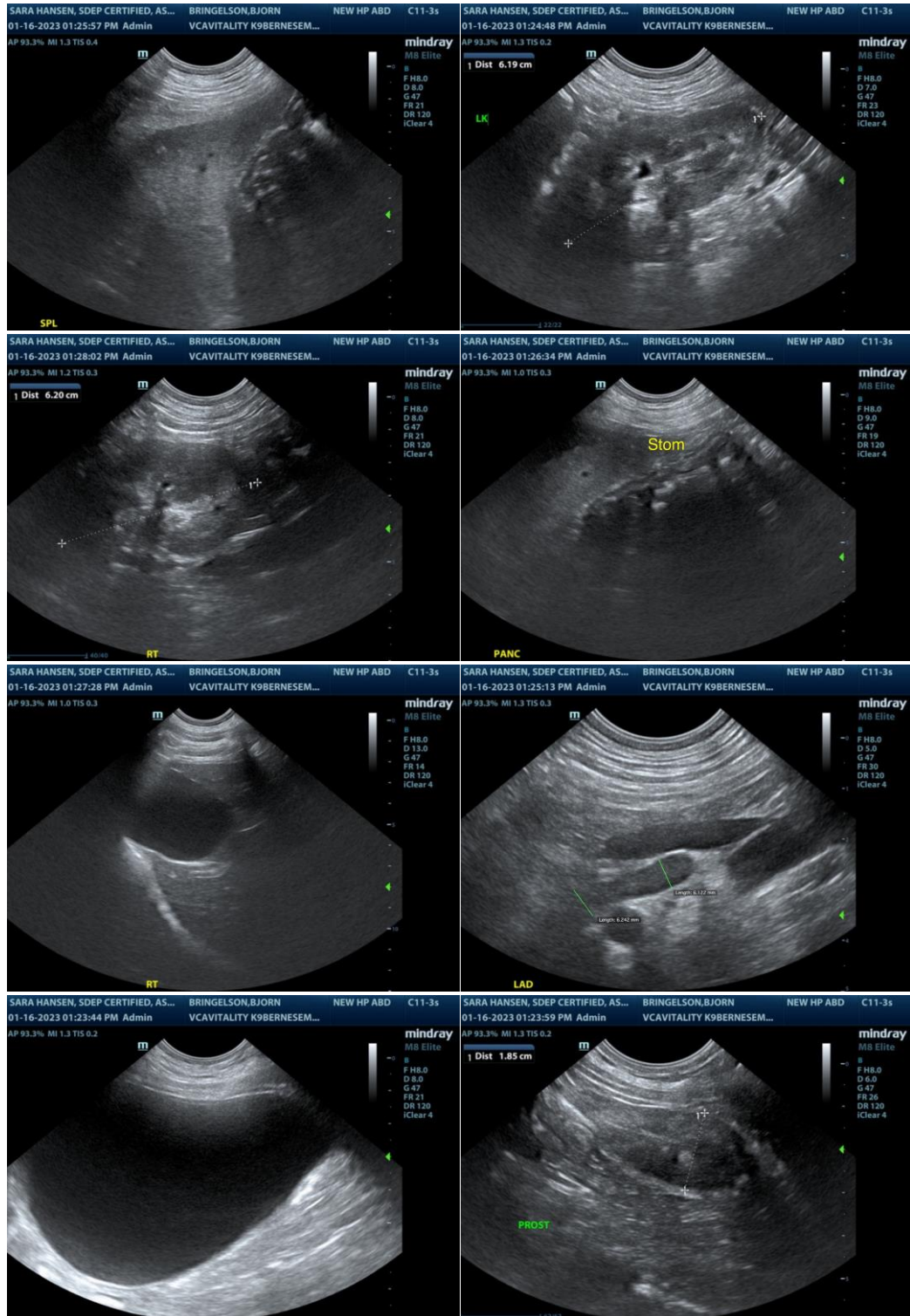
Dr. Burgt

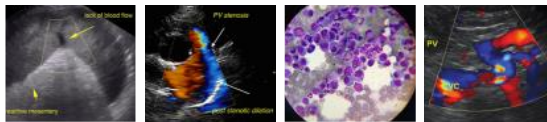
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**PATIENT**

Bjorn Bringelson

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.

**SPECIES**

Canine

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.

**BREED**

Bernese Mountain Dog

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

info@SonoPath.com

**SEX**

MN

**AGE**

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