



PATIENT

Jessie Murray

SPECIES

Canine

BREED

Papillion

SEX

Spayed Female

AGE

12 years

WEIGHT

10.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Barbara Brasted
- Maki

INVOICE

13125

DATE

1/19/22

PRESENTING CLINICAL SIGNS

Patient presents with an approximately 1 week history of increased urgency to urinate, lethargy, discomfort, and decreased appetite. Exam abnormalities: Weight loss of 0.6 lbs, new Grade 2/6 left-sided systolic heart murmur, large palpable right-sided abdominal mass. Patient has a several year history of slowly progressive chronic renal disease and recurrent UTI's. Current Medications Gabapentin Radiographic Findings Confirms presence of mass. Primary Question/Differential to Be Answered in This Exam Better characterization of mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes was noted.

The area of the uterine remnant was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. Evidence of cortical hypertrophy and small cortical cysts were present. Reduced medullary volume was present. Nonobstructive left kidney medullary renolithiasis was present. No evidence of pyelectasia was present. The left kidney measured 3.3 cm in length.

The right kidney exhibited severe generalized enlargement secondary to severe hydronephrosis exhibited by significant replacement of discernable medullary parenchyma with primarily anechoic fluid. A mild amount of discernable cranial right kidney corticomedullary parenchyma was subjectively remaining. Overt evidence of obstructive pathology associated with the collecting duct or overtly with the right ureter was not visualized. The right kidney measured 9.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the cranial pole and 0.84 cm width in the caudal pole. The right adrenal gland measured 0.58 cm width in the cranial pole and 0.80 cm width in the caudal pole.

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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

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 were evident.

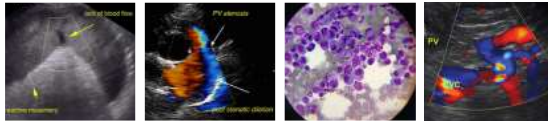
Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severe right kidney hydronephrosis
- Left kidney moderate to marked chronic degenerative changes with nonobstructive medullary renolithiasis
- Sonographically unremarkable urinary bladder
- Hepatic parenchymal remodeling - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract



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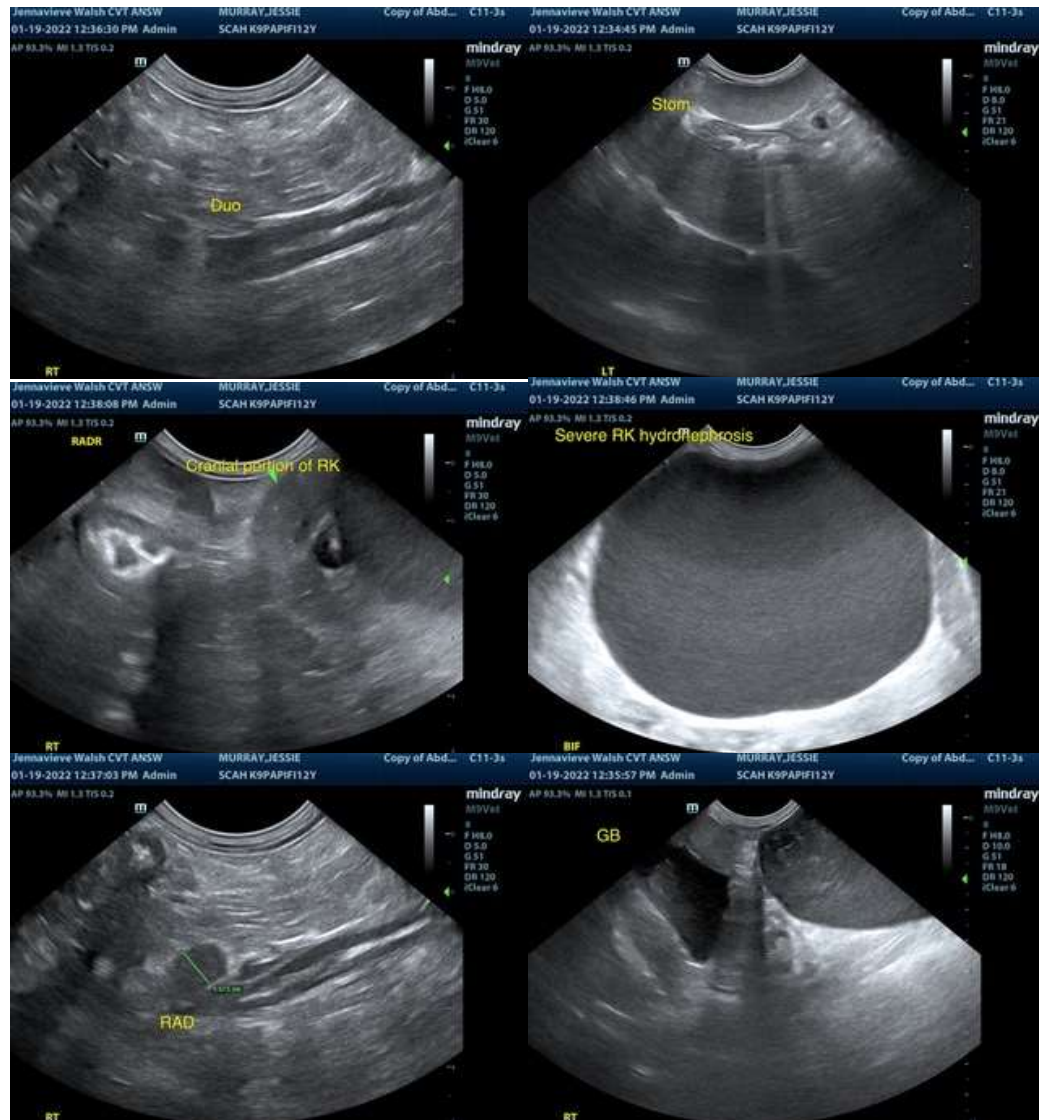
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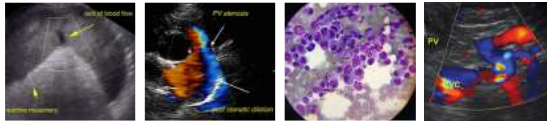
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic mass is consistent with severe right kidney hydronephrosis. No other evidence of intraabdominal masses or neoplastic criteria was noted.

Three view chest radiographs and a GI panel to include PLI/TLI/Cobalamin/Folate may be considered to rule out occult disease which may be contributing to the patient's weight loss. Right nephrectomy is likely indicated.





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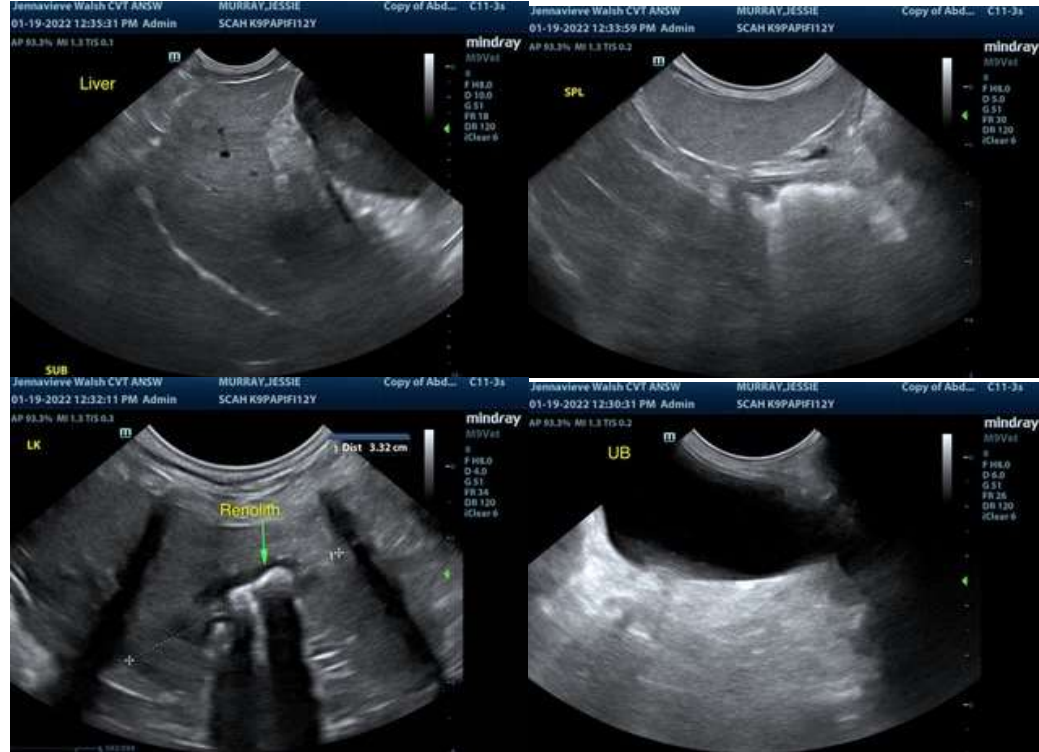
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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