



PATIENT

Paisley Johnson

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

6 years old

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Companion Vet of
Wayne

REFERRING VET

Dr. Ben Spitz

INVOICE

13104

DATE

1/19/22

PRESENTING CLINICAL SIGNS

Patient presented to emergency facility on 12/18/2021 for ADR and straining to defecate. Radiographs show mass effect at left kidney area. No current meds. Blood work: WNL.

Abnormal PE/Chem/CBC/UA Results: Platelet count: 325,000, HCT 54.1 %.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 was noted.

The suspected uterine remnant noted dorsal to the area of the cystourethral junction and ventral to the colon was sonographically unremarkable without overt pathology, subjectively measuring 0.54 cm in width.

The left kidney exhibited severe end-stage hydronephrosis exhibited by primarily anechoic fluid replacement of the medulla and the majority of the cortex. Secondary left renomegaly was present with the left kidney measuring approximately 5.6 cm length. Severe diffuse left hydroureter was present exiting the hydronephrotic left kidney extending caudally to the level of the ureteral papilla. An obvious cause of left ureter obstruction at the level of the urinary bladder was not definitively evident. The dilated left ureter contained anechoic content without overt evidence of cellular component, calculi, or other definitive obstructive pathology.

Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were 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. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.2 cm length x 0.45 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.2 cm length x 0.48 cm width at 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 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 uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



PATIENT	normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin mild gallbladder debris. The gallbladder debris is likely incidental potentially owing to fasting or mild nonclinical cholestasis. The cystic and common bile ducts were normal.
Paisley Johnson	
SPECIES	<i>Gastrointestinal</i>
Canine	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.
BREED	
Chihuahua	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.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
FS	<i>Pancreas</i>
AGE	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.
6 years old	
WEIGHT	<i>Free Abdomen</i>
9 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Severe diffuse left hydroureter with concurrent secondary end-stage left kidney hydronephrosis • Sonographically unremarkable right kidney and right ureter • Overtly normal urinary bladder and area of uterine remnant • Sonographically unremarkable gastrointestinal tract and colon
Kelly Vazquez	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Companion Vet of Wayne	The left kidney is likely nonfunctional in this patient. Additional imaging such as abdominal CT and/or contrast urography could be considered. However, left nephrectomy with gross inspection in the area of the distal left ureter and left ureteral papilla would be warranted. Evidence of possible non-visualized obstructive pathology at the level of the left ureteral papilla or potentially involving surrounding structures such as the uterine remnant cannot be definitively excluded. No overt evidence of underlying neoplastic etiology which is considered unlikely. Likewise, no overt evidence of generalized to distal colonic pathology as an obvious cause of tenesmus. Rectal palpation could be considered if not done.
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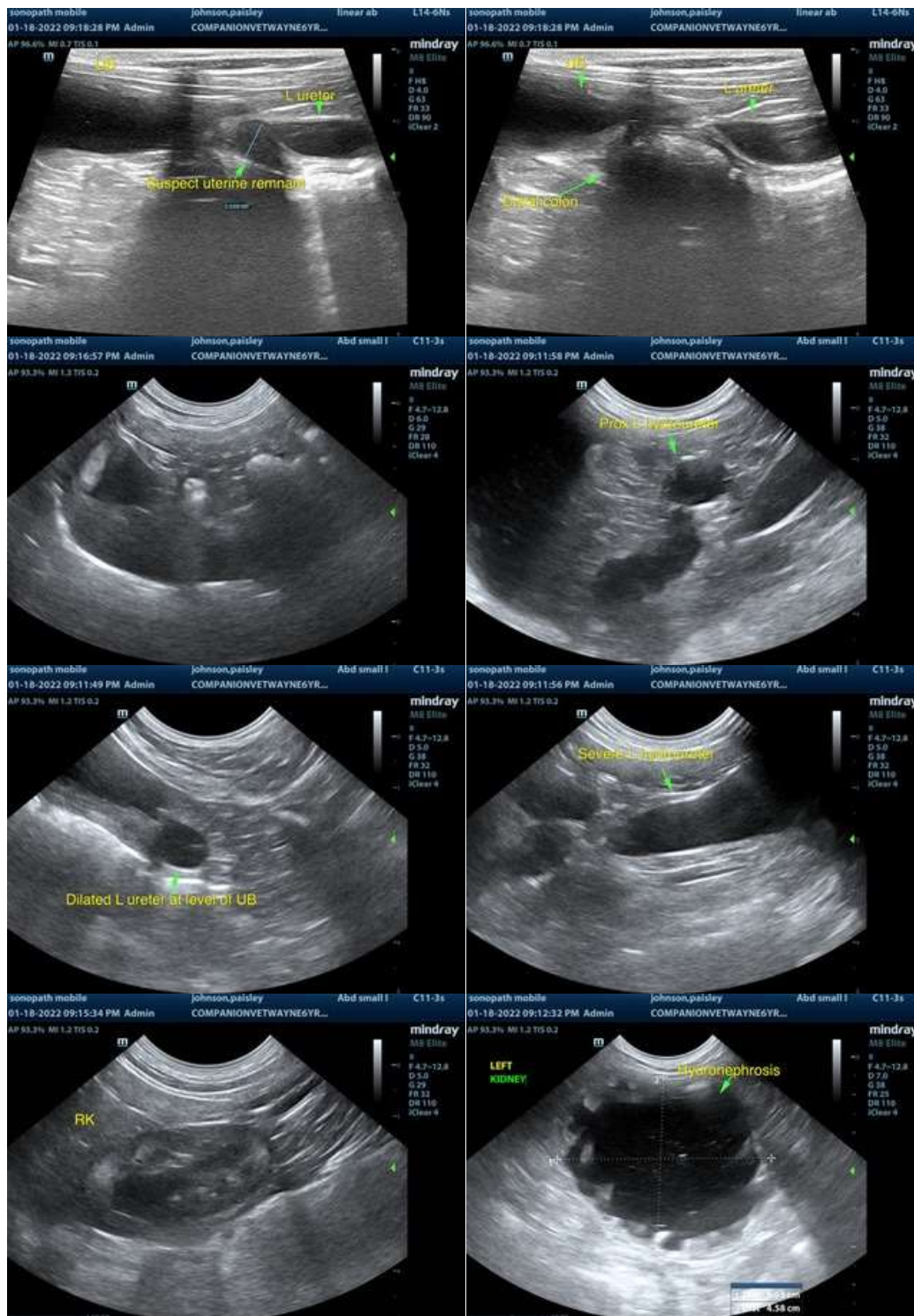
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com