



PATIENT

Bella Thomas

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

4 years

WEIGHT

64 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP
(Canine and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Golden

INVOICE

15926

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Referral from another vet hospital, concern for possible FB. Repeat rads this morning concerning for L kidney abnormality. Severe azotemia. Did get into trash last week.

Abnormal PE/Chem/CBC/UA Results: PE: Depressed. UA via cysto: SG 1.022, Prot 2+, Blood small. Sed: full field WBCs w/smaller number RBC. Urine C&S being submitted. High BUN (70's), Creat (5). Lyme + and Anaplasma +

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 area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Both kidneys exhibited subjective mild uniform cortex hypertrophy exhibiting normal cortex echogenicity, and adequate medullary volume. Minor to mild bilateral pyelectasia was noted without evidence of post-renal obstructive criteria. No evidence of left or right retroperitoneal inflammation / effusion. A bilateral mild hyperechoic corticomedullary band, consistent with a mild bilateral medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and Leptospirosis. However, it is a nonspecific finding. The left kidney measured 7.0 cm in length. The right kidney measured 6.5 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 0.59 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 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 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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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was empty with mild luminal gas. No evidence of gastric distention with retained fluid, ingesta, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental jejunal nonobstructive ileus is noted. No evidence of an intestinal mechanical obstructive pattern 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

- Acute to subacute nephropathy exhibiting mild nonspecific bilateral medullary rim sign and minor / mild pyelectasia
- Mild gastroenteritis pattern - no evidence of a gastrointestinal obstructive pattern or foreign body, possible mild to emerging uremic gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the bilateral kidneys was most consistent with acute or subacute nephropathy or acute kidney injury. Consider infectious disease i.e., Leptospirosis, toxin exposure i.e., grape, raisin, or other. Possible unknown emerging chronic renal disease with concurrent acute insult cannot be definitively excluded. Correlation with pending urine C/S, as well as UPC level on a sterile urine sample, given evidence of proteinuria, is suggested. No indication for surgical intervention.

Pending additional diagnostics, hospitalization with diuresis protocol, monitoring of renal response, and systemic BP, as well as urine output and body weight is recommended. Subjectively, the kidneys did not appear to be end-stage, yet prognosis is dependent upon renal response to therapy and additional diagnostics.

Although thought less likely given normal adrenal appearance, resting cortisol level to screen for occult Addisons may be considered.



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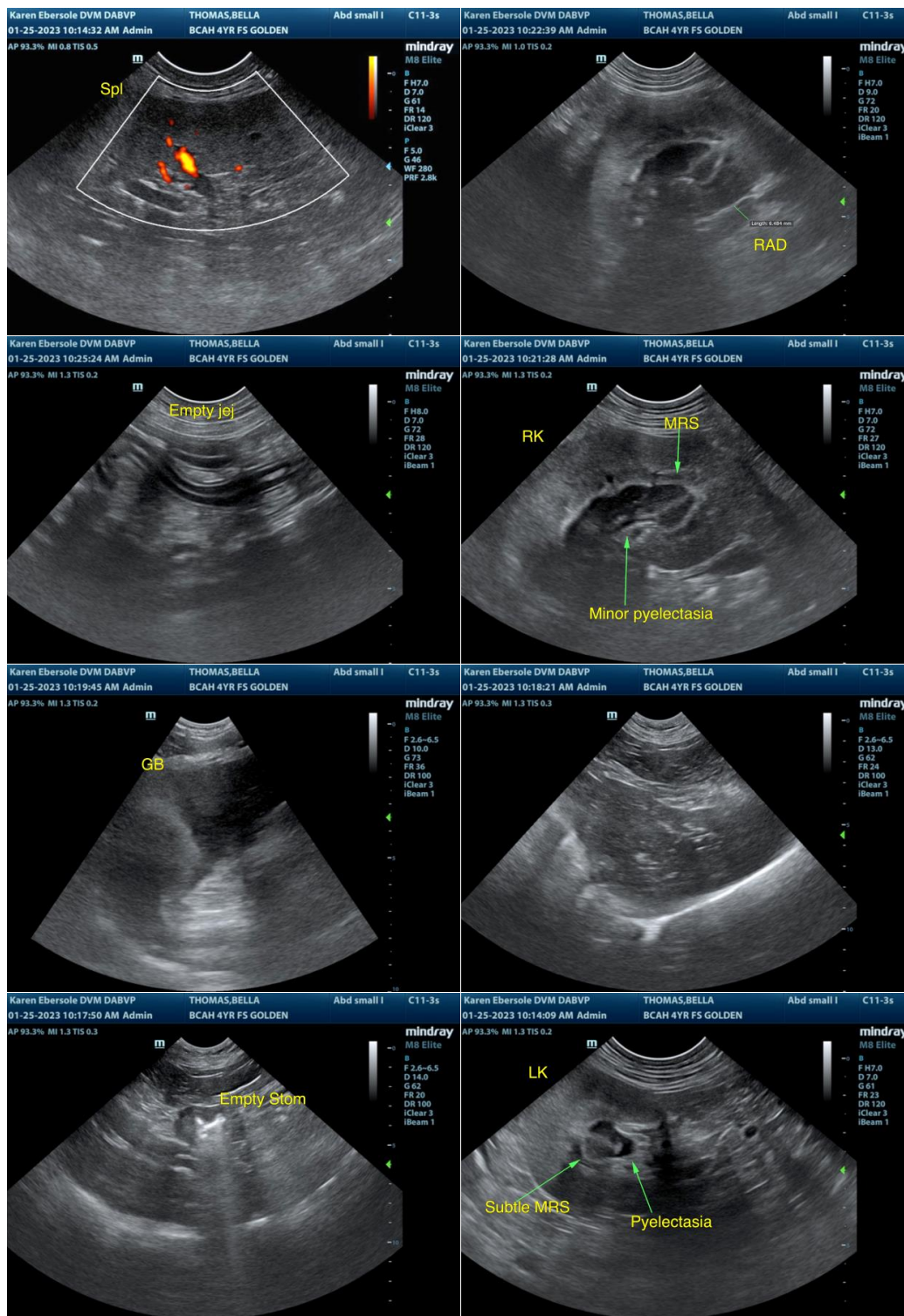
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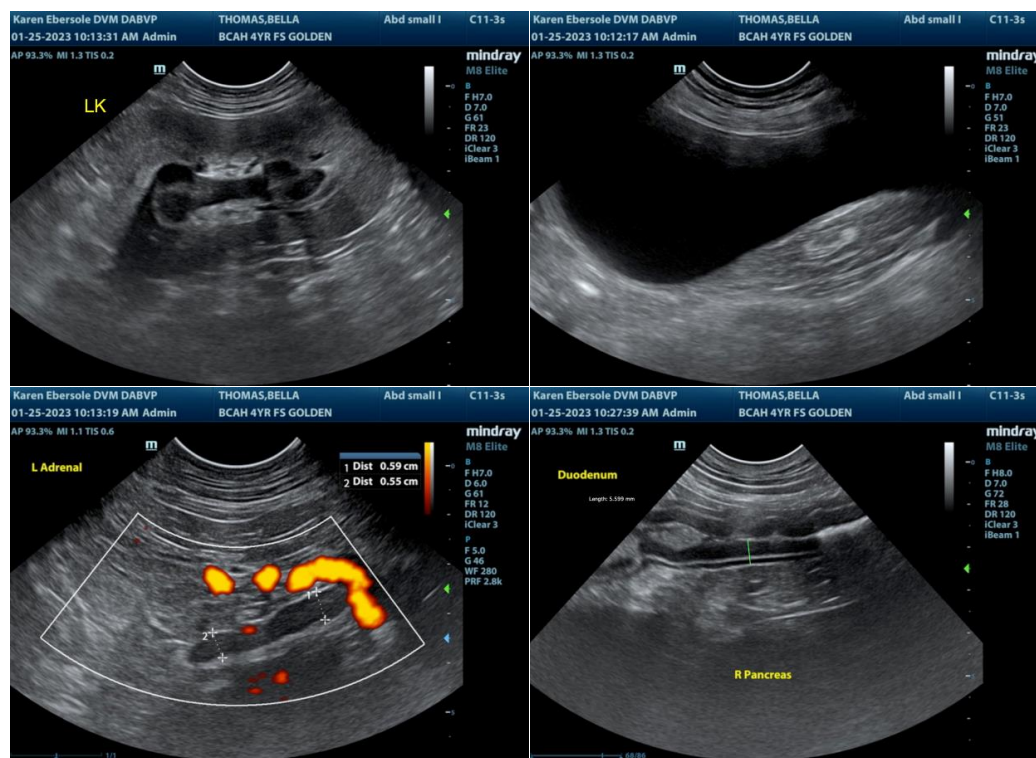
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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