



PATIENT

Kiwi Dura

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

7 years

WEIGHT

12.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Dr. Fadden

INVOICE

15190

DATE

10/12/22

PRESENTING CLINICAL SIGNS

Patient presented for being unable to hold urine throughout the day which is unusual for him. Also has been having decreased appetite. Recent episode of vomiting. Normal drinking habits per O, no increase that he has noted. On physical exam: * new grade I/VI heart murmur was noted with split S1 and S2 heart sounds *distal penis and prepuce normal *abdomen soft with no pain or organomegaly noted on palpation

Abnormal PE/Chem/CBC/UA Results: CBC: WNL Chem: Elevated SDMA at 15 ug/dL (was 11 ug/dL on 4/14/21). High normal creatinine at 1.5 mg/dL (was 0.9 mg/dL on 4/14/21). ProBNP elevated at 1000 pmol/L UA (voided sample): SG 1.020 (suspect inappropriate in light of hydration status), no protein, 25 Ery/uL. Sediment analysis showed 2-5 WBC per HPF, 2-5 RBC per HPF, occasional squamous epithelial cell. No bacteria or crystals noted. Heart Rate and Respiratory Rates Heart rate 120 beats per minute; Respiratory rate 36 breaths per minute Blood Pressure Measurements 184/155 164 170/150 156 191/135 153

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 overtly 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 residual prostate was normal in sonographic appearance without evidence of residual prostatomegaly or pathology measuring 1.1 cm diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. 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 pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 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 1.4 cm length x 0.43 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 1.5 cm length x 0.37 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



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

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Liver/ Gallbladder

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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 mild nondependent mildly echogenic debris, which is likely incidental given no evidence of hepatic enzyme elevations or cholestasis. The cystic and common bile ducts were normal.

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Gastrointestinal

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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.

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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.

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

Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of visceral pathology, including no overt upper or lower urinary tract or residual prostatic pathology.

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Potential for early renal insufficiency is possible given the mild azotemia and mild elevated SDMA. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Possible low-grade to structurally insignificant gastroenteritis / inflammatory gastroenteropathy or low-grade pancreatitis, which may present sonographically normal, may be considered if persistent or progressive gastrointestinal signs or decreased appetite are noted. Spec cPL could be considered to assess for potential low-grade pancreatic inflammation. As-needed GI supportive care is suggested.

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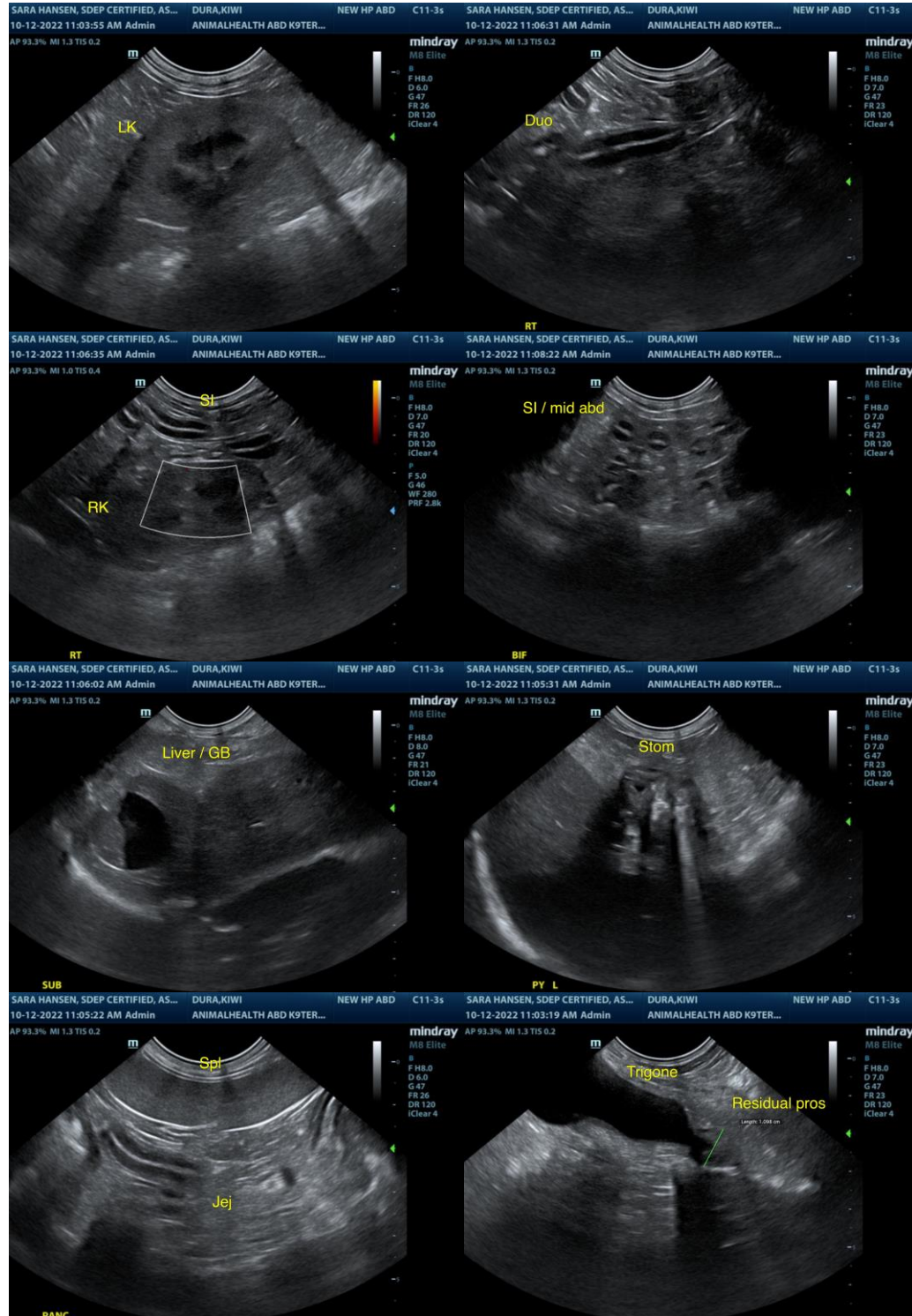
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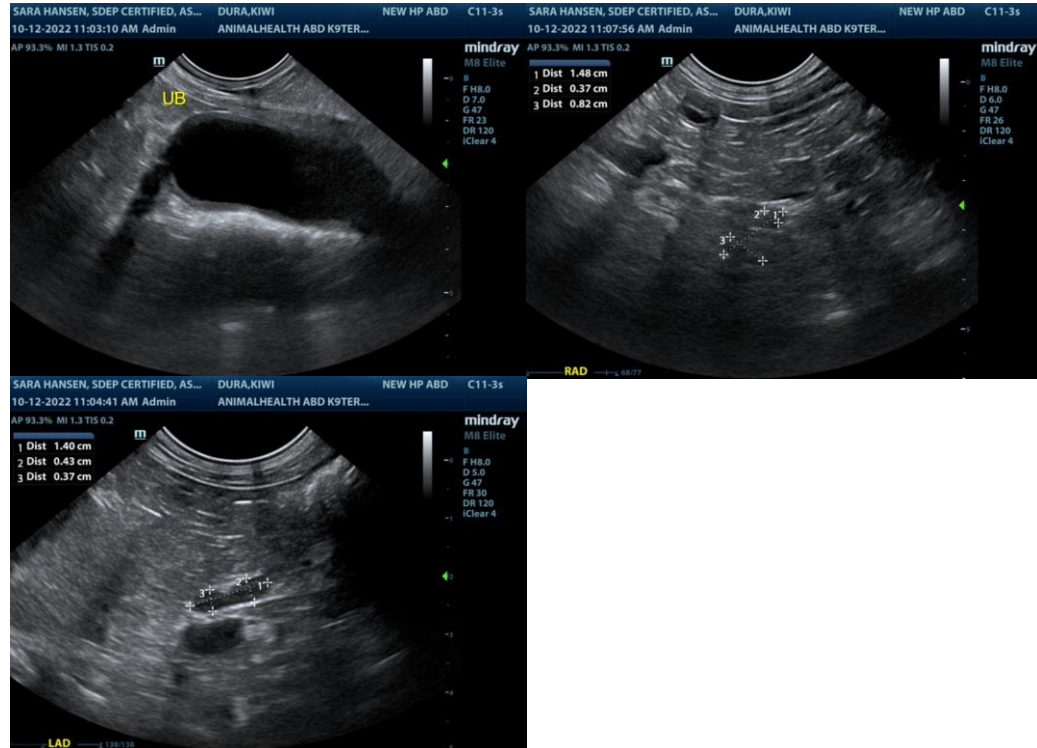
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

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Associates

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