



**PATIENT**

Luna Kemp

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

4 years

**WEIGHT**

76.5 lbs.

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Norfolk County  
 Veterinary Service

**REFERRING VET**

Emily McCabe, DVM

**INVOICE**

15232

**DATE**

10/13/22

**PRESENTING CLINICAL SIGNS**

Gradual increase in creatine. No clinical signs. On renal HP diet

Abnormal PE/Chem/CBC/UA Results: Creatinine 7/22-1.8, 7/22-2.0, 8/22-2.3, (during this test, SDMA 14 and USG 1.030). \*Study limited to urinary system.1

**ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM**

**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 with trace, dependent, particulate sediment or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

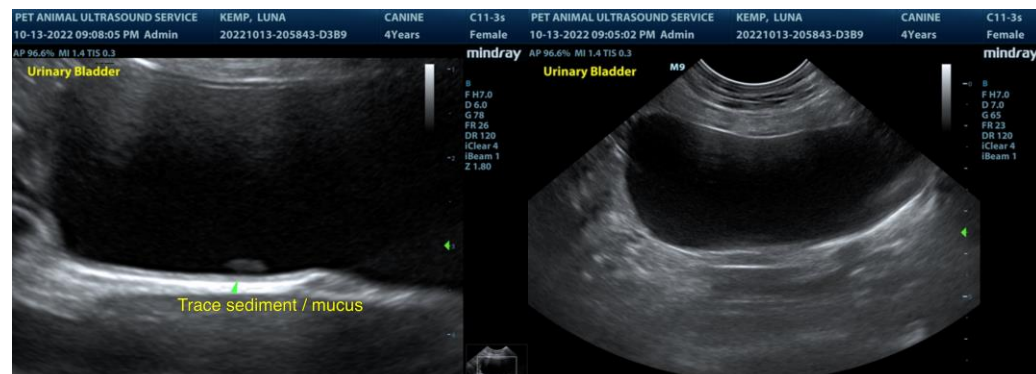
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia or pyelonephritis. The left kidney measured 6.0 cm in length. The right kidney measured 5.9 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

- Normal bilateral kidneys - no evidence of congenital disease i.e., dysplasia, pyelonephritis, or other renal pathology
- Sonographically unremarkable urinary bladder with tract sediment / mucus

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of upper or lower urinary tract pathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered, especially if inflammatory sediment is present on urinalysis. Recheck sonogram is recommended if continued progressive increased creatinine levels are noted.





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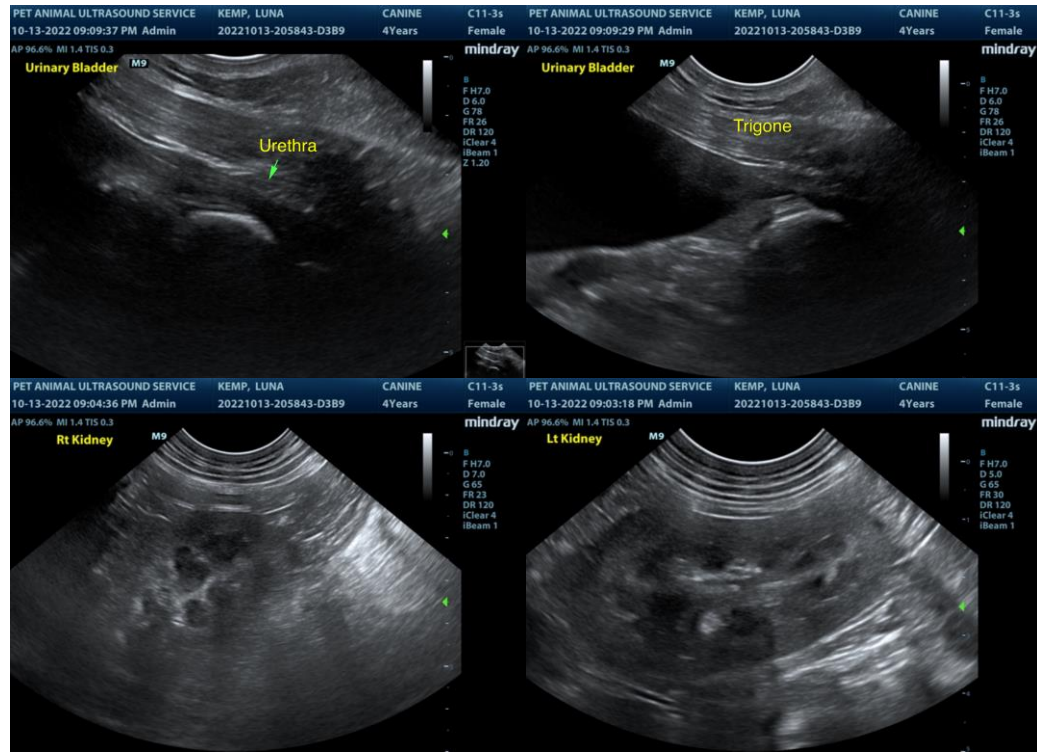
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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