



PATIENT

Chloe Sinatra

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

11

WEIGHT

65

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Travis Cerf

HOSPITAL NAME

Veterinary Center of
Hardyston

REFERRING VET

Dr. Travis Cerf

INVOICE

15237

DATE

10/14/22

PRESENTING CLINICAL SIGNS

Urinary accidents in house Vomiting PU/PD
Abnormal PE/Chem/CBC/UA Results: bun 61 creat 5.1 sg 1.005 protein 500

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal to mildly distended in size with subjective normal tone. The urinary bladder walls were sonographically normal without evidence of inflammatory or neoplastic criteria. Anechoic urine with mild, non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus, was present. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

Both kidneys exhibited overall normal size and contour. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was noted, without evidence of concurrent left or right ureter dilation. Both kidneys exhibited increased peripelvic parenchyma echogenicity with hyperechoic renal sinus. Evidence of retroperitoneal inflammation exhibited by increased retroperitoneal echogenicity and scant retroperitoneal free fluid was noted around both kidneys. The left kidney measured 8.1 cm in length. The right kidney measured 8.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Stomach was primarily empty with mild retained fluid and luminal gas present.



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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.

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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.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

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- Sonographically normal bladder with mild urinary bladder sediment
- Bilateral nephropathy exhibiting mild pyelectasia, Increased renal sinus echogenicity with evidence of bilateral mild retroperitoneal inflammation - subjectively acute on chronic, primary concern for pyelonephritis
- Minor hepatic parenchymal remodeling
- Mild gastritis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Aside from primary concern for pyelonephritis, given the renal presentation, acute on chronic renal failure is of concern given the degree of azotemia combined with inadequate urine specific gravity.

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Urine C/S, as well as baseline UPC level if no evidence of significant inflammatory cells, is warranted. Pending additional renal workup, diuresis protocol with an assessment of renal response along with monitoring of urine output and bodyweight would be appropriate. A guarded prognosis, given the renal presentation and degree of azotemia. Concurrent as-needed GI supportive care is recommended.

REFERRING VET

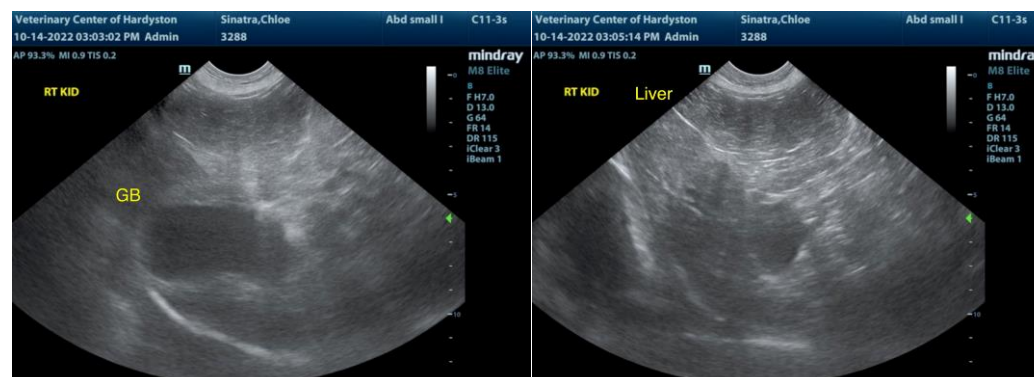
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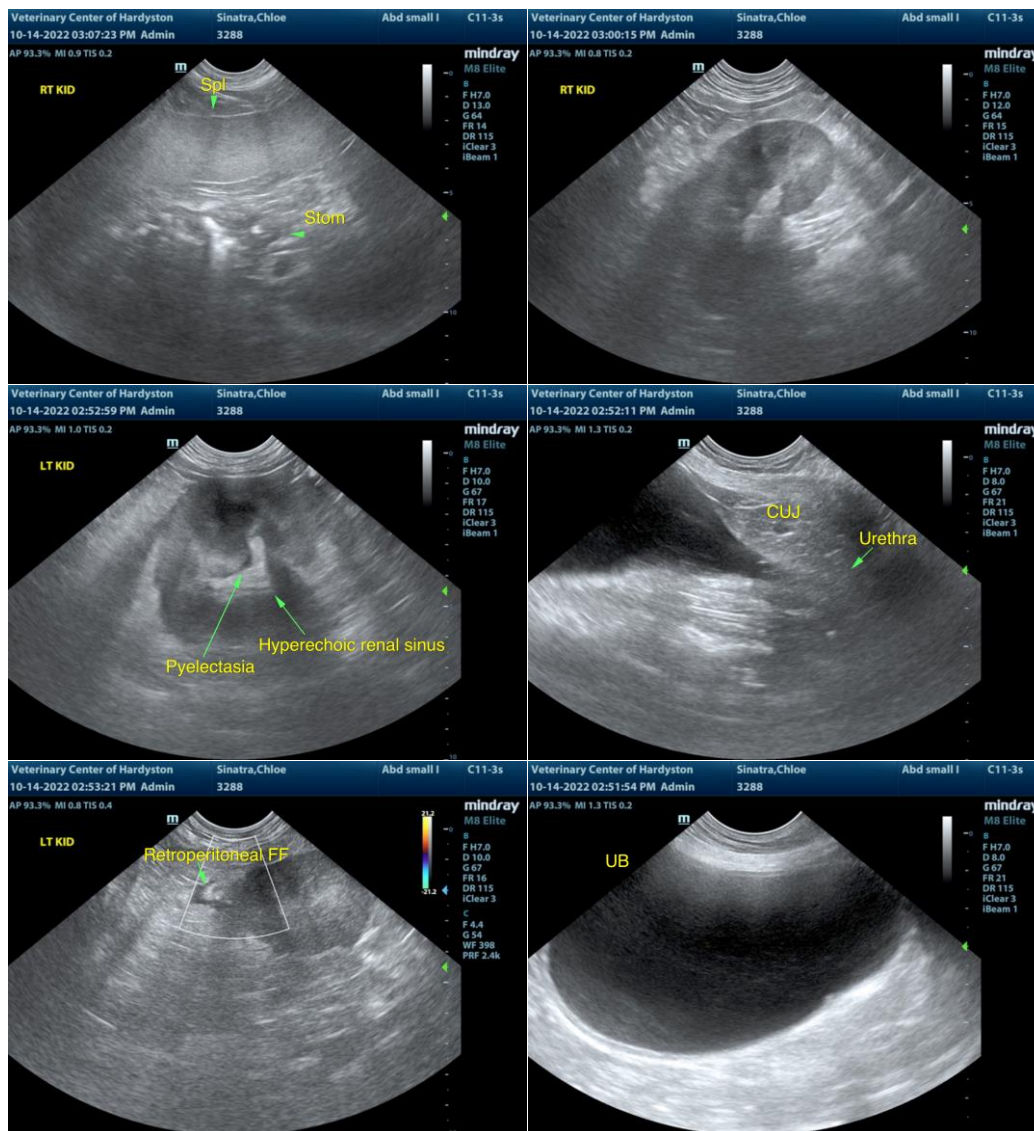
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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