



**PATIENT**

Gunther Murphy

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

MN

**AGE**

7yr

**WEIGHT**

20kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk

**HOSPITAL NAME**

Woodlands  
Veterinary Hospital

**REFERRING VET**

Dr. LeBoldus

**INVOICE**

11915ag

**DATE**

10/18/2022

**PRESENTING CLINICAL SIGNS**

Chronic renal failure. Not eating. Low albumin. Anemic. Normal Spec CPL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

The right kidney exhibited subnormal size compared to the left. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Small bilateral cortical cysts were present. Mild bilateral pyelectasia was present. The left kidney measured 5.5 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

No overt pathology in the area of the right adrenal gland.

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**Liver**

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 with mild non-dependent mildly echogenic debris in the caudal lumen. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid in the antrum and pylorus with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.65 cm in width.



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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.

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

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***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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***Free Abdomen***

Scant free fluid noted between the cranial liver and diaphragm. Potential for pleural effusion possible although not definitive.

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MN

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral chronic nephropathy with cortical cysts and minor pyelectasia
- Mild gastritis pattern with possible mild hypomotility-potential mild uremic gastritis
- Scant peritoneal free fluid
- Mild gallbladder debris-likely incidental, potentially secondary to fasting assuming no evidence of cholestasis
- Normal urinary bladder

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the bilateral kidneys was non-specific with considerations including renal dysplasia if chronic history of azotemia or non-specific nephritis i.e. interstitial nephritis, glomerulonephritis or other. A full urinary workup including UA, C/S and baseline UPC if evidence of proteinuria in the face of low albumin is recommended. A screening BP recommended if not recently done. Potential end stage kidney stage is possible depending on degree of azotemia and renal response to diuresis protocol. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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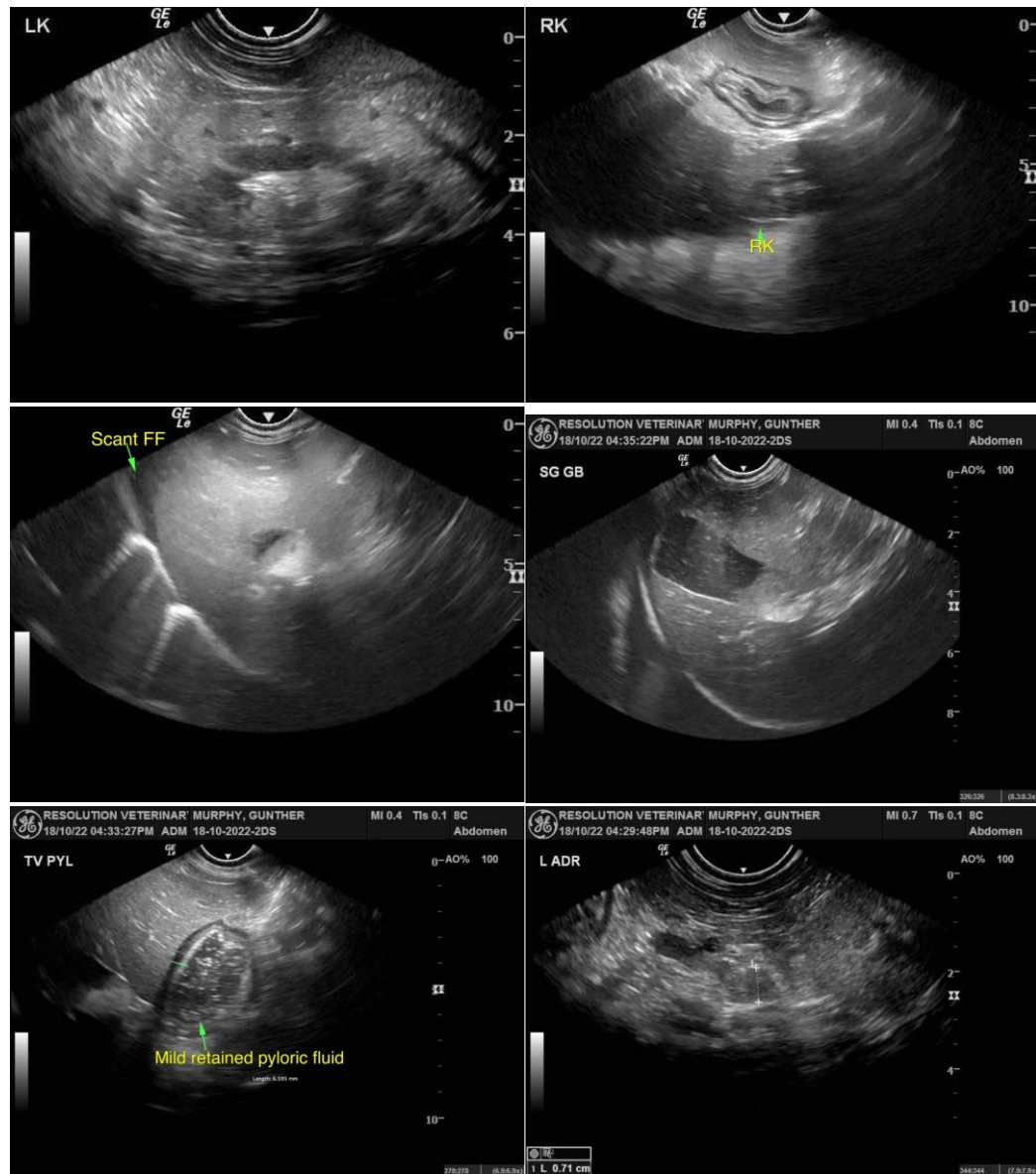
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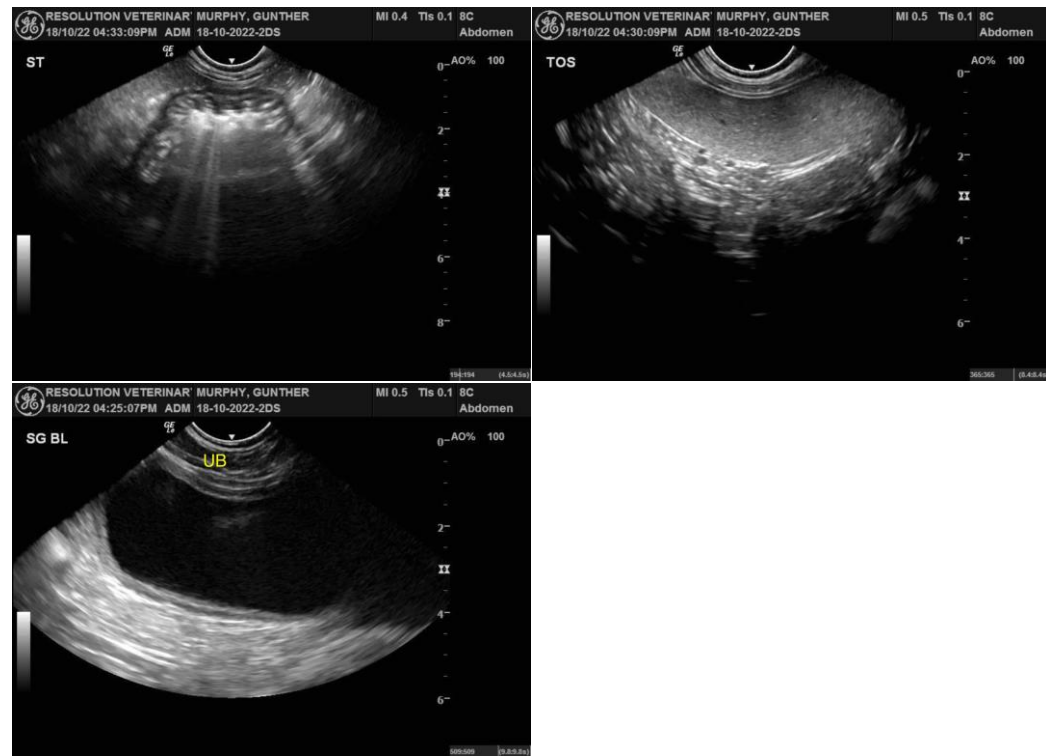
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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