



PATIENT

Rocco Kirk

PRESENTING CLINICAL SIGNS

Recent history of lethargy and more or less disinterested in food except for a little bit in the evening, has been drinking and urinating a lot, had a foul-smelling urinary accident in house last night. Had a defined UTI (bacterial) with renal azotemia

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: A bit thin but otherwise NSF There is a marked pyuria/bacteriuria [rods]. There is an azotemia involving an elevated SDMA/BUN, hyperphosphatemia and a mild elevation in amylase indicating poor or reduced GFR. A brief ultrasonic scan of the left kidney demonstrated an irregular capsule with poor corticomedullary delineation and a mild pyelectasia. Suspect congenital renal disease (dysplasia)

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

M

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

AGE

7mo

Both kidneys were overtly normal in size with the right kidney smaller than the left. Asymmetrical margination was present in the kidneys. Indistinct corticomedullary architecture with moderate to marked loss of corticomedullary border demarcation were present. Bilateral mild pyelectasia was present without overt evidence of increased renal sinus echogenicity. No evidence of ureter dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 6.3 cm in length.

WEIGHT

27.8kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

The prostate was of expected size and presentation for a young intact male canine without overt pathology measuring 2.2 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.33 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 0.48 cm width at the caudal pole and 0.63 cm width at the cranial pole.

IMAGING PERFORMED BY

Dr. Westcott

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.

HOSPITAL NAME

Dr. Alistair Wescott
DVM

REFERRING VET

Dr. Westcott

Liver

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.

INVOICE

11995ag

DATE

Gastrointestinal

10/24/2022



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained ingesta exhibiting focal progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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.

BREED

Golden Retriever

Pancreas

The pancreas exhibited mild prominent size, areas of capsule asymmetry and mildly non-homogeneous to hypoechoic parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. Minor pancreatic duct dilation was present.

SEX

M

Free Abdomen

No omental masses or peritoneal effusion was present.

AGE

7mo

Intermittent focal, mildly prominent to enlarged mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a medial iliac lymph node measured 3.9 cm x 0.95 cm.

WEIGHT

27.8kg

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic nephropathy exhibiting mild bilateral pyelectasia
- Intermittent benign/reactive mesenteric and medial iliac lymphadenopathy-suspect immunologic immaturity
- Mildly prominent pancreas- patient/ age variant, minor pancreatic edema or low-grade inflammation possible
- Gastric ingesta-probable post prandial presentation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presumptive diagnosis for the bilateral kidneys is congenital dysplasia in light of patient age, lack of discernable corticomedullary architecture and loss of corticomedullary border distinction. The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable).

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Urine C/S on sterile urine sample is recommended. Potential for concurrent or primary renal infection i.e. primary or secondary pyelectasia could also be present. Empirical antibiotic therapy given presence of pyuria and bacteriuria, with as needed renal support and monitoring of body weight, urine output and renal response would be reasonable. Renal prognosis is dependent upon further treatment and diagnosis yet given the renal presentation in the face of azotemia a very guarded long-term prognosis is indicated.

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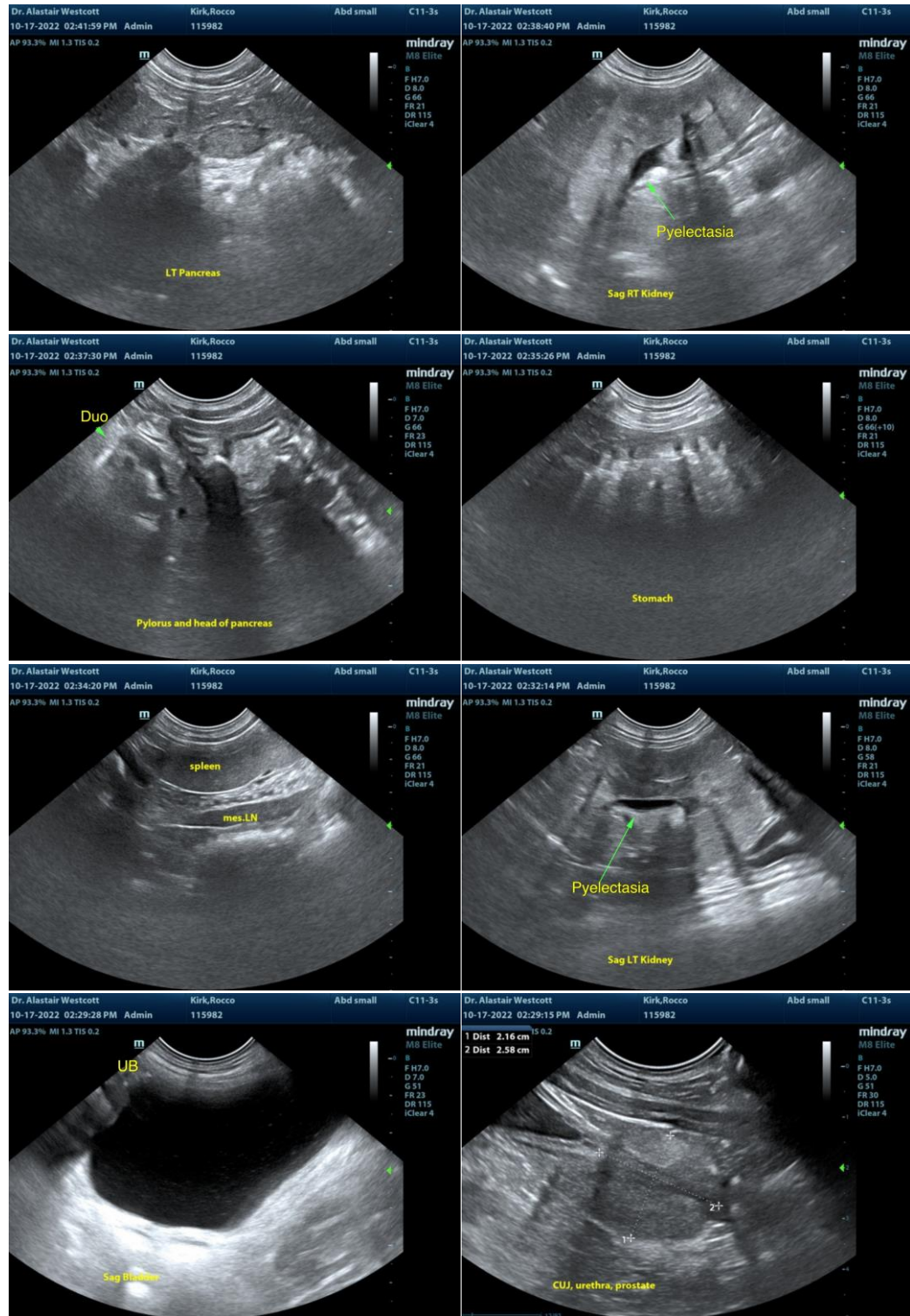
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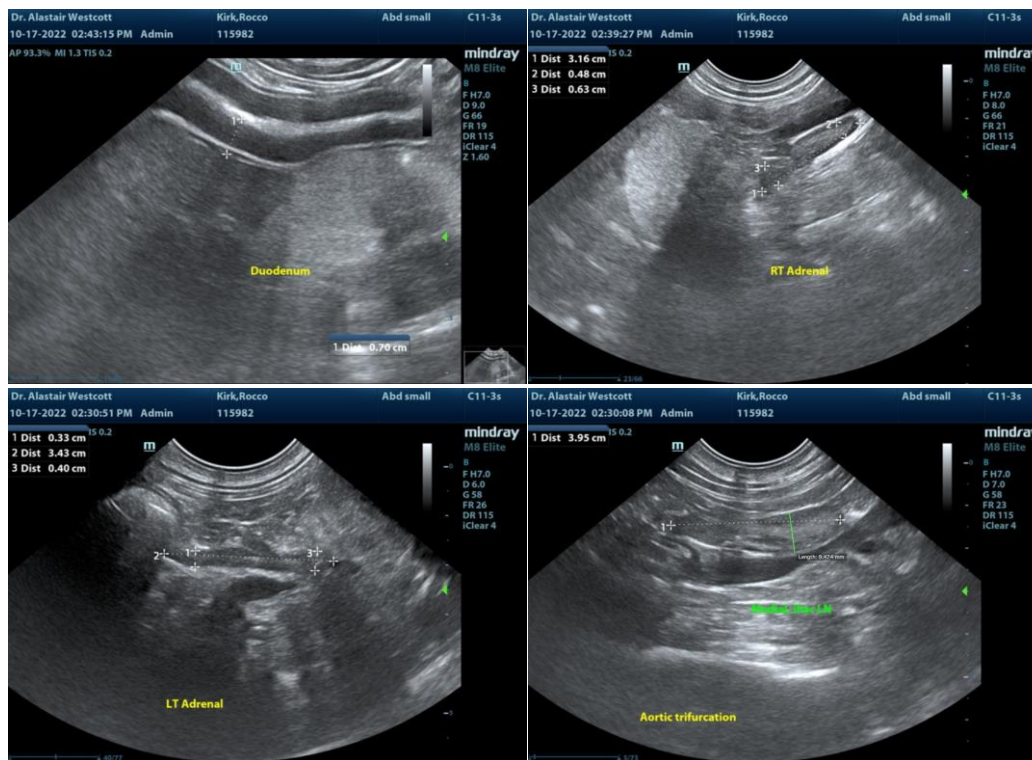
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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