



PATIENT PRESENTING CLINICAL SIGNS

Charlotte Merritt Leaking urine, elevated renal values.

Medication: Dasuquin

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BUN 33 CREAT 2.0 SDMA 19 Na:K 29

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Golden Retriever

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.

SEX

FI

AGE

6mo

Normal size and asymmetric renal margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some moderate loss of corticomedullary symmetry and definition. Potential pinpoint areas of dystrophic medullary mineral were present. Bilateral mild pyelectasia was present. No evidence of retroperitoneal inflammation was observed. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.8 cm in length

WEIGHT

38.7

The area of the aortic trifurcation was free of pathology.

The area of the uterus and bilateral ovaries appeared normal and free of pathology

Adrenal Glands

INTERPRETED BY

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(Canine and Feline)

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.8 cm width at the caudal pole and 2.6 cm in length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole and 2.0 cm in length.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
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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

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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.

REFERRING VET

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Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.84 cm width. Mild gastric distension with retained gastric fluid was present without evidence of mechanical pyloric outflow obstruction or obstructive mural pathology.

DATE

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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.

SPECIES

Canine

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 was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral renal dysplasia pattern, potential for non-specific nephritis such as pyelonephritis possible
- Unremarkable urinary bladder and visible proximal urethra
- Mild hypomotile gastritis pattern

AGE

6mo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Given the young age of the patient bilateral renal dysplasia is probable. Renal biopsy would be required for a definitive diagnosis yet may further compromise renal function. A full urinary workup including urine C/S and UPC is recommended. No overt evidence of concurrent ectopic ureter or congenital lower urinary tract abnormality was present. If persistent incontinence a small non-visualized urinary bladder congenital abnormality cannot be definitively excluded. CRD therapy, monitoring of systemic BP and renal parameters would be appropriate. A gastric protectant protocol is recommended if clinical signs consistent with gastritis are noted.

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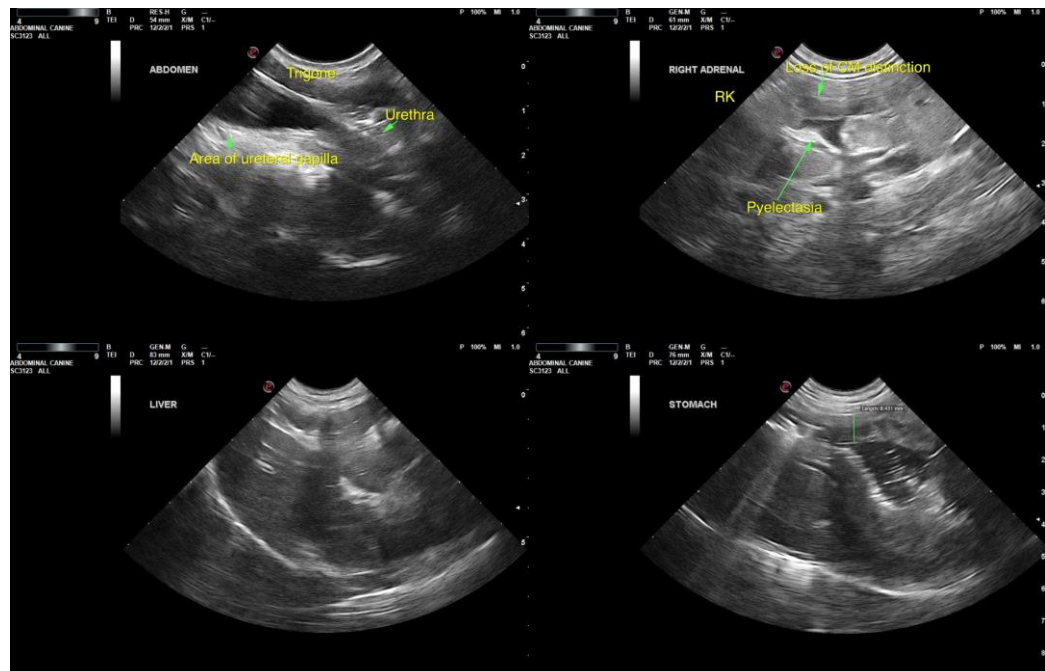
Dr. Titcher

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PATIENT

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SPECIES

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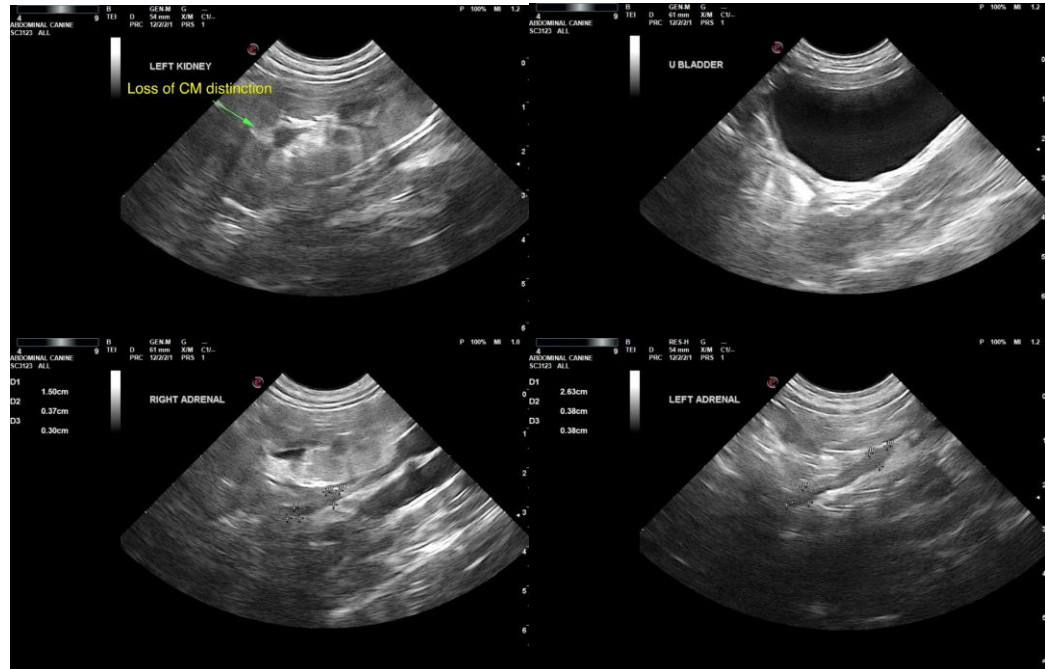
Golden Retriever

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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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