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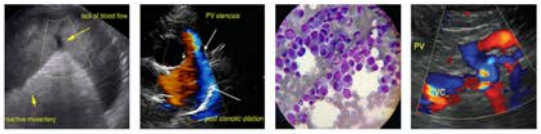


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Apollo Bedi

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Neutered Male

**AGE**

2020

**WEIGHT**

71.2 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT ARDMS/RVT

**HOSPITAL NAME**

Healing Paws VC

**REFERRING VET**

Dr. Sands

**INVOICE**

42588

**DATE**

11/7/22

## PRESENTING CLINICAL SIGNS

Polyuria Polydipsia Reported gastropexy and neuter with postop infection. Significant PU/PD and changes on lab work promote suspicion of kidney and/or ureter damage.

Medication: Doxycycline

Labs: Unremarkable CBC/Chem panel, BUN 23, Creatinine 1.7, SDMA 16, Glucose 102, Alb 3.3, normal liver enzymes. Urine protein to creatinine ratio 0.2. USG 1.005, negative protein and glucose. Cortisol 3.8. Lepto PCR negative.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 pelvic dilation. The left kidney measured 6.7 cm. The right kidney measured 5.8 cm.

### *Adrenal Glands*

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of subnormal adrenal size, adrenomegaly, or adrenal tumors. The left adrenal gland measured 2.4 cm length x 0.51 cm at the caudal pole. The right adrenal gland measured 2.0 cm length x 0.58 cm at the caudal pole.

### *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.

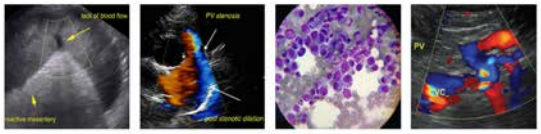
### *Liver*

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.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The area of the gastropexy appeared to be overtly normal. No evidence of retained gastric ingesta, fluid, or foreign material.

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.

### *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.

### *Free Abdomen*

No omental masses, lymphadenopathy, or peritoneal free fluid.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the overall sonographically unremarkable appearance of the liver, bilateral kidneys, bilateral adrenal glands, and the urinary bladder, in combination with previous diagnostics, a definitive cause of the PU/PD in this patient was unclear. Urine culture and sensitivity on sterile urine sample may be considered to assess for underlying infection, although no evidence of inflammatory urinary bladder changes or urinary bladder sediment were present.

Assessment for possible renal toxic insult could be considered. The kidneys did not appear to be end stage, and without evidence of nephritis, congenital renal disease, or post-renal obstructive criteria. Monitoring of renal parameters going forward for evidence of progressive azotemia is suggested. If renal parameters are static or stabilized, consideration for possible extraabdominal causes of PU/PD may be indicated.

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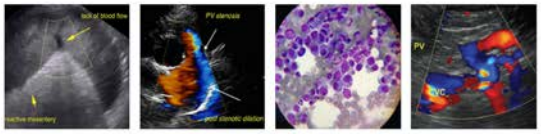

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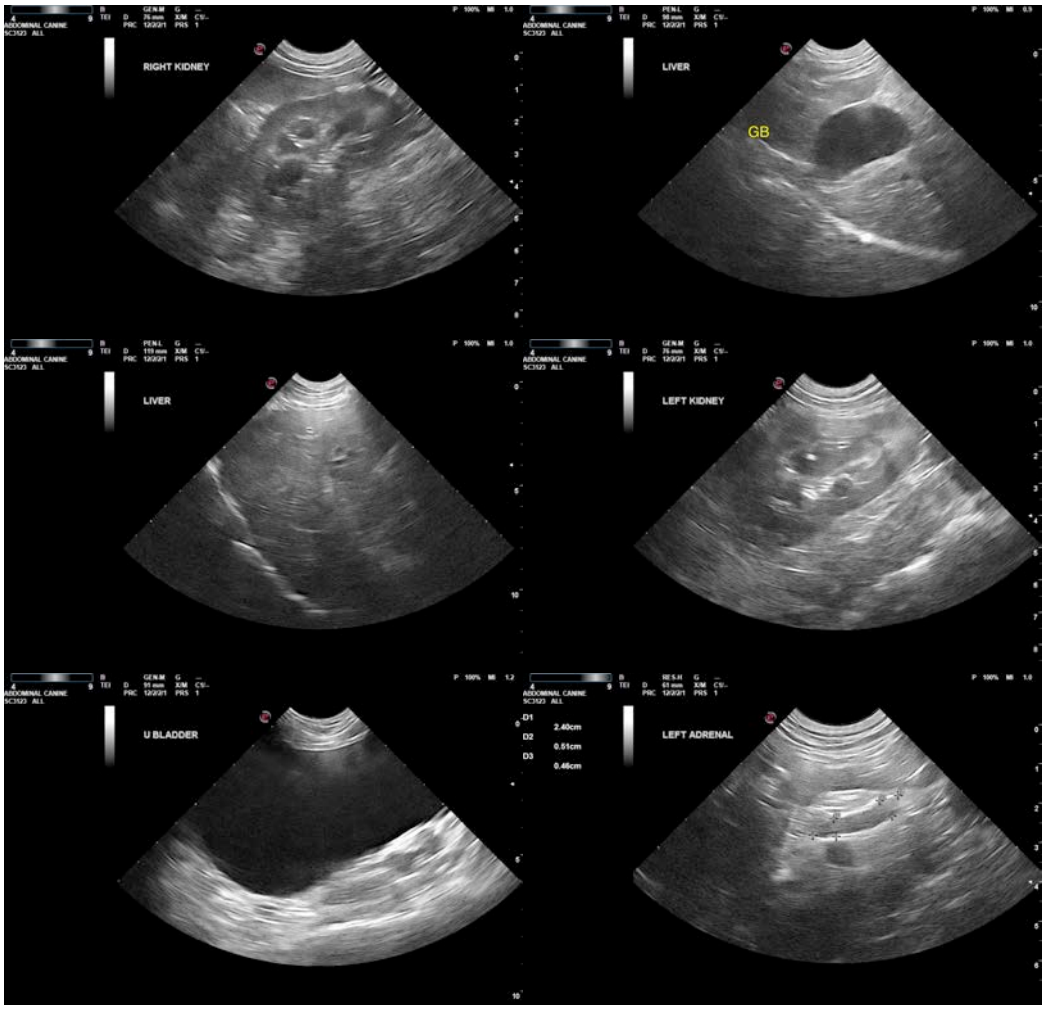


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**