

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Oliver Bridges  
**SPECIES** Canine  
**BREED** Cockapoo  
**SEX** Neutered Male  
**AGE** 23 Months  
**WEIGHT** 17.6 Pounds

Azotemia (CKD Iris Stage 4), non-regenerative anemia. Clinically fine. Lepto negative. Normal cortisol (not Addison's). Negative 4Dx (not tick). Thin. Active, eating. Presented for mild vomiting of bile. On Omeprazole, Cerenia, K/D diet.

**Abnormal PE/Chem/CBC/UA Results:** HCT 20.7%; creat 5.1; BUN 93; phosph 9.9; total calcium 13.6; USG 1.008

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Very mild non-dependent particulate sediment present, likely indicative of very minor cellular or crystalline debris. 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 symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The residual prostate measured 0.73 cm.

The kidneys exhibited marked loss of corticomedullary border demarcation and overall indistinct corticomedullary architecture. Non-uniform increased cortex echogenicity noted with subjective reduced medullary volume, more prominent in the right kidney. No overt evidence of pyelectasia or retroperitoneal inflammation. The right kidney was subnormal in size compared to the left. The left kidney measured 3.9 cm. The right kidney measured 3.2 cm.

**Adrenal Glands**

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm at the caudal pole. No overt pathology in the area of the left adrenal gland.

**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 mildly distended in size, suspected to be owing to fasting, with mild non-dependent yet non-organized debris.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.40 cm.

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. Jejunum wall measured 0.34 cm.

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

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Falmouth AH

**REFERRING VET**

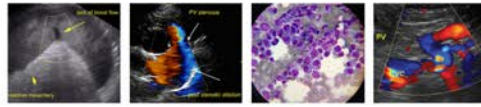
Dr. Lilan Hauser

**INVOICE**

33580

**DATE**

12/19/21



**PATIENT** *Pancreas*

Oliver Bridges 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.

**SPECIES** *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

- Gallbladder debris (non-mucocele)
- Bilateral congenital renal dysplasia – subjective moderate to marked.

**SEX** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered Male The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

**AGE** The presentation of the bilateral kidneys (given the patient’s age) is consistent with moderate to marked congenital renal dysplasia. Potential for underlying non-specific nephritis such as interstitial nephritis, glomerulonephritis or other. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

23 Months

**WEIGHT** Renal biopsy would be required for definitive diagnosis, yet may further affect renal function. Essential CKD therapy recommended pending further urinary workup. However, long-term guarded prognosis is indicated given the sonographic appearance of the bilateral kidneys.

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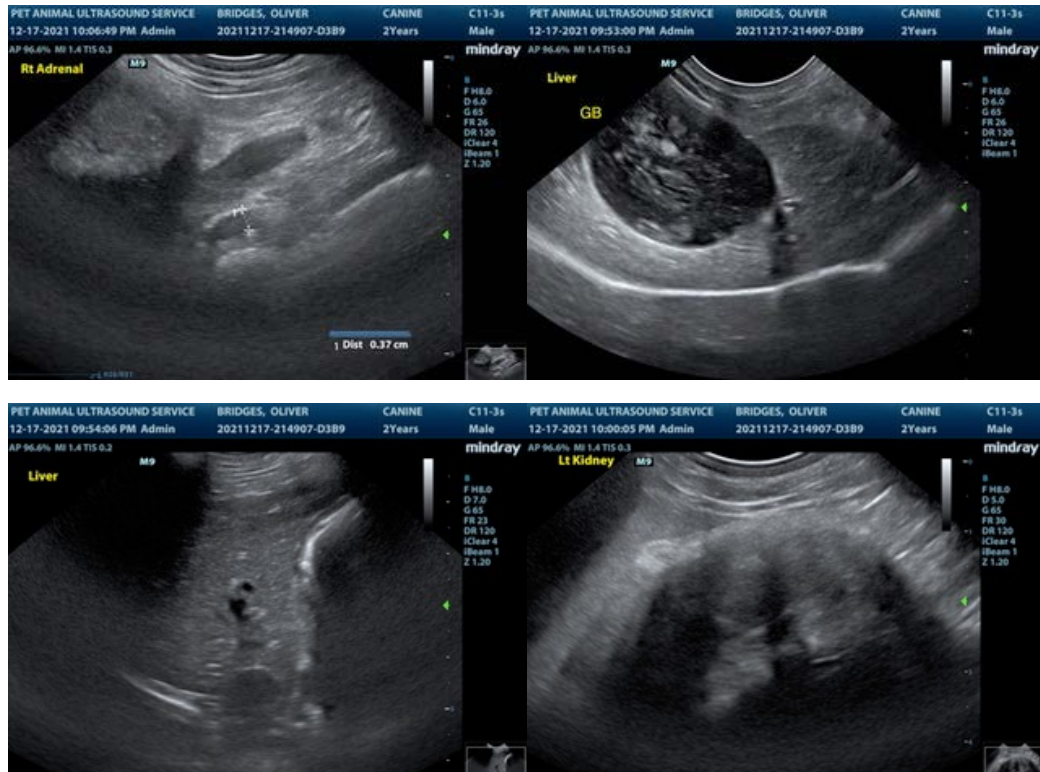
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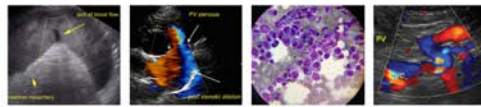
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Oliver Bridges

**SPECIES**

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**BREED**

Cockapoo

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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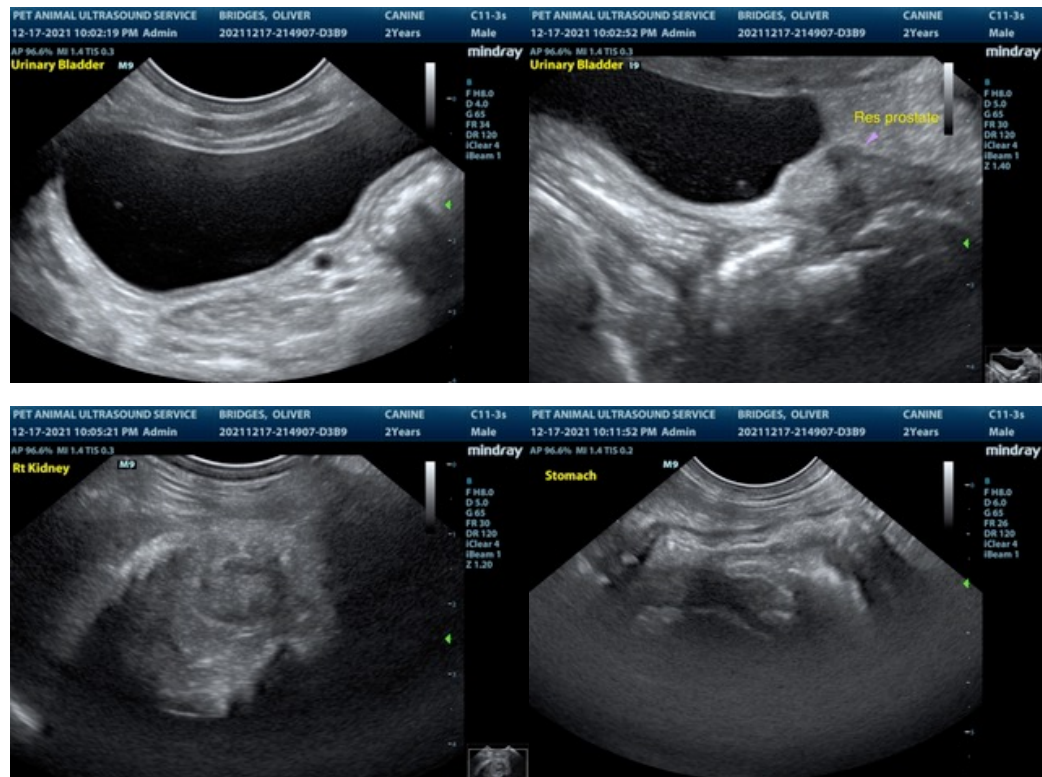
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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