



**PATIENT**

Elli Pulmano

**SPECIES**

Canine

**BREED**

Bulldog

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

56 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Mavis McCormick-  
Rantze

**HOSPITAL NAME**

Lanier AH

**REFERRING VET**

Dr. Mavis McCormick-  
Rantze

**INVOICE**

33308

**DATE**

12/7/21

**PRESENTING CLINICAL SIGNS**

4 y/o FS English Bulldog; 56 lb Referring vet: MMR Imaging performed by: HCF  
Email: [dr.mavis@lanieranimalhospital.com](mailto:dr.mavis@lanieranimalhospital.com); [reception@lanieranimalhospital.com](mailto:reception@lanieranimalhospital.com) History: Hx of bilateral congenital renal dysplasia. Doing well clinically. On Apoquel and renal food. Abnormal PE/Chem/CBC/UA Results: 9/9/21 BUN 32, creatinine 3.1, SDMA 21 12/1/21 BUN 32, creatinine 4.4, SDMA 25; USG = 1.006 w/ 2 + protein (no UPC), 15-20 RBCs Blood pressures 12/6/21 all WNL (~120/80) down from 12/6/21 where systolics were in the 170s - no meds started yet Urine culture pending Notes to the Specialist: Previous ultrasound 12/03/2020.

**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. 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 kidneys were borderline to mildly subnormal in size. The left kidney measured 3.2 cm. The right kidney measured 4.1 cm. Both kidneys exhibited asymmetrical margination and likely cortical infarcts as well as non-uniformly echogenic cortex echogenicity. Moderate loss of corticomedullary border demarcation noted with reduced medullary volume. Pinpoint to focal areas of non-obstructive dystrophic medullary mineral noted as well as mild pyelectasia and cortical cysts.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measured 0.66 cm at the cranial pole and 0.52 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 lumen of the stomach was empty with no signs of ileus, obstruction 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.

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



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**Pancreas**

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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**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Subjective static bilateral chronic renal dysplasia

**BREED**

Bulldog

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the kidneys was consistent with bilateral congenital renal dysplasia. Serial monitoring of urine culture and sensitivity and UC level on sterile urine sample recommended as well as serial monitoring of systemic blood pressure. CKD therapy, which may include dietary therapy or therapy based on renal staging going forward, is recommended. As needed recheck sonogram of the kidneys may be considered if progressive evidence of azotemia.

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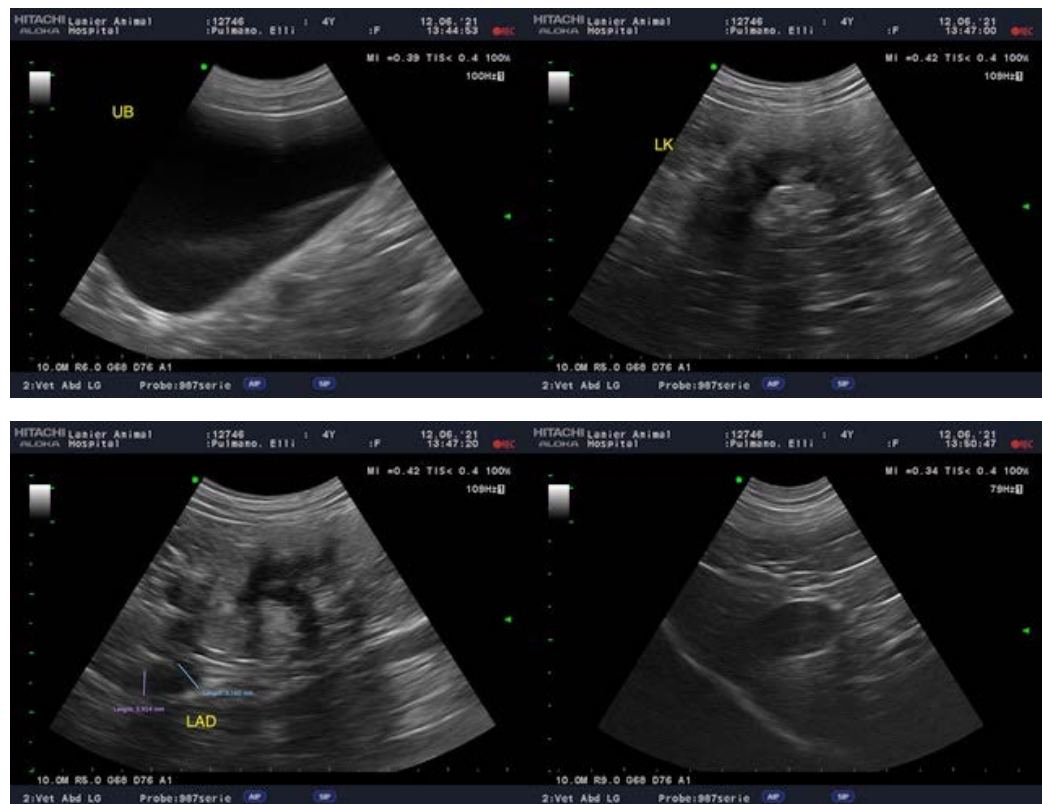
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**SPECIES**

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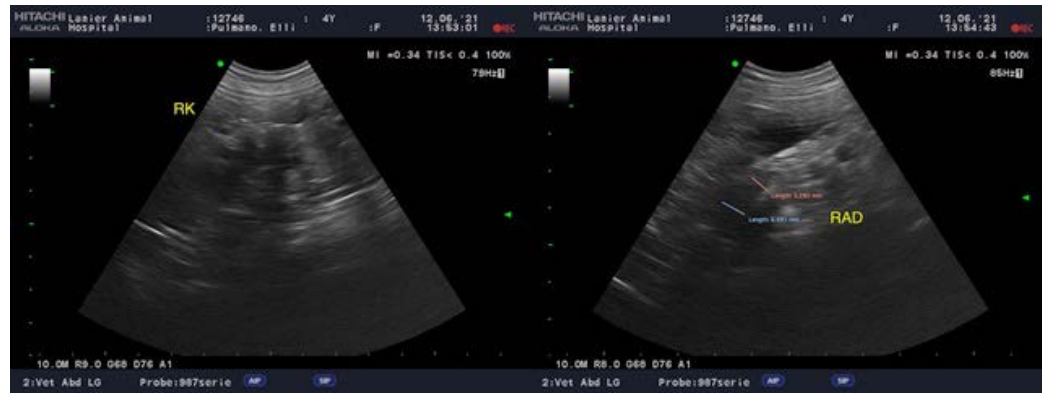
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com