



PATIENT PRESENTING CLINICAL SIGNS

Blue Keane BCS 3/9 Patient has been PU/PD since he was several weeks old, and owner has reported a foul smell to the urine since he was a few weeks old as well.

SPECIES Abnormal PE/Chem/CBC/UA Results: USG 1.004 BUN 130 Crea 12.7 phos 11.4 Amylase 2,024
Canine Current Medications None Radiographic Findings N/A

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Aussie Mix *Urinary System*

SEX 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 minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE 14mo The left kidney was mildly prominent in size with marked asymmetrical margination and moderate to marked non-uniform hyperechoic to discretely nodular cortical hypertrophy. Marked loss of corticomedullary border demarcation and severe loss of medullary volume was present. Minor left kidney pyelectasia was present. The right kidney was subnormal in size compared to the left exhibiting similar appearing marked asymmetrical margination, irregular to nodular variable hyperechoic cortical hypertrophy and marked loss of corticomedullary border demarcation. Minor right kidney pyelectasia was present. The left kidney measured 6.2 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT 33.4lb

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

The prostate was of expected size and presentation for a young intact male canine without overt pathology measuring 2.3 cm in diameter.

IMAGING PERFORMED BY

Sara Hansen

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 2.4 cm length. No overt pathology in the area of the right adrenal gland.

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Hospital

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.

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Dr. Smith

Liver/Gallbladder

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.

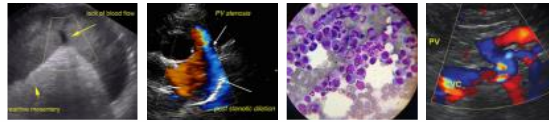
INVOICE

12981ag

DATE

02/15/2023

Gastrointestinal



PATIENT

Blue Keane

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BREED

Aussie Mix

SEX

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme 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.

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

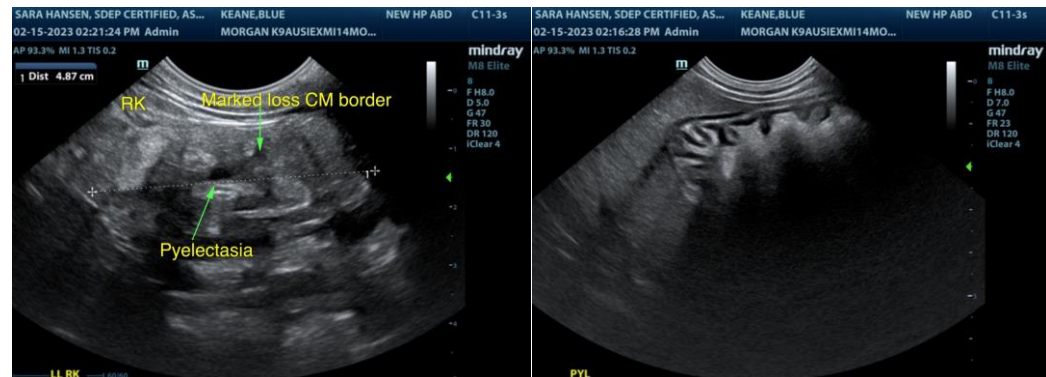
No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral severe congenital dysplasia renal pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral renal presentation is consistent with chronic nephropathy as opposed to acute kidney injury or insult and given the patient's age most consistent with marked congenital renal dysplasia. Potential for severe non-specific chronic nephritis i.e., pyelonephritis possible yet considered less likely. No evidence of neoplastic criteria. Given the degree of azotemia, subnormal USG and renal appearance, an unfavorable long term prognosis is indicated. Empirical CRD therapy with as needed GI support is suggested.



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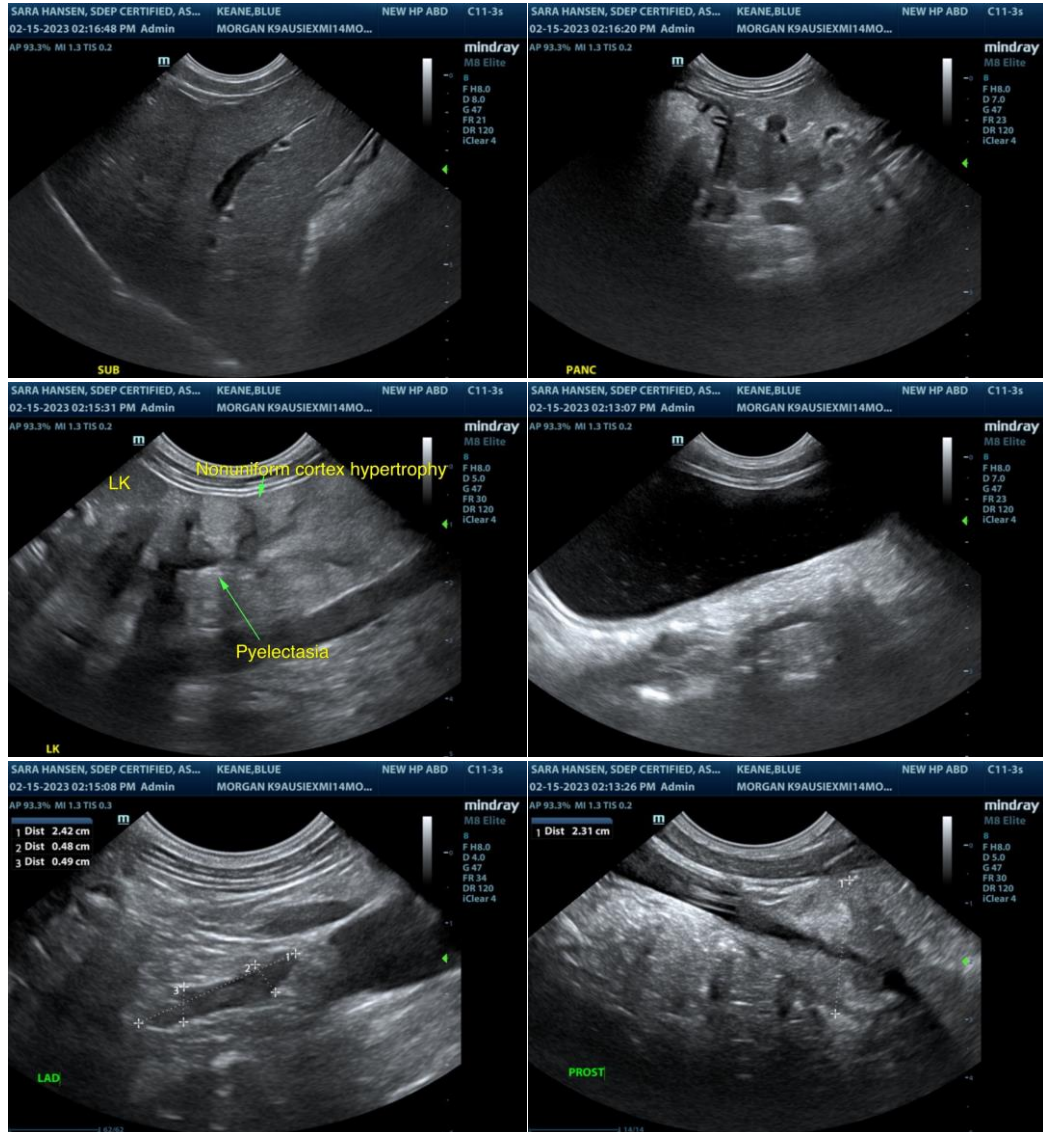
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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