



PATIENT	PRESENTING CLINICAL SIGNS
Koira Moad	Koira has been hospitalized for 3 days for inappetence. Relevant PE findings were groaning on abdominal palpation. Laboratory findings included increased SDMA, creatinine, urea, phosphorus, and WBC with an abnormal snap cPL. UA showed WBC, RBC and suspected cocci.
SPECIES	
Canine	Koira has been treated with the following medications in addition to IV fluids: cerenia, 0.1mL/kg SID, ampicillin 22 mg/kg IV BID, Baytril 10 mg/kg SQ SID, and ondansetron, 0.3 mg/kg SID. His clinical signs are not improving. In addition to the ultrasound images, radiographs are attached. The most significant reported finding was unusually shaped kidneys.
BREED	
Collie	
SEX	Abnormal PE/Chem/CBC/UA Results: 2/14/23: WBC=21.78 (5.05-16.76) Neuts=17.60 (2.95-11.64) Glucose=9.87 (3.89-7.95) SDMA=23 (0-14) Creat=209 (44-159) Urea=20.2 (2.5-9.6) Phos=3.18 (0.81-2.20) Amylase>2500 (50-1500) Snap CPL=abnormal UA: (free catch) usg=1.020 protein=30 blood=250 Ery/microliter WBC=6/hpf RBC=28/hpf suspected cocci
M/N	
AGE	
10 years	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
WEIGHT	Urinary System
39.7 kg	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory criteria, tumors, or neoplastic changes was noted.
INTERPRETED BY	The residual prostate was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the aortic trifurcation was free of pathology.
IMAGING PERFORMED BY	Normal size and asymmetrical margination were present in the kidneys with mild nonuniform cortex including areas of increased cortical echogenicity, consistent with cortical infarcts. Moderate loss of corticomedullary border demarcation was present. No evidence of pyelectasia, left or right retroperitoneal inflammation, or effusion was noted. The left kidney measured 7.2 cm in length. The right kidney measured 7.3 cm in length.
Donna Markland, DVM	Adrenal Glands
HOSPITAL NAME	The left adrenal gland was not visualized. The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland subjectively measured 0.68 cm width at the caudal pole.
Island Mobile Paws Veterinary Services	Spleen
REFERRING VET	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No splenic masses were noted.
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2/16/23	



PATIENT

Liver/ Gallbladder

Koira Moad

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. 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.

SPECIES

Canine

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Gastrointestinal

The stomach presented sonographically unremarkable visualized wall layering. The stomach appeared to be mildly distended with luminal gas. No overt evidence of retained ingesta, fluid, or foreign material was noted.

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.

WEIGHT

39.7 kg

Pancreas

The pancreas was normal in size and contour with heterogeneous isoechoic parenchyma compared to adjacent non-reactive or inflamed peripancreatic omentum. No signs of active inflammation or neoplasia.

INTERPRETED BY

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

IMAGING PERFORMED BY

Donna Markland,
DVM

ULTRASONOGRAPHIC FINDINGS

- Chronic nephropathy with cortical infarcts
- Mild heterogeneous pancreas
- Sonographically unremarkable gastrointestinal tract with mild gastric gas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall renal presentation is most consistent with chronic nephropathy, although the potential for acute on chronic renal insult cannot be definitively excluded. Renal changes which may be associated with pyelonephritis i.e., pyelectasia, were not present. However, an underlying infection could be a contributing factor.

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No sonographic evidence of active or significant pancreatitis with possible secondary increased cPL owing to decreased renal function. Potential for low-grade to chronic pancreatitis, which may present as sonographically normal, is possible.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Continued gastrointestinal and renal support with an assessment of renal response going forward, as well as monitoring of systemic BP is recommended.



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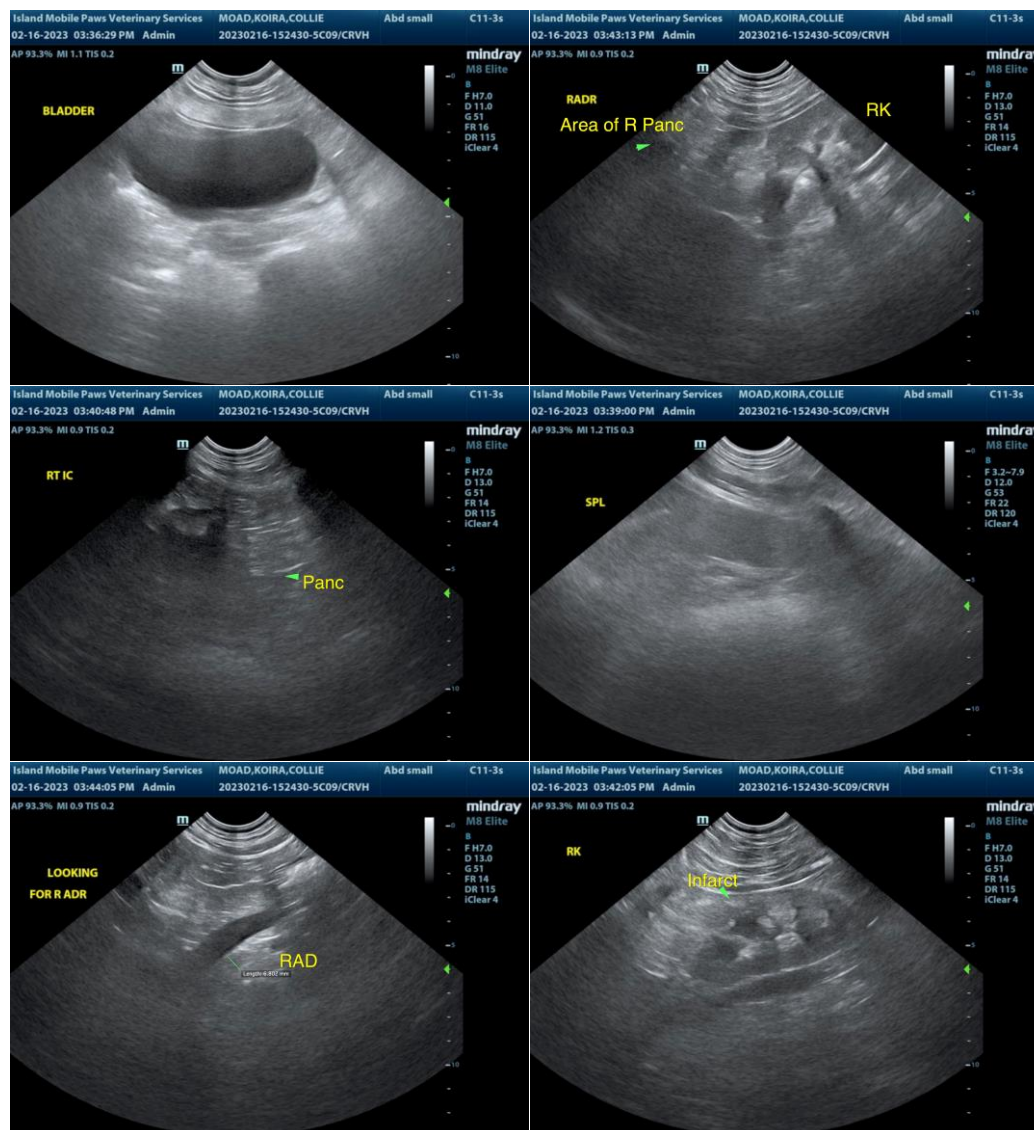
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Subjectively, the kidneys did not overtly appear to be end-stage, yet the prognosis is likely dependent upon renal response to supportive care going forward. If the patient is stabilized, CRD therapy pending assessment for underlying infection would be appropriate. No evidence of intraabdominal neoplastic criteria was noted.



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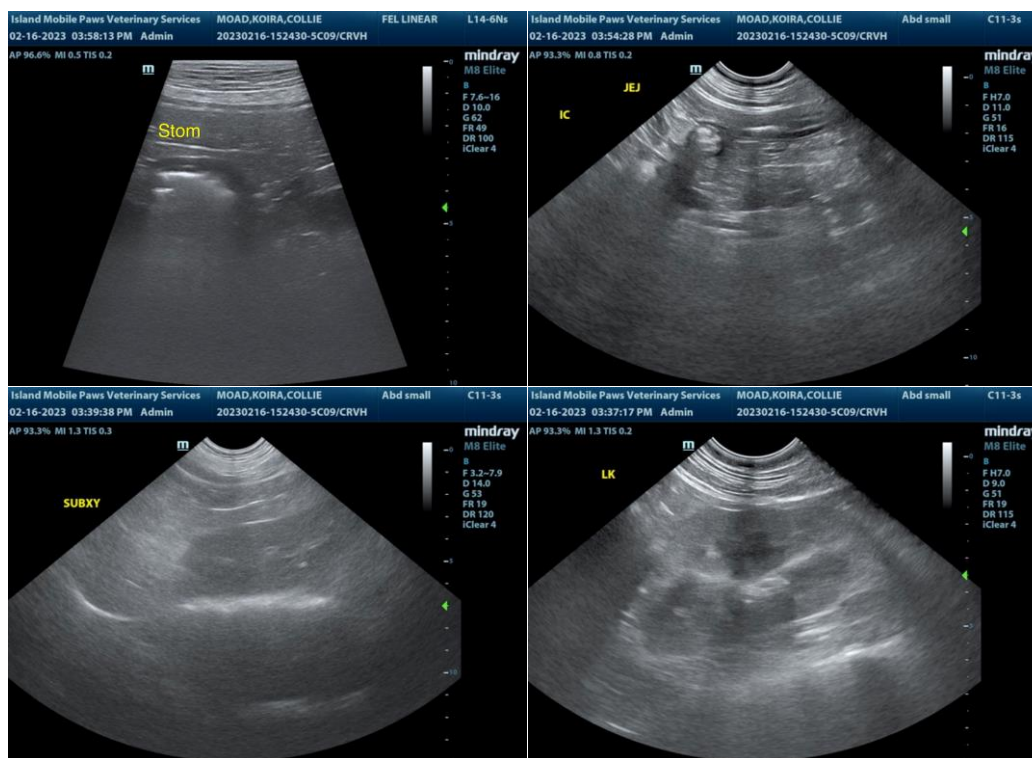
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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