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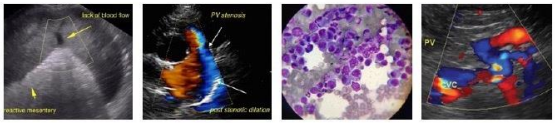

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Pruie Harkness

SPECIES

Canine

BREED

DSH

SEX

M/N

AGE

11 years

WEIGHT

5.33 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region EC

REFERRING VET

Beckstead/Bourque

INVOICE

16213

DATE

2/17/23

PRESENTING CLINICAL SIGNS

Seen here after being seen by family DVM and was diagnosed with UTI on Tuesday and was not urinating well. Did not have urethral obstruction. Has been on Clavamox. Has been vomiting and inappetant, dehydrated. Was given Methadone, Maropitant, pantoprazole.

Abnormal PE/Chem/CBC/UA Results: Lymphopenia, SNAP pro fPL abnormal, T4 40(grey zone of patient) USG greater than 1.050, Proteinuria 30mg/dl, Ketonuria 15 mg/dl, UBG 1mg/dL, Hematuria 10ery/microL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended yet exhibited normal tone containing primarily anechoic urine with mild non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Scant free fluid was present in the left retroperitoneal space. No evidence of pyelectasia was noted. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.

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. The spleen measured 0.7 cm width at the level of the hilus.

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.

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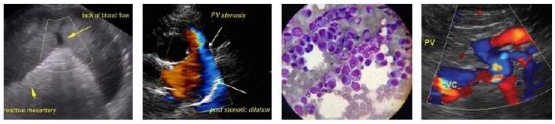

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Gastrointestinal

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 gastric body wall width measured 0.24 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. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.20 cm width.

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

Pancreas

The proximal left pancreatic limb and pancreas base exhibited normal size and minor capsule asymmetry with subtle hypoechoic parenchyma compared to adjacent mildly hyperechoic peripancreatic omentum. Evidence of minor pancreatic duct dilation was noted.

Free Abdomen

No omental masses, omental lymphadenopathy, or evidence of peritoneal free fluid were noted.

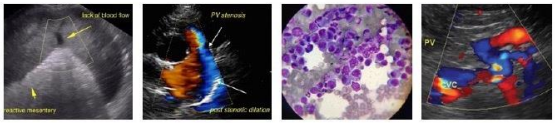
ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes with scant left retroperitoneal free fluid
- Nondistended urinary bladder with mild urinary bladder sediment
- Sonographically unremarkable gastrointestinal tract
- Probable low-grade no mild pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S as well as UPC level if no evidence of significant inflammatory sediment is recommended. The potential of nonspecific nephritis i.e., interstitial or glomerulonephritis in addition to nonspecific or chronic renal changes is possible.

Hospitalization with rehydration protocol, as-needed gastrointestinal support, and empirical therapy for mild pancreatitis with an assessment of clinical response would be reasonable. Monitoring for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas as well as possible discomfort associated with the left kidney on palpation is suggested. Recheck sonogram is recommended if recurrent clinical signs suggestive of persistent pancreatitis and/or nephritis are noted.



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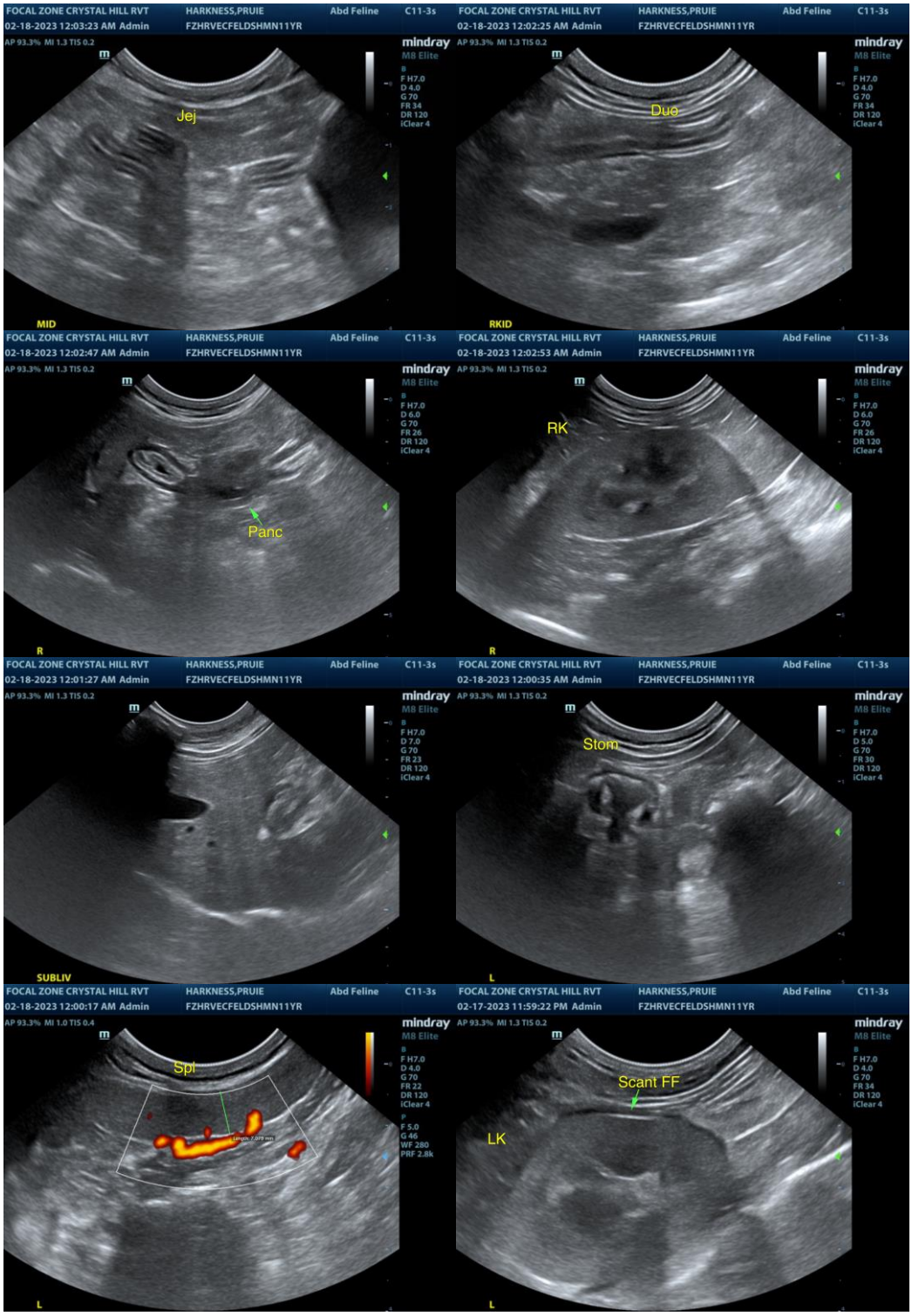

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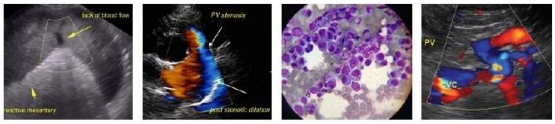

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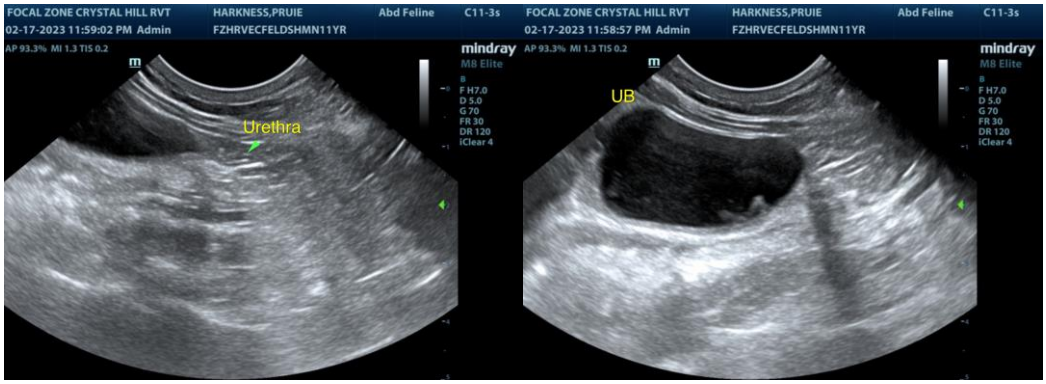

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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