

**PATIENT**

Rosa Taylor

SPECIES

Canine

BREED

Golden

SEX

Intact Female

AGE

2 years

WEIGHT

63.6 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Jillian Sullivan

INVOICE

13230

DATE

2/2/22

PRESENTING CLINICAL SIGNS

1 week history of inappetence and vomiting. Current on vaccines.

Abnormal PE/Chem/CBC/UA Results: Presented to AEC on Saturday afternoon and diagnosed with severe azotemia (BUN 170, creat >20). Treatment of IVF, doxycycline, famotidine, and cerenia initiated presuming toxin or infectious (lepto). Transferred to RDVM on Monday, renal values slightly improving (BUN 126, creat > 13.6), intermittent appetite. Is currently hospitalized and continued with above treatments. Did eat some a/d this morning and no vomiting. Slight anemia yesterday and urine SpGr 1.010 both attributed to IVF therapy. Lepto titer pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was distended in size yet with subjective normal tone with anechoic urine. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

No overt pathology was noted in the area of the uterus or bilateral ovaries, although indistinctly visualized.

The area of the aortic trifurcation was free of pathology.

Normal size and contour were present in the kidneys. A maintained 1:3 cortex / medulla ratio with normal corticomedullary echogenicity and corticomedullary border demarcation were present. No evidence of pyelectasia was noted in either kidney. The left kidney measured 7.3 cm in length. The right kidney measured 7.7 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 1.5 cm length x 0.57 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.75 cm width 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/ Gallbladder

The liver exhibited potential for mild generalized enlargement with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was mildly dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The gallbladder was non-distended in size. The gallbladder wall was mild to moderately thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. The gallbladder wall width measured 0.27 cm. This is consistent with gallbladder wall edema. Possible

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causes may include acute inflammation, edema and anaphylaxis. The cystic and common bile ducts were normal.

Gastrointestinal**SPECIES**

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The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The ventral gastric body wall measured 0.53 cm width. Mild gastric distension with anechoic fluid was present. Mild retained nonshadowing chyme was present.

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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 width measured 0.49 cm.

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

Pancreas**AGE**

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The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

Moderate volume, primarily retroperitoneal to mild peritoneal free fluid was present. Generalized reactive mesentery was present. Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph nodes were not consistent with inflammatory or neoplastic criteria.

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ULTRASONOGRAPHIC FINDINGS**IMAGING****PERFORMED BY**

Sarah Pender, CVT

Primary Findings

- Acute nephropathy
- Mild hepatic congestion with mild to moderate gallbladder wall edema
- Edematous pancreas
- Gastroenteritis pattern with minor subjective wall edema
- Retroperitoneal to mild peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

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The appearance of the bilateral kidneys is consistent with acute renal insult or kidney injury as opposed to chronic renal changes or dysplasia. Consider Leptospirosis/infectious disease, toxicity (grape, raisin, or other).

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The retroperitoneal and mild peritoneal free fluid along with evidence of mild hepatic congestion and gallbladder wall edema may indicate increased hydrostatic pressure, potentially owing to retained fluid and likely suggestive of non-septic effusion. Effusion analysis, cytology +/- C/S if evidence of inflammatory cells may be considered for further clarification. Continued therapy for acute renal

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failure with monitoring of urine output body weight, as well as for evidence of progressive third spacing of fluid and as-needed gastrointestinal support are recommended.

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A guarded prognosis pending additional diagnostics and given the degree of azotemia is warranted.

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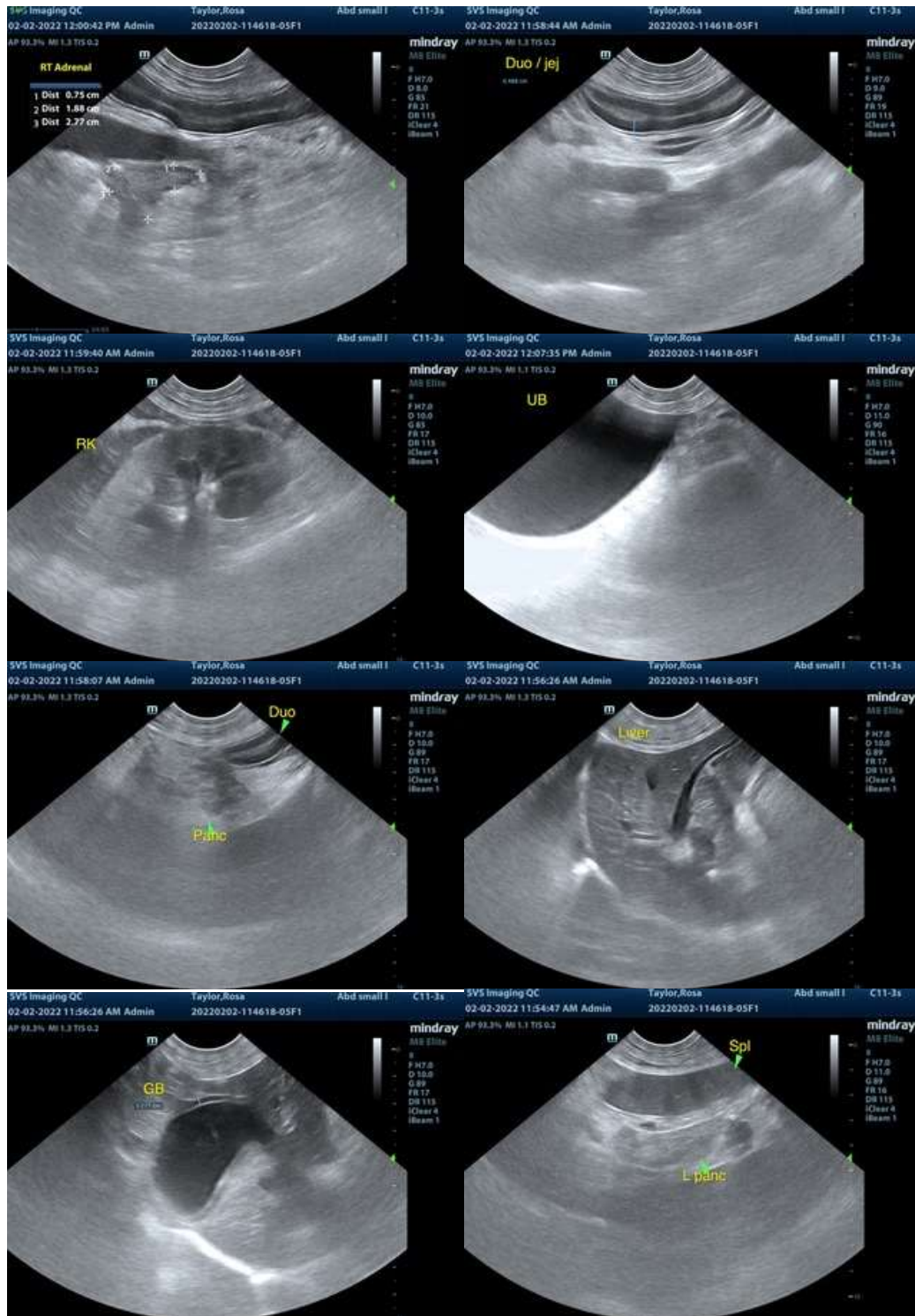
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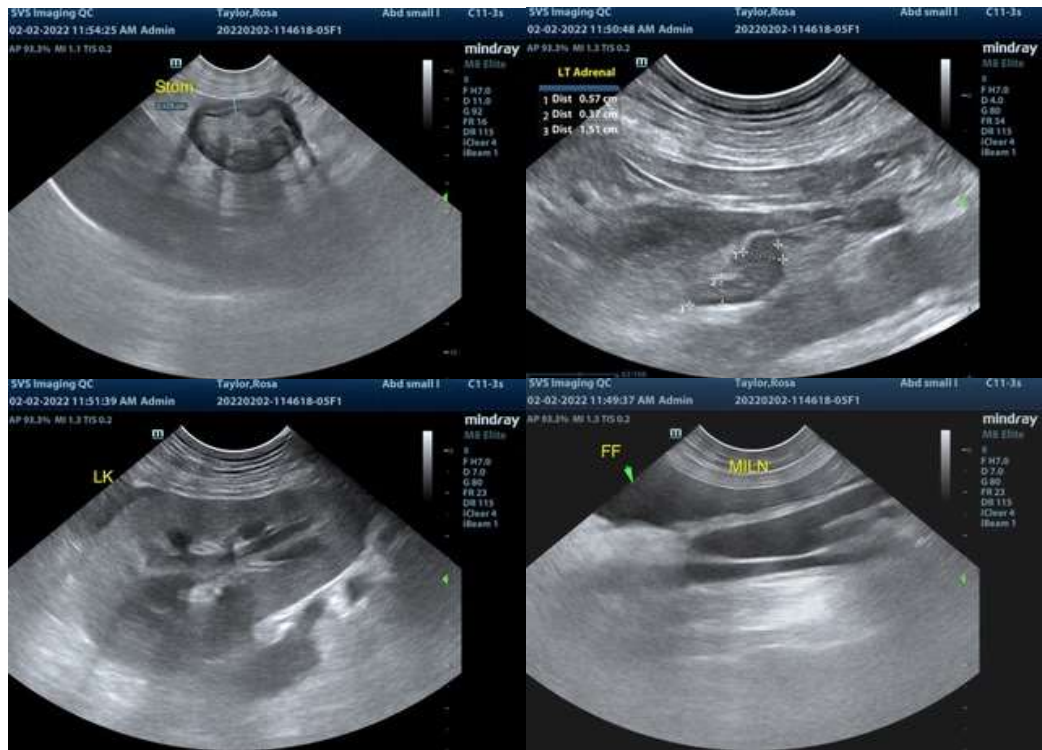
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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