



PATIENT	PRESENTING CLINICAL SIGNS
Holly Rose Liddy	Kidney check dx with Lyme Dz on 1/31 apparent UTI on 2/27 but R/O nephritis Current meds Doxy
SPECIES	Abnormal PE/Chem/CBC/UA Results: U/A proteinuria, hematuria, pyuria, few squamous epithelial cells SG 1.048
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Poodle X	Urinary System
SEX	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.
Female	
AGE	The area of the aortic trifurcation was free of pathology.
7 Months	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Subjective normal to adequate vascularity. The kidneys measure 4.5 cm each.
WEIGHT	
14	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.9 cm length x 0.54 cm at the caudal pole. The left adrenal gland measured 1.9 cm length x 0.41 cm at the caudal pole.
IMAGING PERFORMED BY	Spleen
Jenn	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.
HOSPITAL NAME	Liver
Rockaway AH	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.
REFERRING VET	Gastrointestinal
Dr. Kahn	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.
INVOICE	
45515	
DATE	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.
2/27/23	Normal visible colon wall layers were present with apparent formed feces in lumen.



PATIENT

Holly Rose Liddy

SPECIES

Canine

BREED

Poodle X

SEX

Female

AGE

7 Months

WEIGHT

14

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

45515

DATE

2/27/23

Pancreas

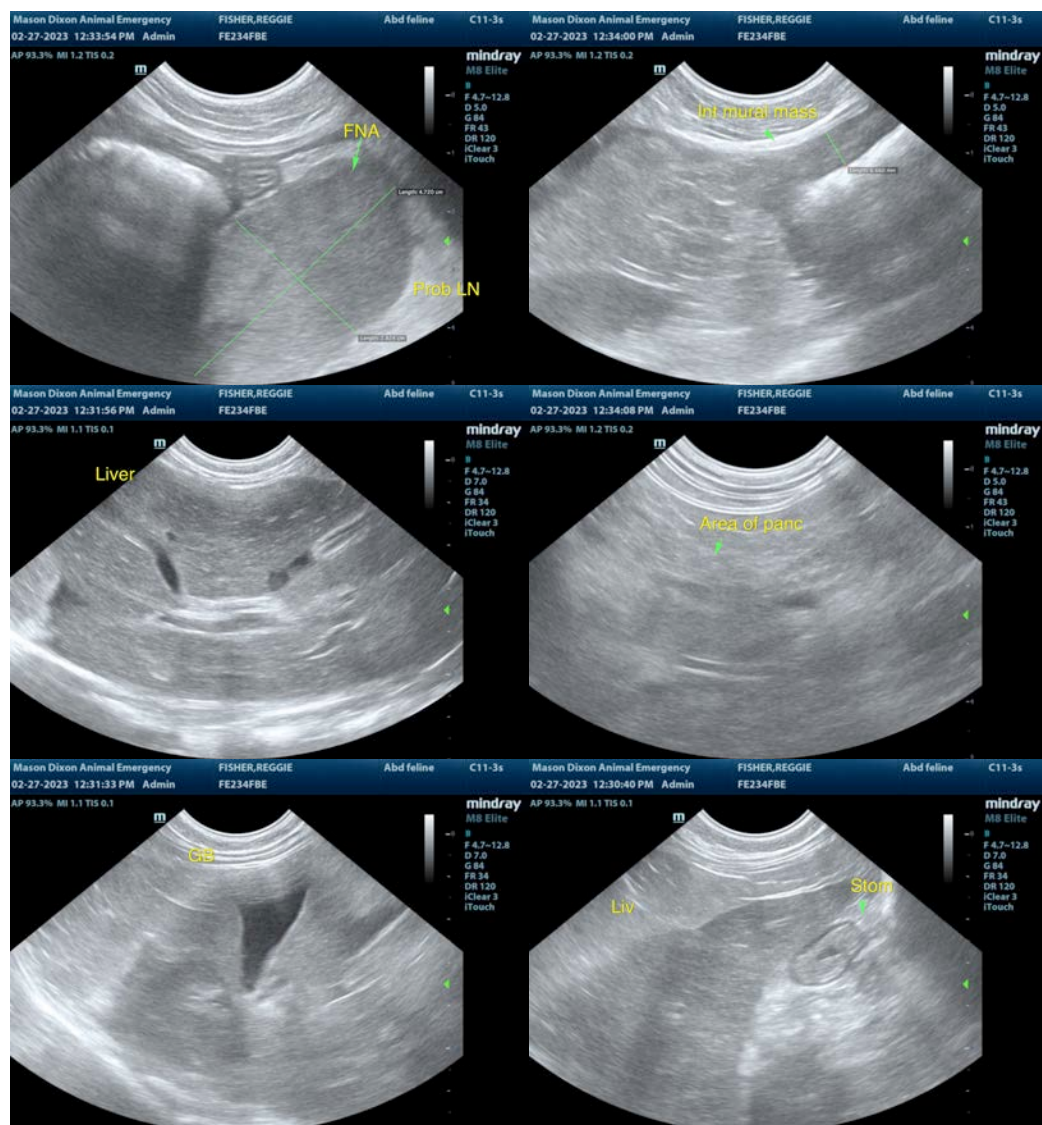
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

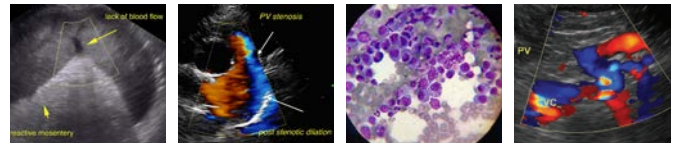
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable upper and lower urinary tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of visceral, specifically renal or urinary bladder/urethral pathology. Baseline UPC level recommended, given reported proteinuria. Continued monitoring of renal parameters and for persistent/progressive proteinuria pending baseline UPC level suggested. Urine culture and sensitivity on sterile urine sample recommended (if not already done).





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Canine

BREED

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SEX

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AGE

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IMAGING PERFORMED BY

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HOSPITAL NAME

Rockaway AH

REFERRING VET

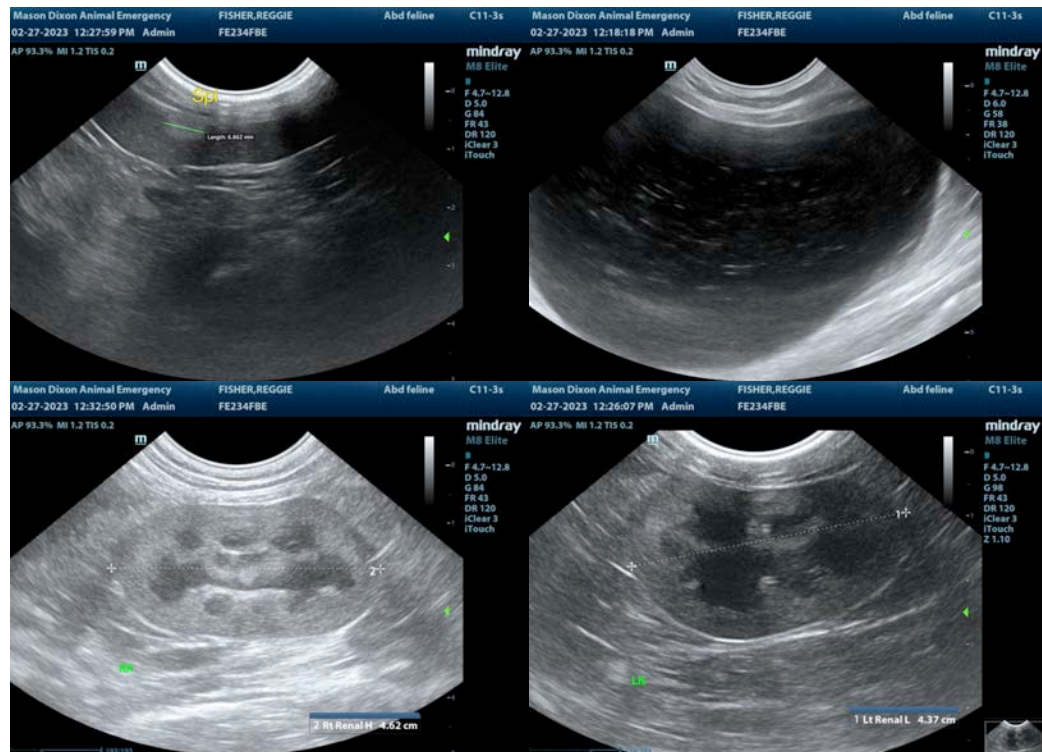
Dr. Kahn

INVOICE

45515

DATE

2/27/23



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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