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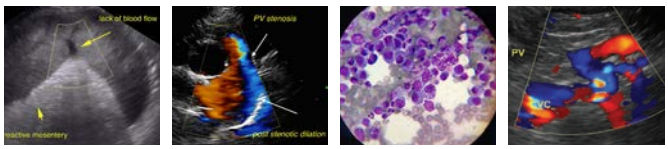
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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1-800-838-4268 info@sonopath.com

PATIENT
Koda Jamroziak

SPECIES
Canine

BREED
German Shepherd Dog

SEX
Spayed Female

AGE
7 Years

WEIGHT
33.7 kg

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

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Alpine 24 Hour Pet Hospital

REFERRING VET
Dr. Katz

INVOICE
45545

DATE
2/27/23

PRESENTING CLINICAL SIGNS

Hematuria, pollakiuria and stranguria.

Abnormal PE/Chem/CBC/UA Results: Azotemia - SDMA 27, creatinine 258, BUN 12.4. Hematuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with anechoic urine. Accumulated areas of suspected variably echogenic sediment and pinpoint mineral noted in the dependent portions of the urinary bladder lumen as well as in the area of the dorsal trigone and possible irregular to indistinct emerging mass lesion in the area of the dorsal trigone. The urethra was overtly normal to 3.0 cm. No evidence of medial iliac or sublumbar lymphadenopathy.

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. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Pinpoint medullary mineral was present. Moderate left kidney pyelectasia to emerging hydronephrosis with concurrent subjective generalized variable left hydroureter present. Potential for cellular debris within the dilated left kidney renal pelvis as well as within segments of the dilated left ureter. No definitively visualized left ureteral calculi. Left ureter dilation measured up to 0.70 cm. Definitive evidence of concurrent right hydroureter was not visualized, yet the possibility of minor concurrent right ureter dilation is possible. Mild pyelectasia noted in the right kidney. The left kidney meaursed 7.2 cm. The right kidney was mildly subnormal in size compared to left, measuiring 5.4 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm at the cranial pole and 0.60 cm at the caudal pole.

No overt pathology in the area of the right adrenal gland.

Spleen

The spleen was normal in size and contour. Mild generalized splenic parenchyma heterogeneity. No masses or nodules. Normal splenic vascularity.

Liver

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.

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 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.

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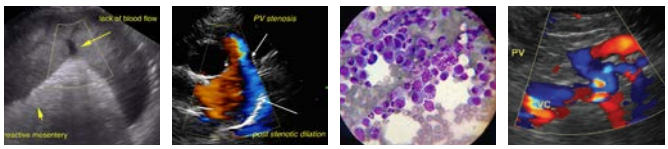

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Pancreas

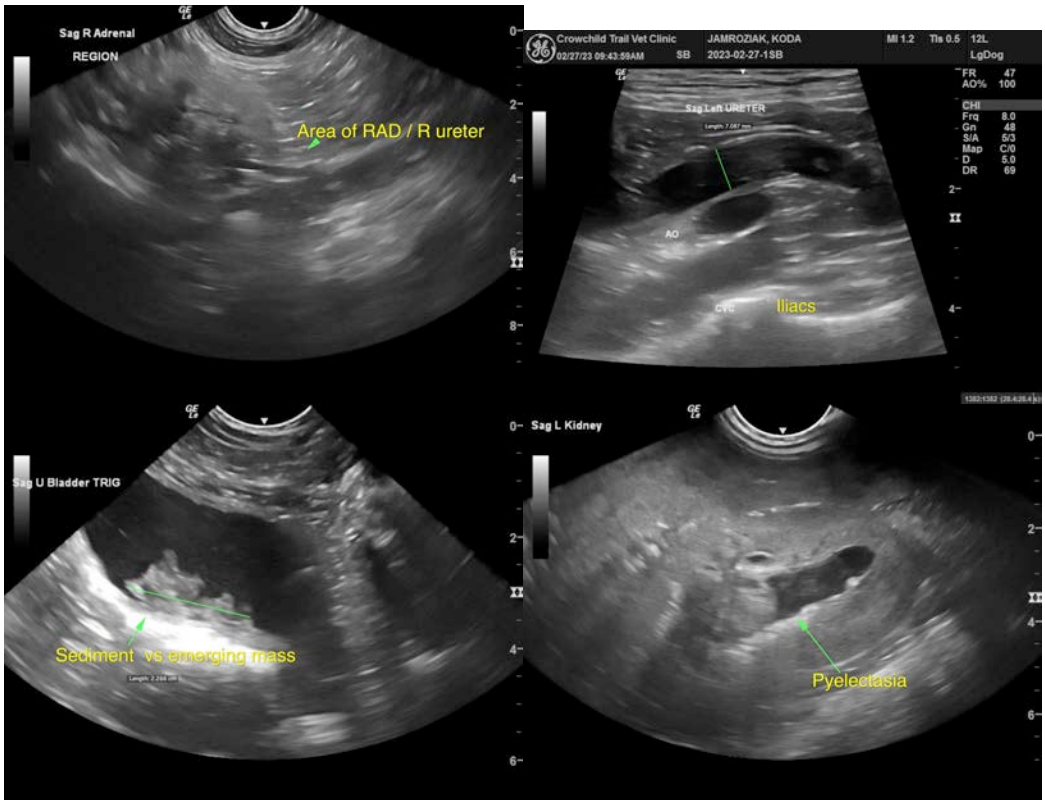
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Mild accumulated variably echogenic to pinpoint mineralized urinary bladder sediment, possible ill-defined to irregular mass lesion in the dorsal trigone – The sediment may indicate cellular debris/protein, atypical blood clots, or pyuria, given the patient's history.
- Left kidney non-specific suggestive chronic nephropathy/nephritis pattern with mild pyelectasia/emerging hydronephrosis, concurrent variably dilated generalized left hydroureter.
- Right kidney non-specific, subjective chronic nephropathy, nephritis pattern with mild pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample as well as screening BRAF assay warranted. Given degree of left hydroureter, post-renal obstructive criteria is met and highly suspected, although it was unclear if primary ureteral obstruction or obstruction at the level of the ureteral papillae was present. Bilateral chronic pyelonephritis with significant left ureteritis could be possible, although indistinct neoplastic criteria at the level of the urinary bladder may be a primary concern, although not definitive. Referral for additional assessment, therapeutic options, and/or contrast imaging likely ideal.



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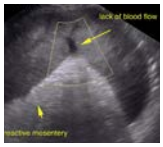
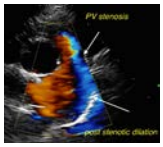
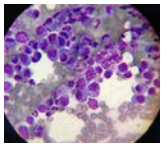
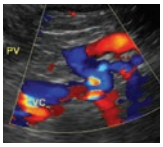

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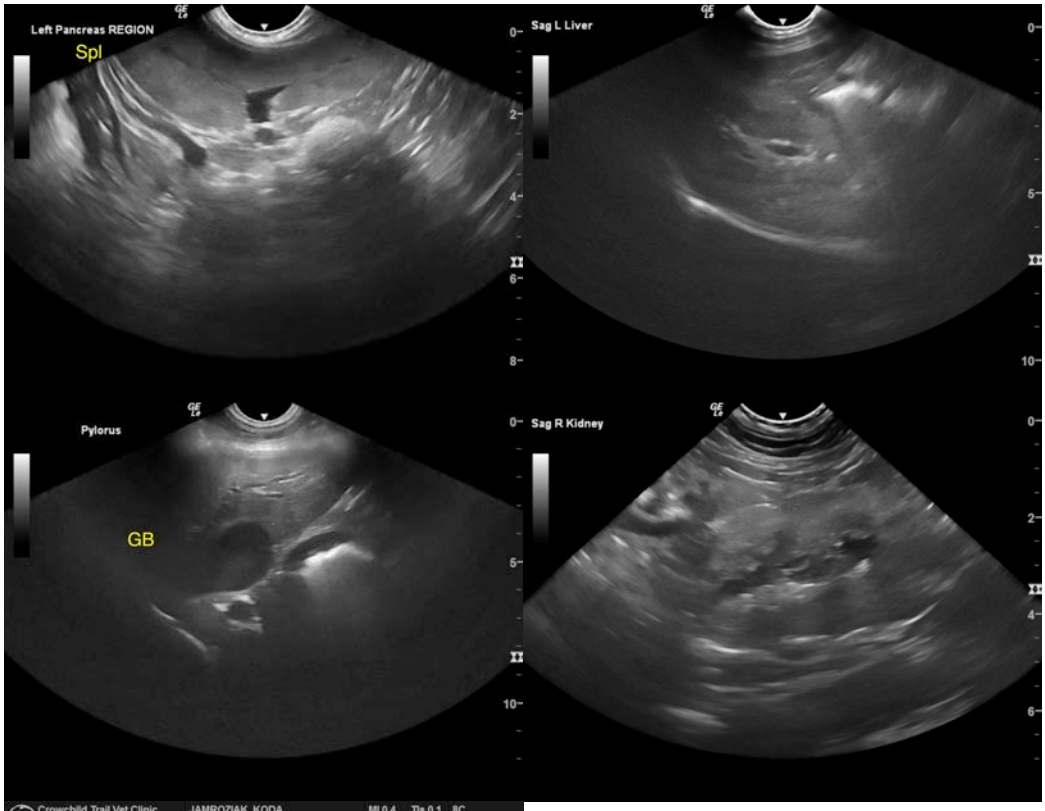

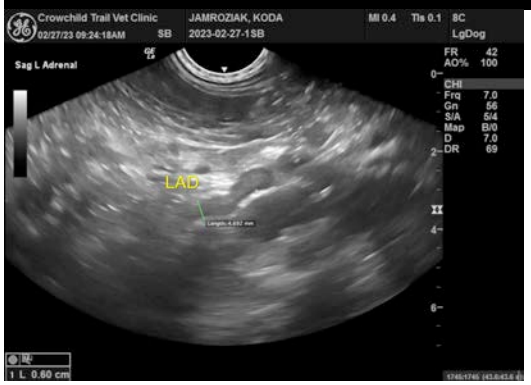

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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