**PATIENT**

Madi Dare

SPECIES

Canine

BREED

Pit X

SEX

Spayed Female

AGE

7 Years

WEIGHT

53 Pounds

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

Sara Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Clinton

INVOICE

45542

DATE

2/27/23

PRESENTING CLINICAL SIGNS

Presented 2/7 for 5 day history of decreased appetite. Responded a little after giving Cerenia. Previous US with SVS on 8/17/22: • Enteropathy with potential for mild to moderate ileitis • Associated nonspecific yet subjectively benign / reactive mesenteric lymphadenopathy • Mildly prominent to heterogeneous pancreas - suspect low-grade potentially chronic pancreatitis Secondary Findings • Bilateral nonobstructive renal medullary mineralization to small renoliths • Focal congealed gallbladder debris

Abnormal PE/Chem/CBC/UA Results: On presentation had a 105.1F temp and was QDR with non-specific findings on exam. CBC - mild non-regenerative anemia w/ low Retic-Hgb, elevated WBC (total, neut, and mono) with band neutrophils suspected. Low phos (2.3) and elevated ALP (1098) on chemistries. Treated with fluids and ampicillin initially then transitioned to oral Amoxicillin @15 mg/kg in case of possible leptospira despite her vaccination status. On 50 mg Prednisone for management of IBD. Recheck bloodwork on 2/22 showed resolution of anemia and WBC almost back to normal (neut still slightly elevated). ALT is now elevated (78-> 468) and ALP further elevated (1098 -> greater than 2000; no dilution performed). Prednisone was tapered to 25 mg PO SID ~1 week prior to recheck bloodwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in size and tone. Variably thickened, primarily ventral to ventroapical urinary bladder exhibiting mild asymmetrical luminal surface contour and similar echogenicity to mildly thickened dorsoapical to dorsal urinary bladder. Anechoic urine present. Moderate particulate to accumulated sediment noted, which appeared to be non-dependent to dependent within the bladder lumen. No evidence of macro calculi. The urethra was normal in structure and tone to a depth of 3.0 cm.

The kidneys were normal to possibly mildly prominent in size. Mild to moderate loss of corticomedullary border demarcation noted. Both kidneys exhibited moderate to severe hydronephrosis exhibited by anechoic urine distention with secondary loss of medullary parenchyma. Intact left and right cortex. Areas of small renoliths noted within the area of the pelvis in both the left and right kidneys. Concurrent left and right hydroureter exiting the left and right kidney respectfully, extending caudally with both ureters containing visualized variably sized calculi. Example of left ureteral calculi measured 1.5 cm in diameter. Example of right ureteral calculi measured 0.73 cm in diameter. Subtle evidence of left retroperitoneal anechoic free fluid and increased retroperitoneal echogenicity. No overt evidence of right retroperitoneal free fluid.

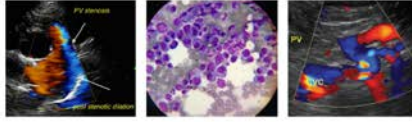
Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.41 cm at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.39 cm 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

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The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. Mild non-organized echogenic gallbladder debris present without evidence of gallbladder or peripheral gallbladder inflammation. 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 contained mild to moderate variably echogenic ingesta most consistent with post prandial presentation without 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 presented minor segmental non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

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

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.

Free Abdomen

Scant cranial abdominal anechoic peritoneal free fluid noted, primarily around the ventral liver.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral hydronephrosis with medullary renolithiasis, concurrent left and right hydroureter exhibiting bilateral ureteral calculi, more prominent in the right kidney/right ureter.
- Benign hepatopathy/hepatomegaly
- Mild gallbladder debris – not consistent with mucocele criteria.
- Variable cystitis pattern with moderate urinary bladder sediment, possible pyuria or blood clot.
- Sonographically unremarkable gastrointestinal tract with mild gastric and segmental intestinal ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample recommended to assess for underlying infection as well as screening BRAF assay recommended. Although no reported azotemia in this patient, functionality of the right kidney is highly questionable. No obvious evidence of obstruction at the level of the ureteral papillae. Referral recommended for further therapy and intervention with potential preservation of renal function primarily associated with the left kidney. Some degree of potential metabolic or functional gastrointestinal ileus could be considered, given reported decreased appetite or if documented NPO. No gastrointestinal obstructive pattern.



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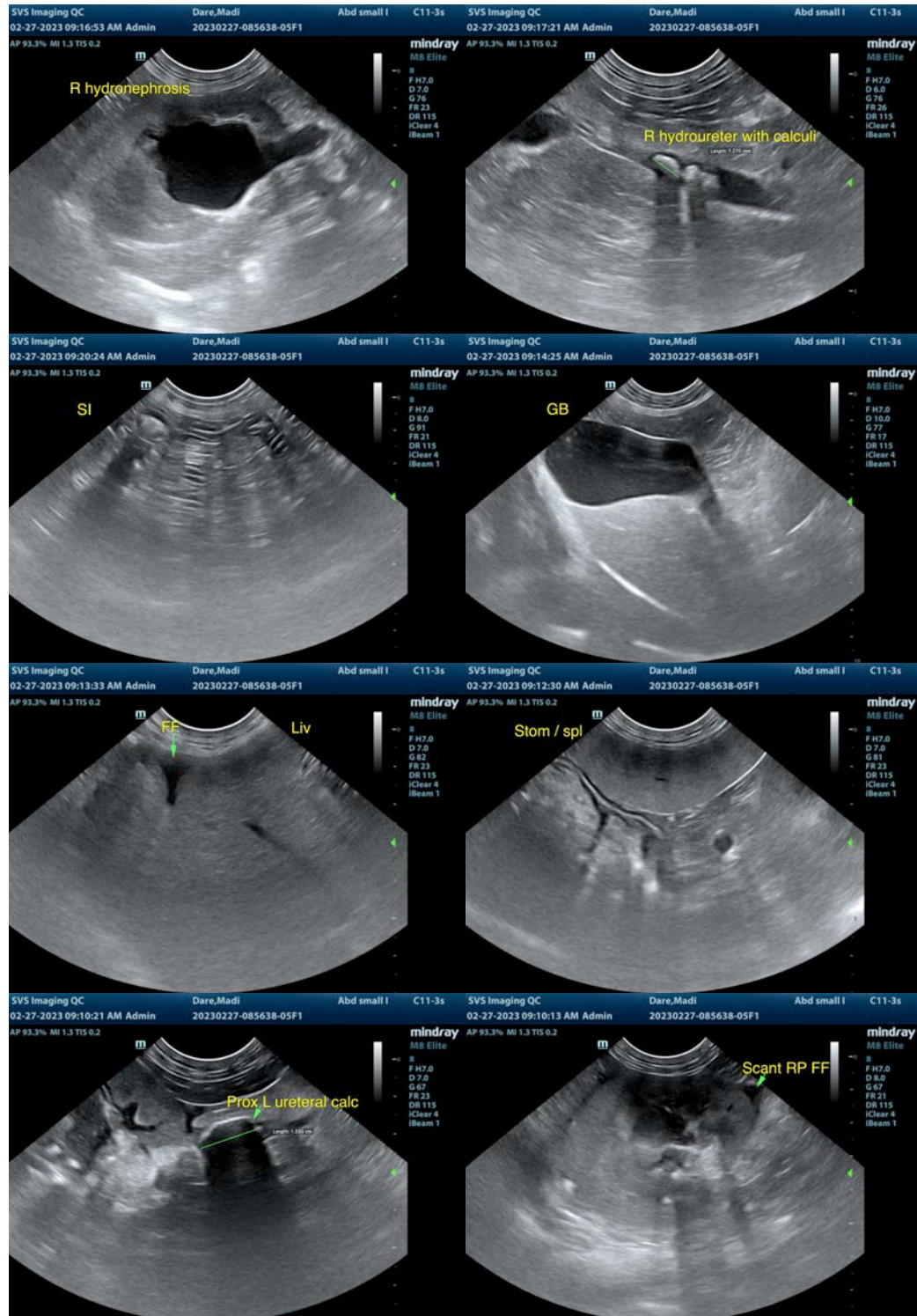
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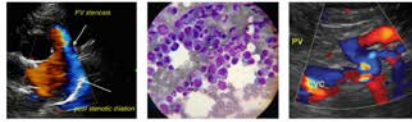
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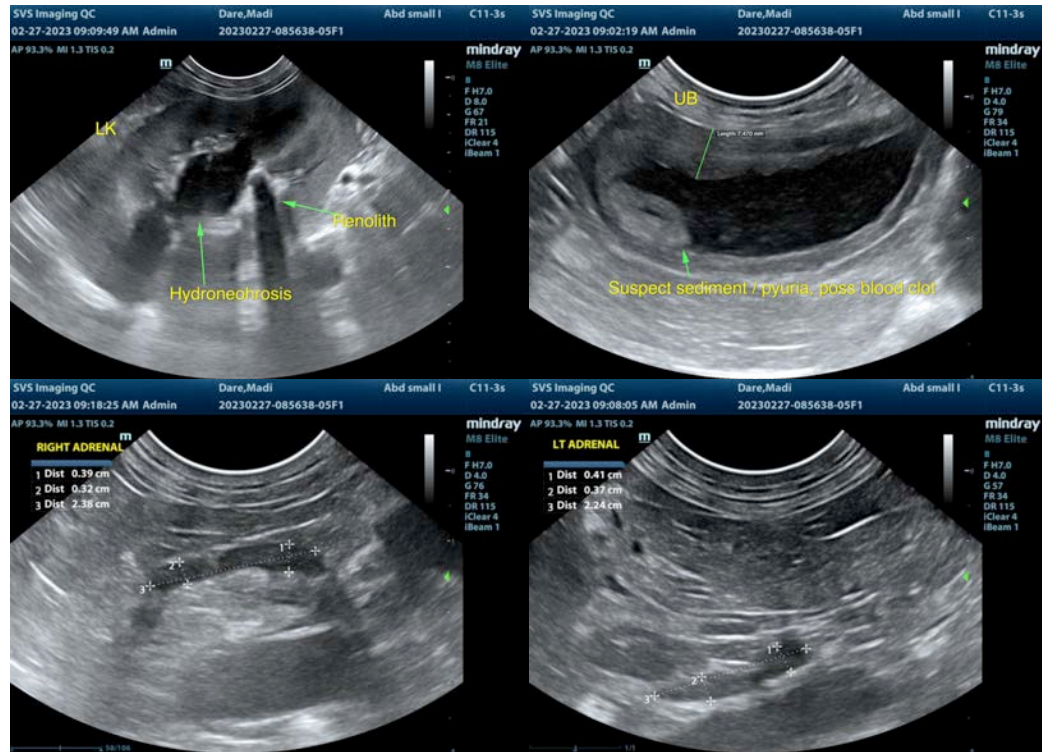
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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