



PATIENT

Max Mauro

PRESENTING CLINICAL SIGNS

Kidney Failure

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Done this morning 2/6/23. The dog was here for the first time this morning.

BREED

Mixed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

MN

Borderline subnormal size and asymmetrical margination were present in the kidneys. Non-uniform hyperechoic cortex with mild cortical hypertrophy and moderate to marked loss of corticomedullary border demarcation was present. Concurrent increased renal echogenicity was present. A solitary cranial left kidney cyst was present measuring 2.2 cm in diameter. The left kidney measured 4.2 cm in length. The right kidney measured 4.8 cm in length.

AGE

17mo

The area of the aortic trifurcation was free of pathology.

WEIGHT

NA

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole and 1.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole and 1.8 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

All Creatures Great
and Small Denville

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.

REFERRING VET

Dr. Mitrovic

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.

INVOICE

12908ag

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.

DATE

02/06/2023



PATIENT

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

Max Mauro

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.

SPECIES

Canine

Free Abdomen

BREED

Mixed

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

- Bilateral congenital renal dysplasia pattern with left kidney cyst
- Minor urinary bladder sediment

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

17mo

Given the young age of the patient and the renal appearance, congenital renal dysplasia is considered likely with non-specific chronic nephropathy possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Renal biopsy would be required for a definitive diagnosis yet may further compromise renal function. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. Essential CRD therapy depending upon degree of azotemia is recommended. A guarded to very guarded long term prognosis is indicated depending on degree of azotemia and management of CRD.

WEIGHT

NA

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(Canine and Feline)

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REFERRING VET

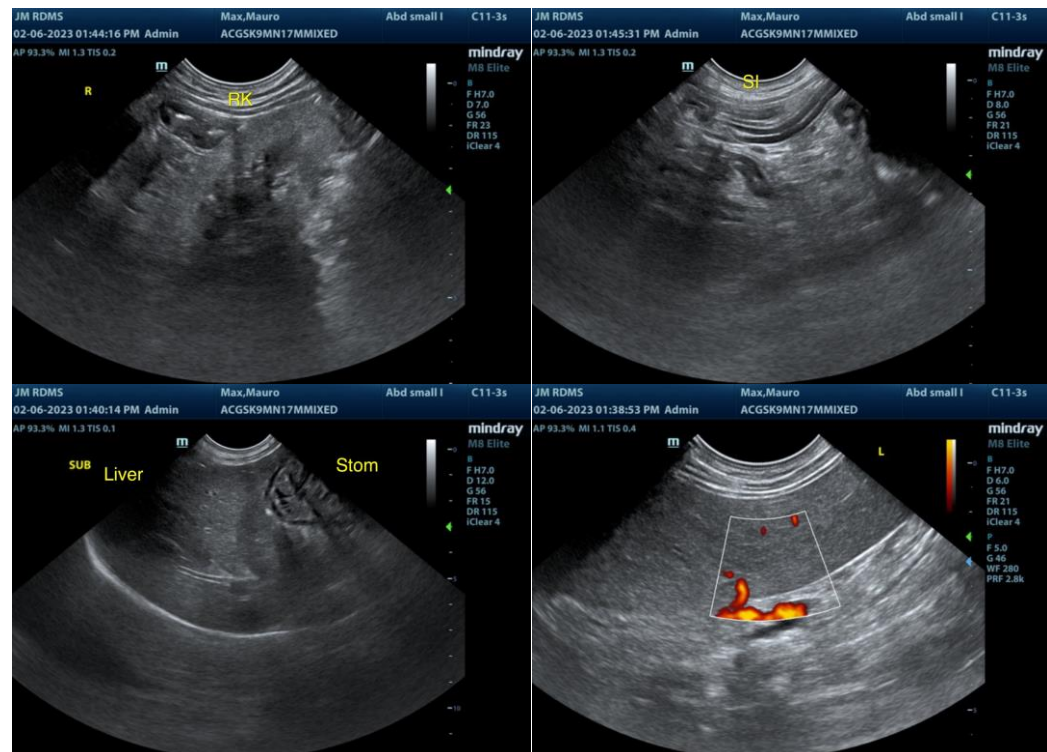
Dr. Mitrovic

INVOICE

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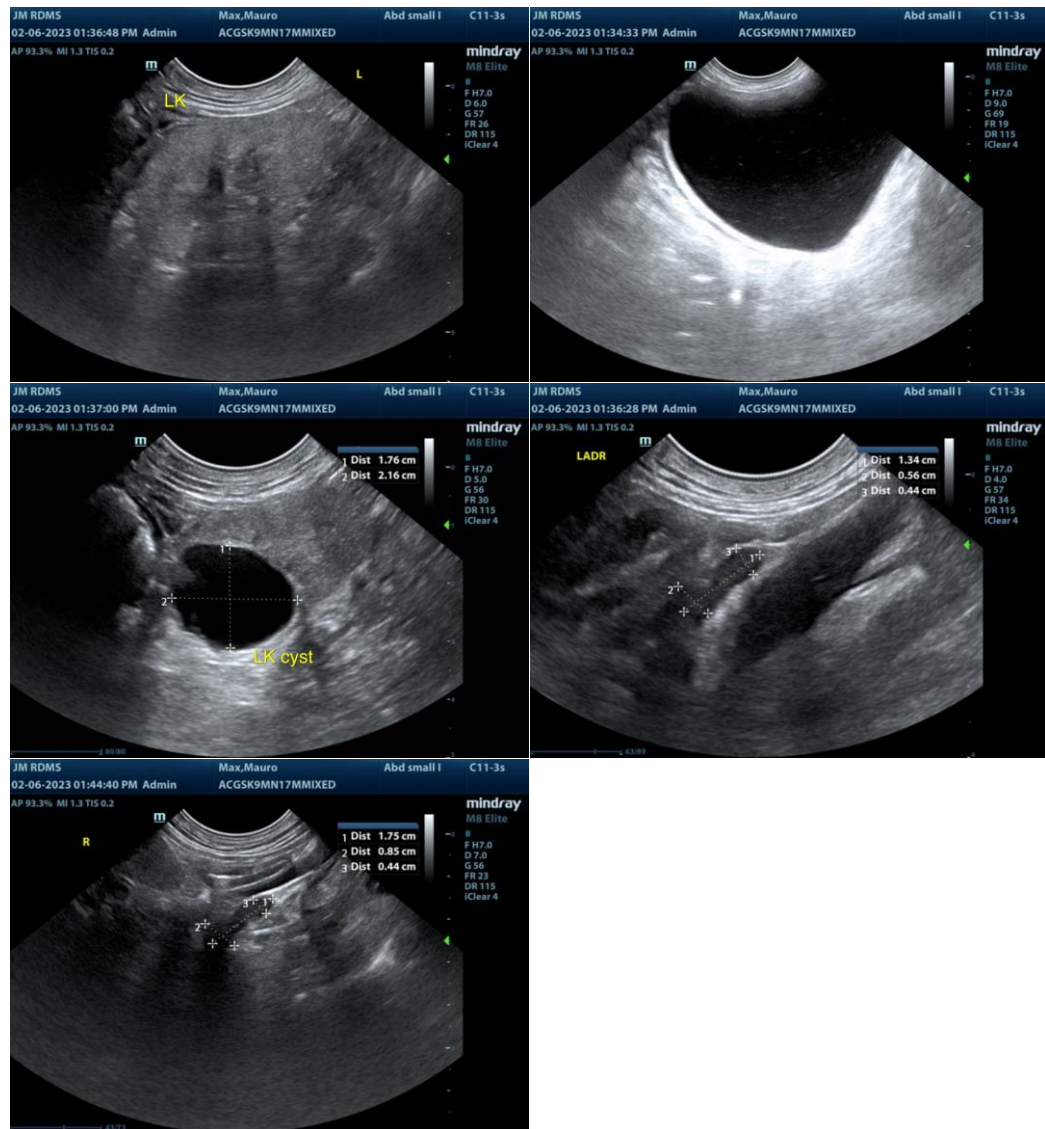
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INVOICE

12908ag

DATE

02/06/2023



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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