

PATIENT PRESENTING CLINICAL SIGNS

Lady Burroughs History: Elevated kidney values

SPECIES Labs: BUN 16, Creat 2.4, WBC 22.9 with mild neutrophilia and lymphopenia, Hematocrit 40%, Albumin 2.3, Potassium 5.5, Urine Spec Grav 1.015 with neg protein and glucose, UPC 0.1

Canine Medication: Proin ER

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

GSD Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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. Aortic trifurcation was normal.

SEX

FS

AGE

10 years Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.2 cm in length.

WEIGHT

94 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 0.63 cm width at the cranial pole.

INTERPRETED BY

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

The right adrenal gland was indistinctly visualized owing to patient size without overt pathology, measuring 0.59 cm at the caudal pole.

Spleen

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, non-expansive, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

HOSPITAL NAME

Annville Cleona VA

Liver

REFERRING VET

Dr. Pinamonti

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

DATE

2.7.2022

Gastrointestinal



PATIENT

Lady Burroughs

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.

SPECIES

Canine

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.

BREED

Pancreas

GSD

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.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

- Mild nonspecific chronic renal changes
- Overtly normal urinary bladder and visible proximal urethra
- Benign splenic nodules- consistent with probable multifocal benign myelolipomas
- Mild gallbladder debris

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

Early CKD therapy, which may include renal diet and continued monitoring of urinalysis would be reasonable. An obvious cause of the mildly decreased albumin levels, given lack of proteinuria and normal overall presentation of the liver was not evident. Continued monitoring of albumin levels recommended. Although thought unlikely, resting cortisol to rule occult Addisons disease, given the nonspecific hypoalbuminemia or if evidence of polyuria/polydipsia may be considered.

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SPECIES

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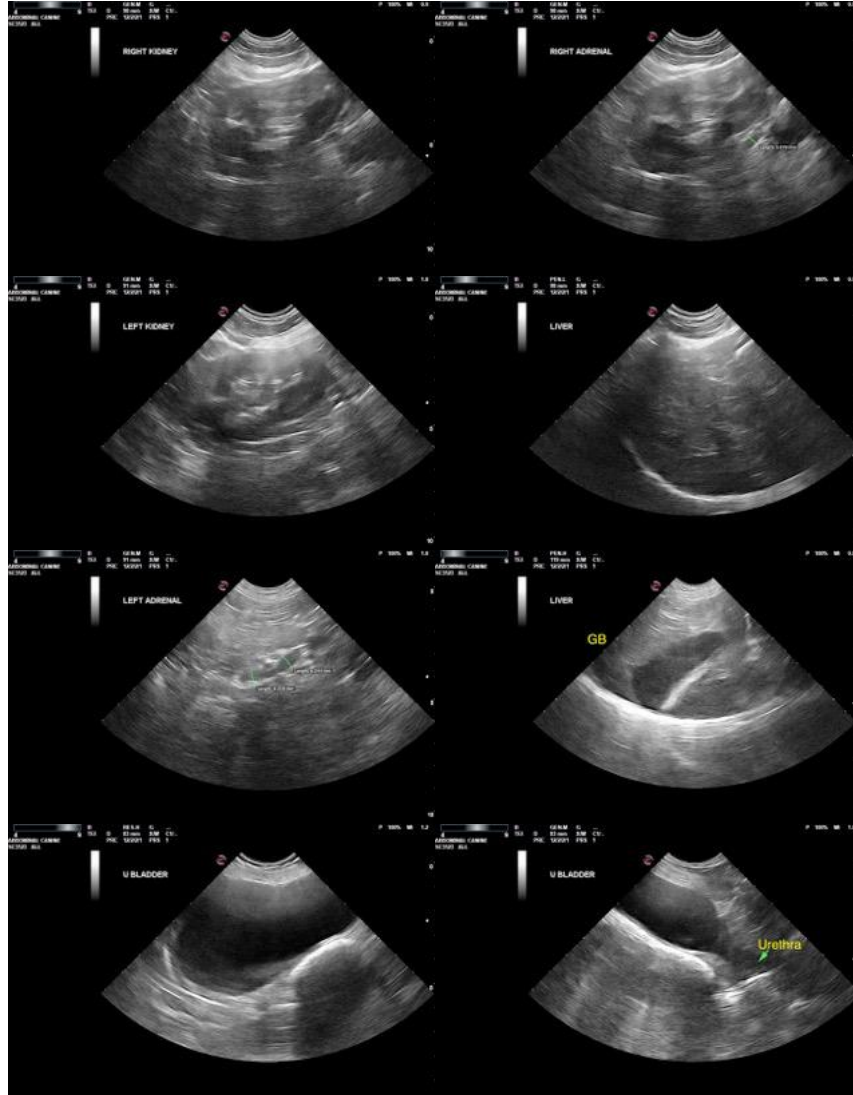
Dr. Pinamonti

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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