



**PATIENT PRESENTING CLINICAL SIGNS**

Kobe Thompson PU/PD, dilute urine, thin body condition, elevated kidney values

**SPECIES** HCT 37.8, WBC 16.6 w/ lymphocytosis, monocytosis, BUN 94, Creatinine 3.2, SDMA 30, ALP 247, Phosphorus 10.6, 4DX-Neg

Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Rottweiler** *Urinary System*  
 The urinary bladder was distended in size with subjective normal tone containing anechoic urine with no sediment or calculi. No evidence of inflammatory or neoplastic criteria was noted.

**SEX** The left and right testicles were sonographically normal.

**M** The area of the residual prostate was free of overt pathology.

**AGE** The area of the aortic trifurcation was free of pathology.

**7M** Normal renal size and margination were present in both kidneys. Both kidneys exhibited mild to moderate cortical hypertrophy with mild, nonuniform increased cortex echogenicity and subjective mild reduced medullary volume. No pyelectasia was present in either kidney. No evidence of left or right retroperitoneal inflammation. The left kidney measured 5.6 cm in length. The right kidney measured 6.7 cm in length.

**WEIGHT**

37

**Adrenal Glands**

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)  
 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 m length x 0.46 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.49 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Spleen**

The spleen was normal in size and contour with mild generalized heterogeneous parenchyma and normal vascularity. No splenic masses or nodules were noted.

**HOSPITAL NAME**

Brodheads ville VC

**Liver/ Gallbladder**

The liver presented mildly 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. Normal hepatic vascular volume was noted with no evidence of a portosystemic shunt. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Goldstein

**INVOICE**

16055

**Gastrointestinal**

**DATE**

2/7/23



**PATIENT**

Kobe Thompson

The stomach presented intact, sonographically unremarkable wall layering. The stomach was moderately distended with retained anechoic fluid with variably echogenic focally shadowing ingesta / chyme. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.65 cm.

**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 mechanical / metabolic ileus, obstruction, or foreign material.

**BREED**

Rottweiler

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

**SEX**

M

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 were evident.

**AGE**

7M

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific bilateral nephritis
- Benign, subjective low-grade hepatopathy
- Normal splenic size / contour with mild parenchyma heterogeneity
- Hypomotile stomach containing retained fluid, ingesta, and chyme, sonographically unremarkable small bowel - no overt mechanical pyloric outflow obstruction
- Distended urinary bladder containing anechoic urine

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the normal renal size and margination, the bilateral kidneys were not overt consistent with congenital renal dysplasia, although some concurrent dysplastic change in addition to nephritis criteria could be possible. No overt evidence of renal neoplastic criteria, which is considered unlikely. Renal biopsy would be required for a definitive diagnosis. Full urinary work up including urinalysis, C/S, and baseline UPC is suggested. Leptospirosis titers / PCR is recommended.

**HOSPITAL NAME**

BrodheadsVille VC

The hypomotile stomach is suggestive of metabolic stasis potentially owing to azotemia or possible concurrent mild gastritis / gastroenteritis. Correlation with an assessment of appetite or for concurrent gastrointestinal signs is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to rule out occult disease as a contributing factor to the patient's decreased body condition.

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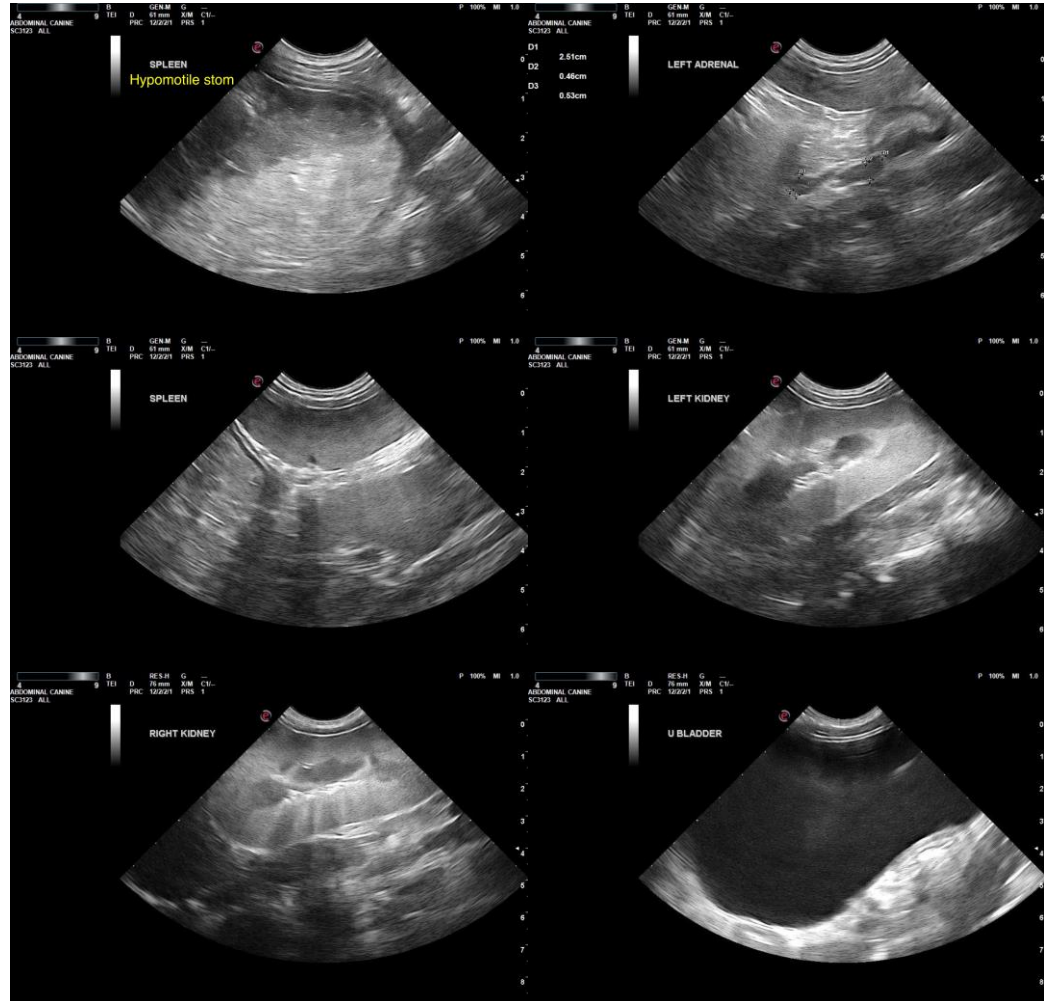
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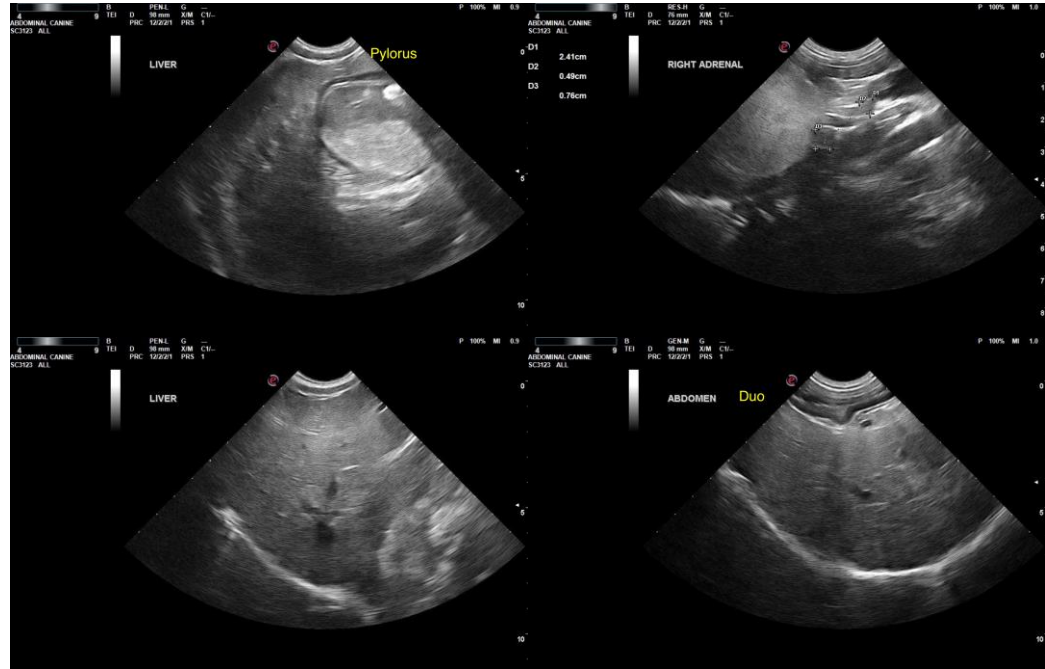
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)