



**PATIENT**

Willie Dickinson

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

11yr

**WEIGHT**

98.7lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

Dr. Gray

**INVOICE**

13062ag

**DATE**

03/01/2023

**PRESENTING CLINICAL SIGNS**

P presented to us in clinic for a dental procedure due to tooth root abscess. BW showed elevated kidney enzymes. Held off on dental procedure and hospitalized p on IVF. P currently on Amoxi/clav, Clindamycin, and gabapentin. Crea worsened since starting on IVF and now p not urinating on own and showing significant weakness in hind end. UR cath placed yesterday extracted 900mls of dilute, clear urine.

Abnormal PE/Chem/CBC/UA Results: See attached BW: High Crea and BUN See attached rads: ok

**LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was distended in size with normal appearance to the bladder walls without evidence of inflammatory/neoplastic criteria. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment.

Bilateral subnormal size was present in the kidneys. Marked asymmetrical margination, marked loss of corticomedullary definition and reduced medullary volume were present. Irregular corticomedullary architecture and mild pyelectasia were present. A suspect area of fibrosis associated with the caudal left kidney measuring 2.4 cm in diameter was present. No evidence of renal neoplastic criteria was observed. Scant left retroperitoneal free fluid was present.

The left kidney measured 5.3 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The subtly prominent residual prostate exhibited mild non-homogenous parenchyma without overt evidence of neoplastic criteria. The residual prostate measured 2.5 cm in width.

**ULTRASONOGRAPHIC FINDINGS**

- Distended urinary bladder containing anechoic urine
- Subtle prominent non-homogenous residual prostate-suspect patient or age related variant
- Sonographically unremarkable visualized proximal urethra
- Bilateral subnormal kidneys exhibiting marked chronic degenerative changes, fibrosis and mild pyelectasia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of definitive obstructive urinary bladder, residual prostate or visualized proximal urethra criteria was present. A thorough neurological exam given the patient hind limb weakness is suggested. The possibility of non-visualized urethral obstruction cannot be definitively excluded yet no overt evidence of proximal urethral urine retention is present. The bilateral kidneys are consistent with marked chronic degenerative progressive nephropathy with strong potential for end stage renal disease given progressive azotemia despite IVF. Anesthesia is not advised unless absolutely necessary. Continued renal support with IVF, monitoring of urine output and body weight would be reasonable however an extremely guarded to unfavorable prognosis is indicated.



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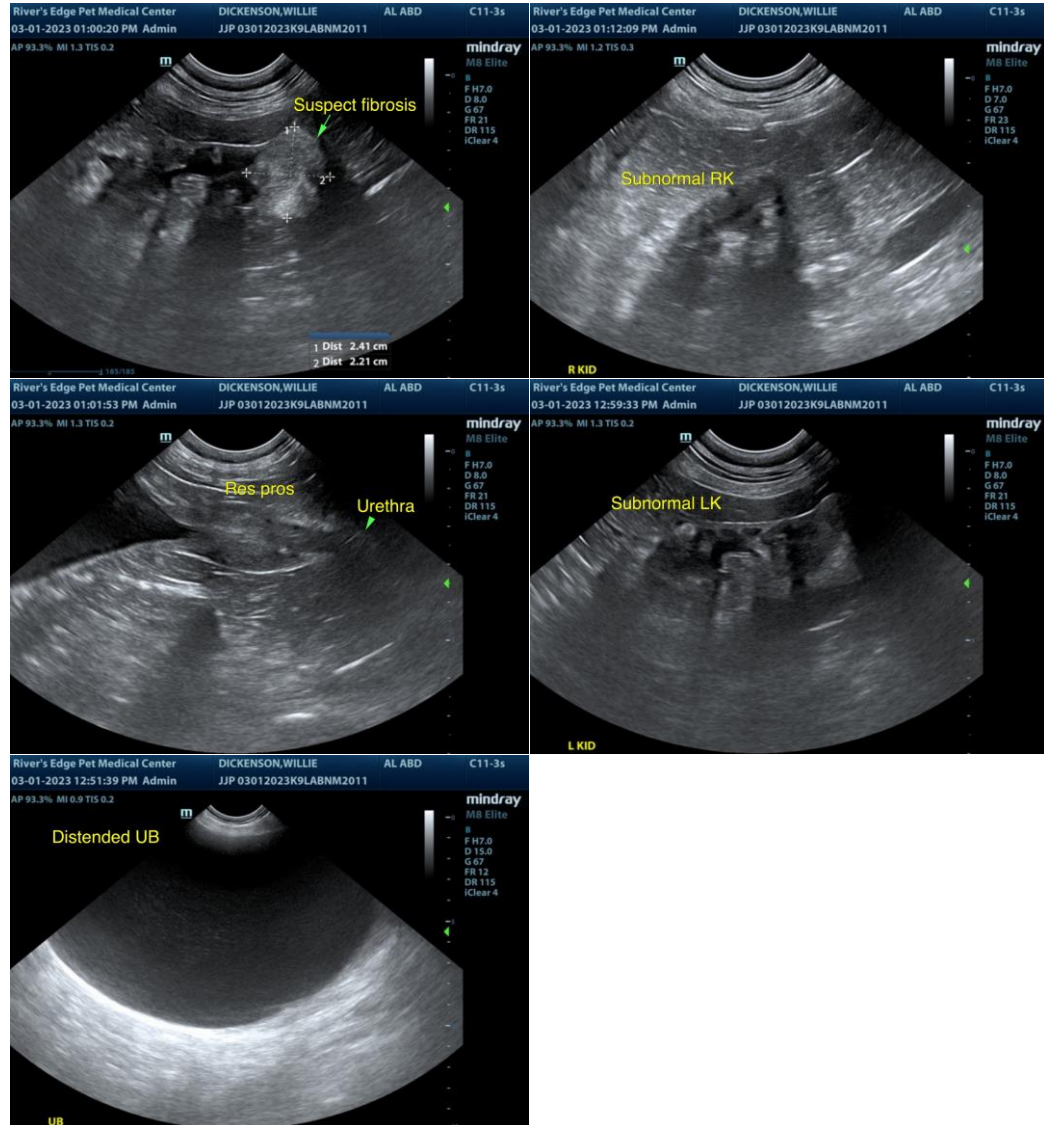
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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