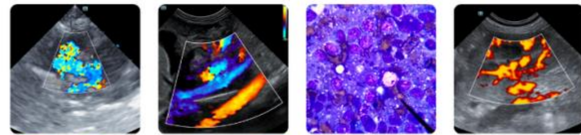


PATIENT

Poppy Fassnacht

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

27.2 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing ER

INVOICE

14600

DATE

03/25/26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate anorexia, depressed, intermittent chronic hematuria of unknown origin, recent fever, mild low PLTs at rDVM, concern for possible petechiations on lip at rDVM, not appreciated at time of ultrasound. Recessed vulva. Weight loss about 5 lbs noted on rDVM chart over 4 months. T- 103.1. BW noted leukocytosis with a neutrophilia, Bands, monocytosis. UA- isosthenuria to hyposthenuria (trends) noted, pyuria, bactiuria (rods), hematuria
- Meds: Doxycycline, Proin, Prozac.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 39%, WBC 33.9 H, Neut 28,815 H, Bands 339 H, Lymph 1695-n, Mono 3051 H, Plts 125 L (clumping) - Chem: Alb 2.5 L, ALT 30-n, ALP 304 H, BUN 21-n, Cr 1.3-n, SDMA 13.1 high norm, Percision PSL 249 H - T4: < 0.5 L - UA: USG 1.017 L, Pro 2+, Bld 2+, RBC 4-10hpf, WBC 11-20hpf, Rods 26-50/hpf, Sqamous Epi 4-10/hpf - 4Dx: neg x 4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. No evidence of pathology in the area of the trigone, ureteral papilla and cystourethral junction. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.3 cm in length.

The right kidney was enlarged in size with a 1:3 cortex to medulla ratio and corticomedullary architecture maintained with indistinct corticomedullary border demarcation. Mild pyelectasia was evident with increased echogenicity of the renal pelvis and sinus parenchyma. Subtle evident of minor perinephric to right retroperitoneal inflammation. No overt right retroperitoneal effusion. The right ureter was not definitively visualized. The right kidney measured 8.2 cm in length.

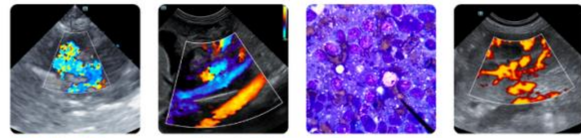
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 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 0.67 cm width 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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 minor congealed biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild shadowing ingesta without overt evidence of obstruction to pyloric outflow.

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.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Right kidney nephritis pattern exhibiting pyelectasia.
- Sonographically normal left kidney.
- Normal urinary bladder and visible proximal urethra with mild urine sediment.
- Sonographically normal gastrointestinal tract with shadowing gastric ingesta.
- Sonographically normal liver with minor congealed gallbladder debris- consistent with low-grade benign hepatopathy and non-mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right kidney pyelonephritis is favored although alternative non-specific nephritis, infectious disease or less likely emerging right kidney neoplasia are all potentials. Correlation with urine culture and sensitivity on a sterile urine sample is recommended. No evidence of left kidney or lower urinary tract pathology as a contributing factor. No evidence of active pancreatitis.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for suspect right kidney pyelonephritis with clinical and as needed sonographic monitoring is recommended. Correlation with most recent meal ingestion is indicated. If documented NPO, 12-hour fast and sonographic reassessment of the stomach is recommended.

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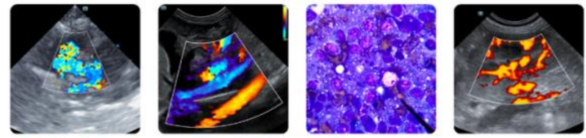

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

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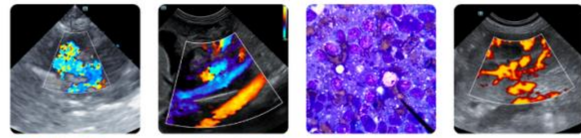

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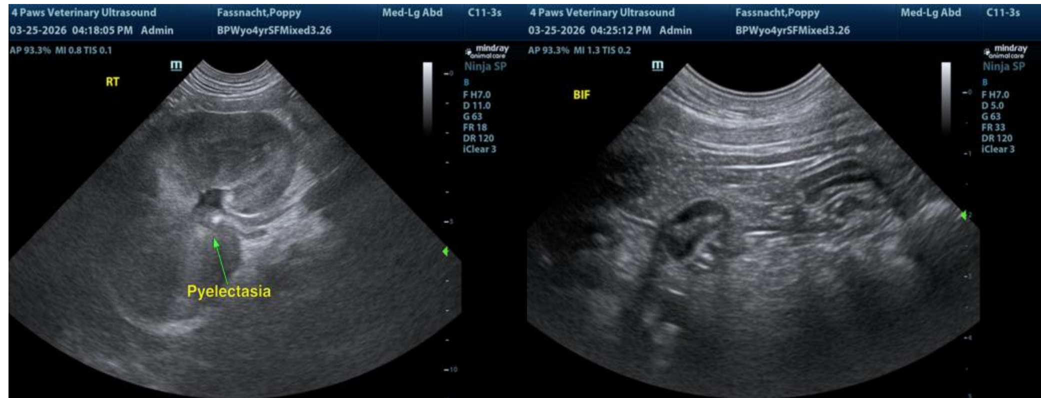

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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