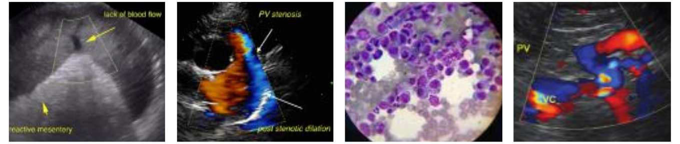


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ukee McArthur

SPECIES

Canine

BREED

Mixed Medium Breed

SEX

FS

AGE

6 months

WEIGHT

13.6 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott, DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

16566

DATE

4/11/23

PRESENTING CLINICAL SIGNS

Presented for evaluation of potential renal dysplasia considering a sibling has the condition. She has had multiple bouts of vaginal discharge [yellow] that have occurred since ovariohysterectomy.,

Abnormal PE/Chem/CBC/UA Results: Some yellow vaginal discharge after urination but no stranguria, polakiuria or other form of dysuria Blood work is unremarkable Significant bacterial UTI [E. coli]

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

No evidence of pathology was noted In the area of the uterine remnant, including no evidence of uterine stump granuloma or stump pyometra.

A solitary medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node is considered incidental.

Adequate bilateral renal size was present exhibiting areas of minor asymmetrical capsule margination. A 1:3 cortex/medullar ratio was maintained with an indistinct corticomedullary border and mild, variably echogenic, medulla. No evidence of mineralization was noted. Both kidneys exhibited minor pyelectasia without evidence of concurrent left or right ureter dilation. No evidence of left or right retroperitoneal inflammatory criteria. The left kidney measured 6.5 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

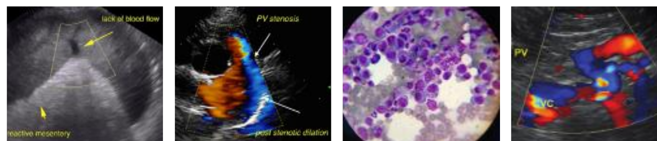
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole and 0.33 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole and 0.30 cm width at the cranial 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 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. Adequate vascular volume was present. The



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gallbladder was non-distended in size containing primarily anechoic content with minor echogenic gallbladder debris, which is incidental. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented sonographically unremarkable wall layering. The stomach contained a mild amount of retained anechoic fluid.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Adequate bilateral renal size exhibiting minor asymmetrical margination, indistinct corticomedullary border, and minor pyelectasia
- Mild urinary bladder sediment - cellular debris / protein, crystalline debris, or mucus possible

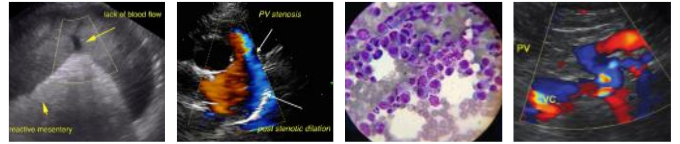
Secondary Findings

- Minor gallbladder debris (incidental)
- Mild retained gastric fluid - considered incidental unless clinical signs suggestive of gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the kidneys were nonspecific yet given the familial history in this patient, are suggestive of mild dysplasia with the possibility of nonspecific nephritis such as minor pyelonephritis, given the confirmed UTI. Given no evidence of azotemia, normal renal function appears to be present yet monitoring of renal parameters going forward is advised. The pyelectasia in both kidneys may be secondary to mild dysplastic changes with the potential for pelvic scarring.

Empirical therapy for UTI with recheck urine C/S 7 days post-completion of antibiotic protocol is suggested. Sonographic monitoring of the bilateral kidneys, especially if evidence of azotemia going forward, is recommended.



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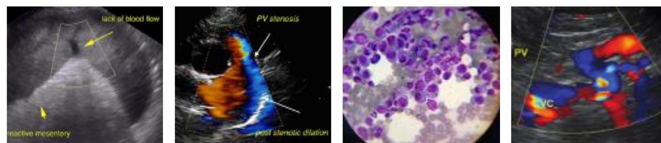

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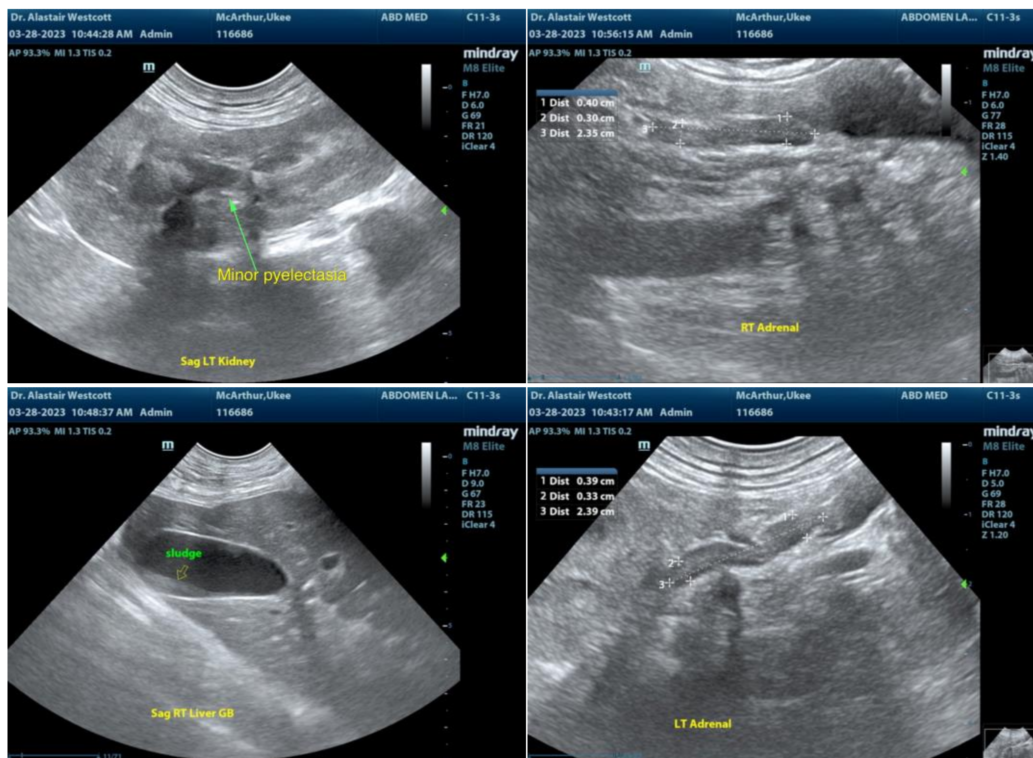

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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