



PATIENT PRESENTING CLINICAL SIGNS

Ren Dayton Urinary system only. Recent urinary signs with increasing reactivity to people in the house. Urinary accidents appear to be leaking (per owner). Resting cortisol - 2.6. Lepto PCR - neg. Urine culture - neg.
 *Sedated with gabapentin, butorphanol, alfaxan.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Lymph 5402k, Eos 2044k, SDMA 21, creat 2.4, BUN 67

BREED

Labrador Retriever

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

AGE

1 year

The residual prostate was sonographically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

WEIGHT

58 lbs.

Both kidneys exhibited subjective normal size. Subtle areas of capsule asymmetry. Both kidneys exhibited subjective mild cortex hypertrophy with mild to moderate loss of corticomedullary border demarcation. Minor pyelectasia was noted in both kidneys with concurrent left and right ureter dilation, exiting the right kidney respectively, extending caudally with at least one ureter mildly dilated at the level of the urinary bladder, appearing to subjectively enter the area of the ureteral papilla with observed likely ureteral jet within the urinary bladder lumen.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific nephropathy, exhibiting minor bilateral pyelectasia, possible concurrent left, right or bilateral mild urethritis
- Overtly normal urinary bladder, residual prostate and visible proximal urethra

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Norfolk County VS

The appearance of the bilateral kidneys is nonspecific yet sonographically suggestive of chronic nephropathy as opposed to acute nephropathy or kidney injury. Given the young age of the patient, some degree of renal dysplasia is suspected, although nonspecific chronic nephritis (i.e., glomerulonephritis, intestinal nephritis or mild pyelonephritis) even with negative urine culture, could be possible.

REFERRING VET

Meredith Leoni, DVM

INVOICE

14936

An obvious ectopic ureter or other lower urinary tract congenital abnormality was not definitively evident, however, if chronic history of incontinence, the potential for a small non-visualized ectopic ureter, which can be difficult to visualize, at times, with ultrasound, could be considered.

DATE

4/28/22



PATIENT

Ren Dayton

A renal biopsy would be required for a definitive diagnosis. Monitoring of serial to periodic urine culture and sensitivity recommended. If strong clinical concern for congenital abnormality, advanced imaging, such as contrast urography or ideally, CT with contrast as gold standard, may be considered.

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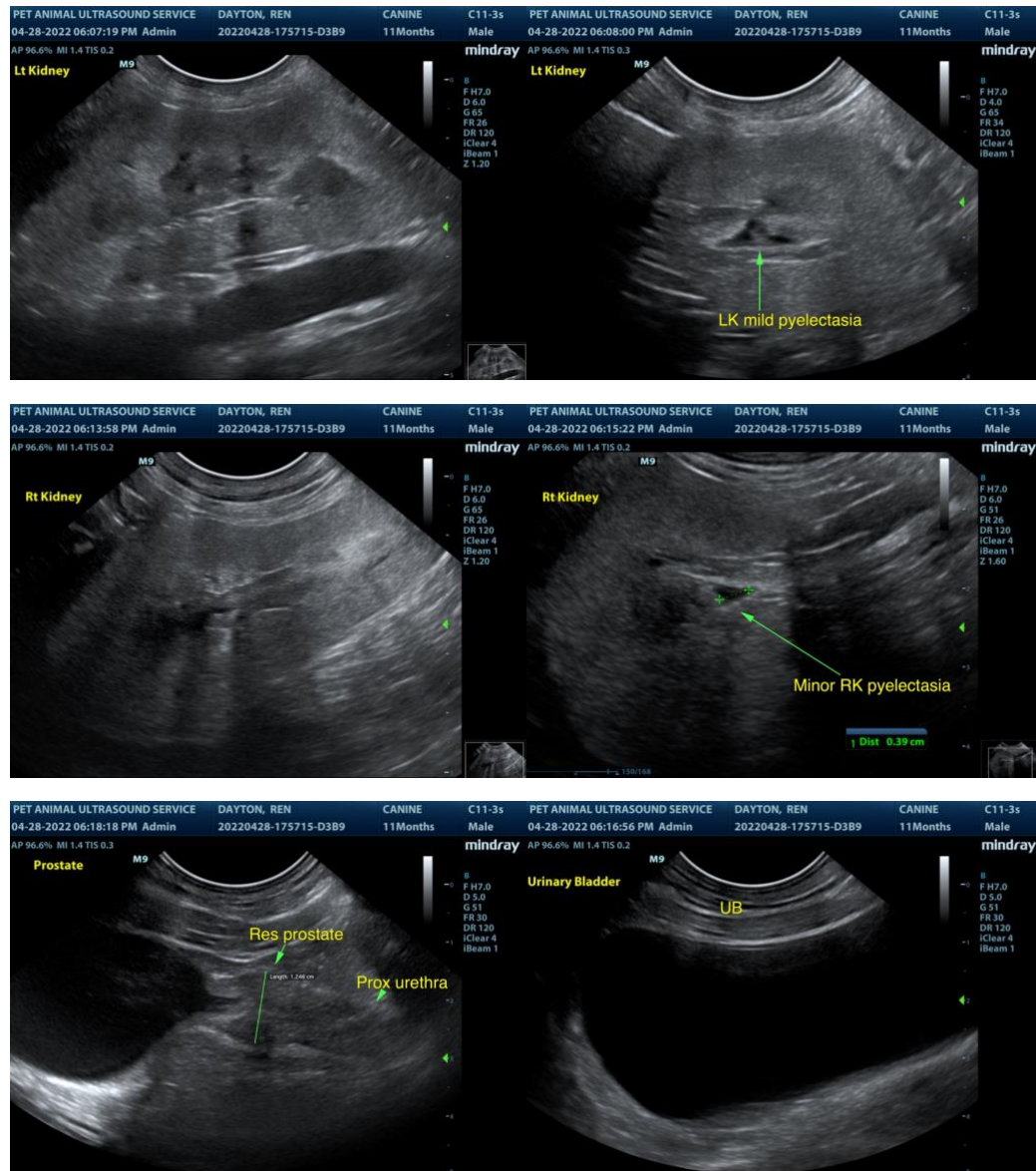
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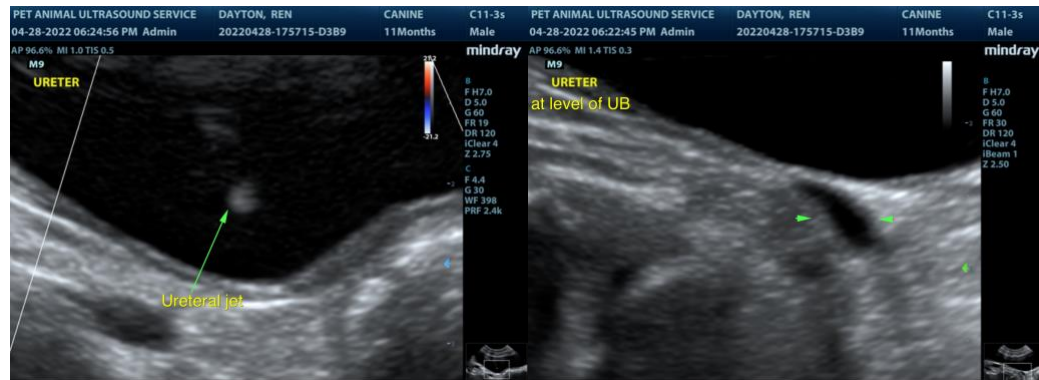
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com