



PATIENT PRESENTING CLINICAL SIGNS

Lambchop Atkinson History: 4 month history inappropriate urination with intermittent hematuria.

SPECIES Abnormal PE/Chem/CBC/UA Results: BCS 7/9, grade 2 pddz, slightly stiff gait while walking. Screening BW 2/24 unremarkable with 3+ proteinuria, 3+ hematuria, UPCr 1.2. Subsequent urine analyses offer varying degrees of proteinuria/hematuria. All labs attached. USG 1.036 PH 5

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Poodle Mix **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 were noted.

FS

AGE Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Multifocal pinpoint areas of diffuse medullary mineralization were noted. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length.

10 years

WEIGHT The area of the aortic trifurcation was free of pathology.

8 kg

Adrenal Glands

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.42 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 0.54 cm width at the caudal pole and 0.56 cm width at the cranial pole.

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

Spleen

IMAGING PERFORMED BY 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.

Wendy Turner

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Pennsauken Animal
Hospital and Urgent
Care

Liver

REFERRING VET 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 thin walls and primarily anechoic luminal content with moderate nondependent yet nonorganized sludge. The cystic and common bile ducts were normal.

Dr. Wendy Turner

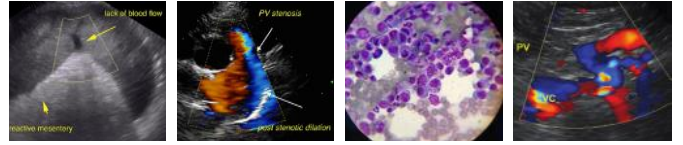
Gastrointestinal

INVOICE The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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DATE 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.

04/29/2022



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

Lambchop Atkinson **Pancreas**

SPECIES 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.

Canine

Free Abdomen

BREED No overt lymphadenopathy or peritoneal effusion was present.

Poodle Mix

SEX

- Overtly normal UB and visible proximal urethra.
- Bilateral chronic renal changes with multifocal pinpoint medullary mineral
- Moderate GB debris (non-mucocele)

FS

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

10 years

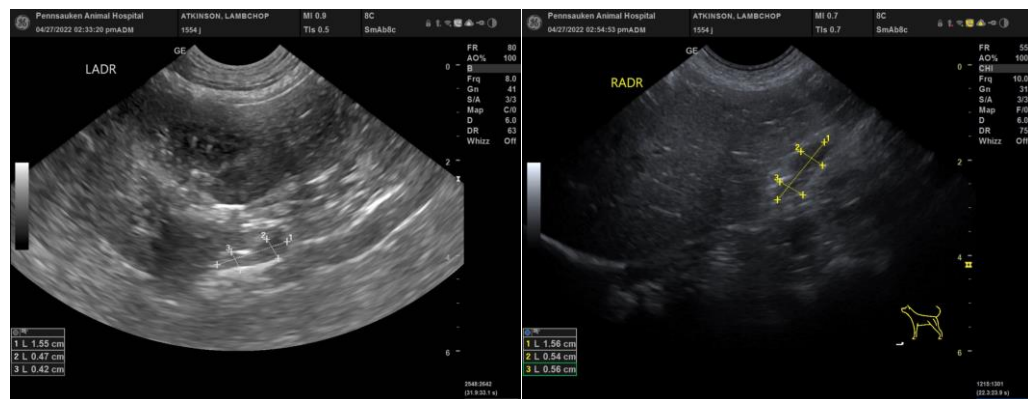
No evidence of lower urinary tract pathology i.e. cystitis/urethritis, calculi, tumors, etc. A urine C/S on sterile urine sample may be considered if not recently done. If the hematuria is gross, cystoscopy may be considered. Without evidence of concurrent azotemia, continued monitoring of UPC level as well as non-gross hematuria would be reasonable. Recheck sonogram suggested if hematuria/proteinuria progresses.

WEIGHT

8 kg

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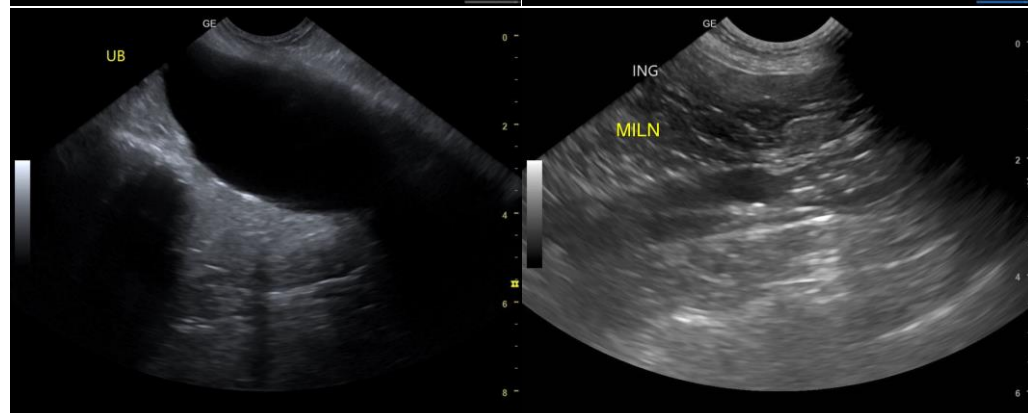
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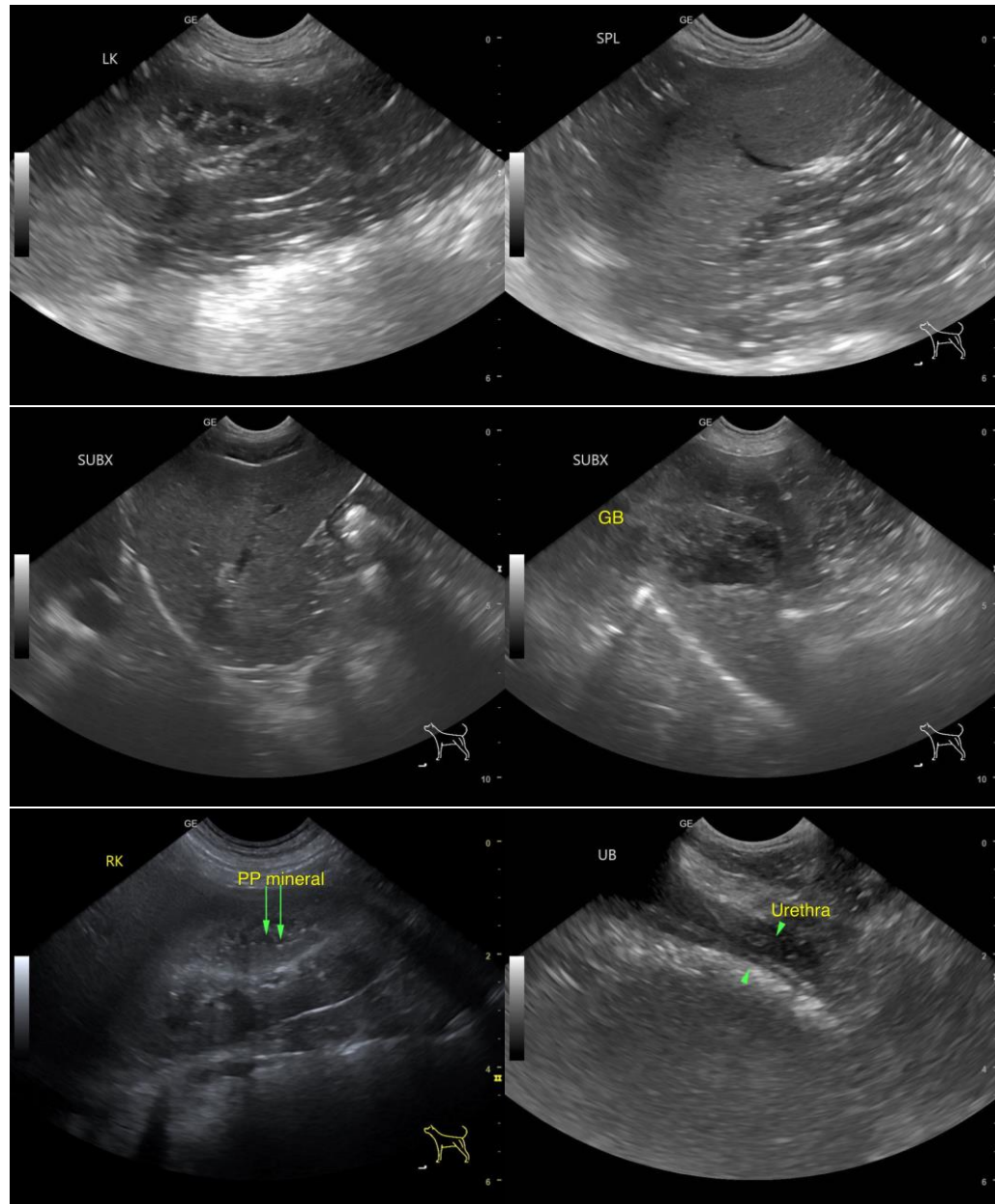
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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