

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Benji Peng
History: Reason for Visit: dental, recheck kidney values
History: mild SDMA elevation 2 weeks ago. SDMA markedly elevated today so P not OK for dental, instead P will be worked up for kidney disease
C/S/V/D: P vomited once last week

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Full PE not performed. I SWO about the lab findings and recommended further testing. We discussed diagnostics and I will call with the results. Discussed feeding Hill's k/d exclusively because it's a kidney friendly diet. **Diagnostic Testing Needed:** UA, urine culture, AUS, +/- BP
Declined Diagnostics/Treatments: Findings: SDMA 34 (0-14), BUN and Crea WNL

BREED

Samoyed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

NM

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

AGE

2 years 11 months

Normal size and margination were present in the kidneys. 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 6.7 cm in length. The right kidney measured 7.0 cm in length.

WEIGHT

72.6 pounds

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.80 cm width at the caudal pole. The right adrenal gland was not definitively visualized with no overt pathology noted.

IMAGING PERFORMED BY

Michaleen

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.

HOSPITAL NAME

DPC Veterinary
Hospital

Liver

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. The cystic and common bile ducts were normal.

REFERRING VET

Dr. White

INVOICE

10491ag

Gastrointestinal

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.

DATE

04/30/2022



PATIENT

Benji Peng

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.

SPECIES

Pancreas

Canine

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.

BREED

Free Abdomen

Samoyed

No overt lymphadenopathy or peritoneal effusion was present.

SEX

NM

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable kidneys

AGE

2 years 11 months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

72.6 pounds

Sonographically unremarkable abdomen without evidence of overt or structural renal disease i.e. dysplasia, nephritis, etc. Urinary workup including UA, C/ and baseline UPC would be ideal for further correlation and assessment of elevated SDMA in the face of normal BUN and CREAT levels. Full urinary workup recommended prior to any potential anesthetic considerations is recommended. Without evidence of renal disease in this study and pending additional urinary workup, continued monitoring of SDMA levels would be reasonable.

INTERPRETED BY

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

IMAGING PERFORMED BY
Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. White

INVOICE

10491ag

DATE

04/30/2022





PATIENT

Benji Peng

SPECIES

Canine

BREED

Samoyed

SEX

NM

AGE

2 years 11 months

WEIGHT

72.6 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

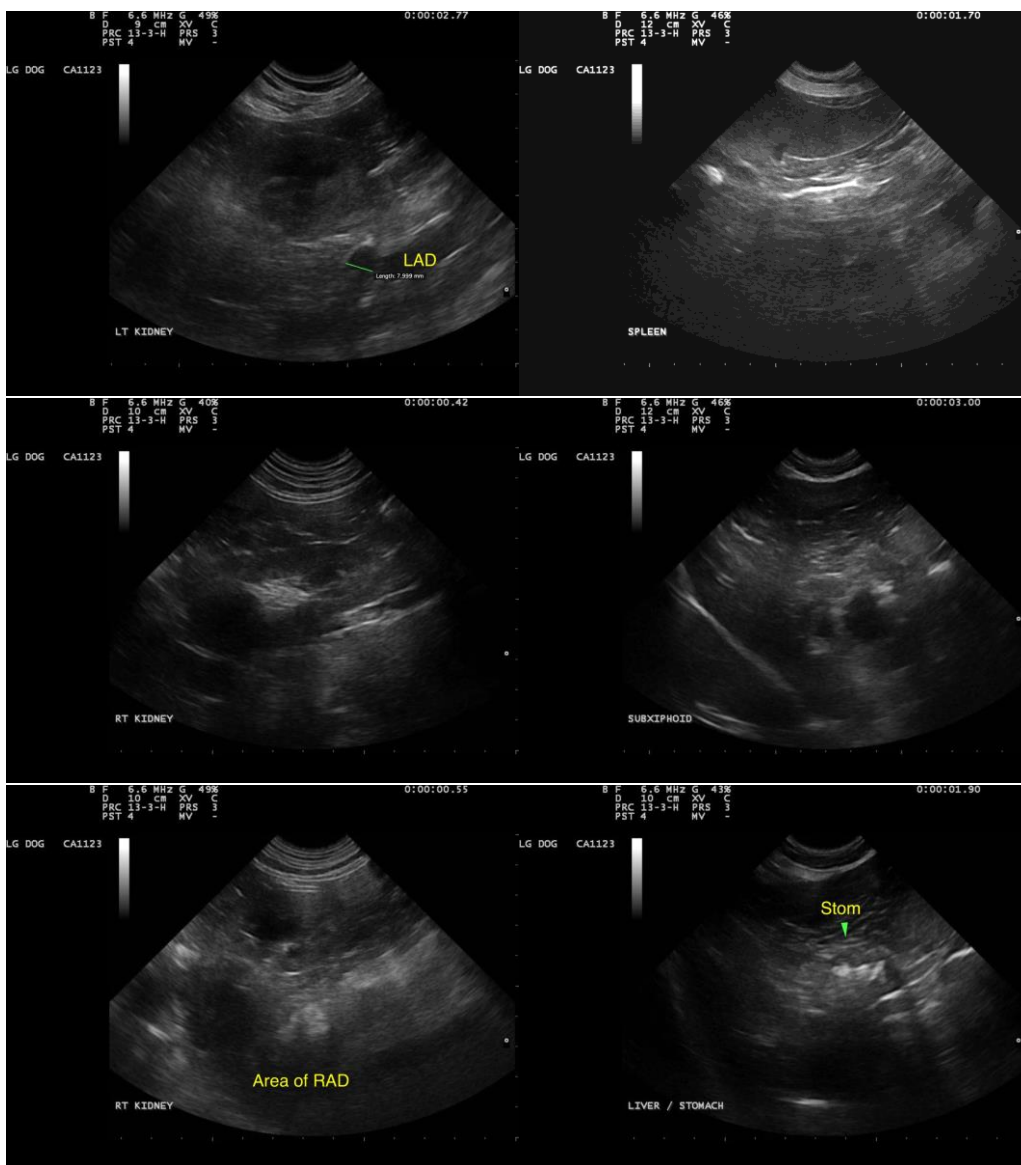
Dr. White

INVOICE

10491ag

DATE

04/30/2022



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



PATIENT

Benji Peng

SPECIES

Canine

BREED

Samoyed

SEX

NM

AGE

2 years 11 months

WEIGHT

72.6 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. White

INVOICE

10491ag

DATE

04/30/2022