



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Blanca Reizenon
SPECIES Canine
BREED Bichon Frise
SEX Spayed female
AGE 13 years
WEIGHT 18.0 pounds

History: Presented initially 3/31/22 for intermittent vomiting, diarrhea, poor appetite, lethargy for a few weeks. BW that day showed kidney failure and bacteria in urine. Started treatment with IVF, antibiotics, symptomatic tx (Cerenia, etc.). We were able to switch to oral meds on about day 2, continued IVF. Rechecked kidneys about every 48 hours since admission and values worsened. Recheck bloodwork this morning is the first improvement we've seen. Only change since last check is that I started doxycycline on Tuesday night.

Abnormal PE/Chem/CBC/UA Results: 3/31: SDMA = 80, creat = 9.7, BUN = 79, phosphorus = 9.8; USG 1.010 with TNTC mixed rods and cocci in urine 4/2: SDMA = 62, creat = 10.3, BUN = 83, phosphorus = 8.6 4/4: SDMA = 55, creat = 10.3, BUN = 113, phosphorus = 16.1 4/7: SDMA = 55, creat = 7.5, BUN = 97, phosphorus = 11 Urine culture (unfortunately only approved after we started antibiotics) = no growth

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mildly distended in size, exhibiting normal tone. The bladder contained anechoic urine and the potential for mild nondependent sediment vs artifact as well as potential for mild pyuria. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. No masses or macro calculi were noted. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was observed with a minor loss of corticomedullary border demarcation. Areas of mild nonobstructive medullary mineral were present in both kidneys. The left kidney measured 4.6 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

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 and 0.63 cm width at the cranial pole. No overt pathology was visualized in the area of the right adrenal gland.

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

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 nonorganized mobile debris.

INTERPRETED BY

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

IMAGING

PERFORMED BY
Dr. McCormick Rantze

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Hannah Fearing

INVOICE

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PATIENT

No evidence of gallbladder or peripheral inflammation was noted. The cystic and common bile ducts were normal.

Blanca Reizenon

SPECIES

Gastrointestinal

Canine

The stomach presented intact yet subjective prominent wall layering in the area of the fundus and gastric body with a normal wall layer ratio. The lumen of the stomach contained luminal gas artifact and mild retained pyloric fluid with no signs of ileus, obstruction or foreign material.

BREED

Bichon Frise

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.

SEX

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

Spayed female

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.

AGE

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

18.0 pounds

ULTRASONOGRAPHIC FINDINGS

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- Acute nephropathy pattern with mild nonobstructive medullary mineral.
- Suspect mild UB sediment.
- Moderate mobile gallbladder debris (non-mucocele).
- Gastritis with mild retained pyloric fluid-potentially resolving with minor persistent hypomotility.

IMAGING PERFORMED BY

Dr. McCormick Rantze

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys did not appear to be end stage, consideration for acute kidney injury or insult likely indicated. Potential for exposure to Leptospirosis/infectious, toxin i.e. grape, raisin or other, correlation with clinical history is recommended. Lepto titers/urine, serum PCR are recommended. Empirically continued diuresis protocol with monitoring of urine output, body weight and coverage for potential infectious disease including Lepto would be reasonable. As needed GI support is recommended.

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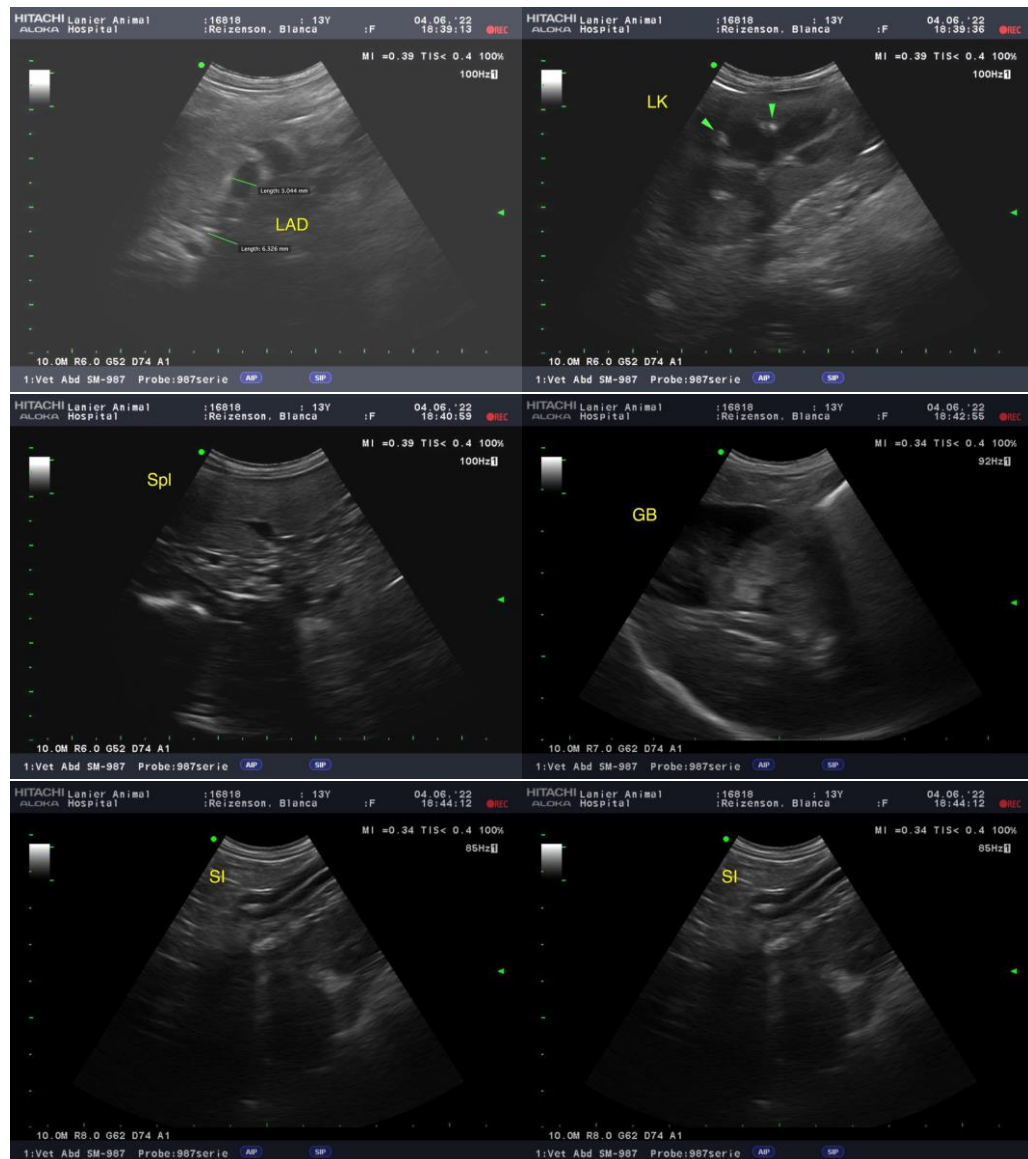
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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