



PATIENT PRESENTING CLINICAL SIGNS

Alice Boccio History of renal dysplasia, clinically doing well, was on k/d until recently.
 BUN 52, Creatinine 3.3, SDMA 28

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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

FS
AGE Normal size and areas of capsule asymmetry were present in the kidneys. Variable cortical hypertrophy was noted with marked loss of corticomedullary border demarcation and reduced medullary volume. Small cortical cysts were present in the left kidney, as well as a potential right kidney lateral infarct. Minor dystrophic medullary mineral was noted. No pyelectasia was present. The left kidney measured 6.9 cm in length. The right kidney measured 6.9 cm in length.

WEIGHT Adrenal Glands

81 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.62 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Alburtis AH

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. 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. Smith

Gastrointestinal

INVOICE

16791

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta / chyme and luminal gas without signs of obstruction or foreign material.

DATE

5/10/23



PATIENT

Alice Boccio

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonshadowing intestinal ingesta / chyme and luminal gas.

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 were evident.

BREED

Pitbull

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

2013

- Bilateral irregular kidneys exhibiting variable cortical hypertrophy, marked loss of corticomedullary border demarcation, cortical cysts, and possible right kidney infarct
- Sonographically normal pancreas
- Benign hepatopathy - sonographically suggestive of vacuolar hepatopathy pattern

WEIGHT

81

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the kidneys were consistent with previous diagnosis of renal dysplasia. Potential for concurrent or primary chronic nonspecific nephritis is possible. No evidence of renal or intraabdominal neoplastic criteria was noted. Correlation with urinalysis as well as screening C/S and baseline UPC level, if evidence of proteinuria, is suggested. Continued CKD therapy is recommended.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

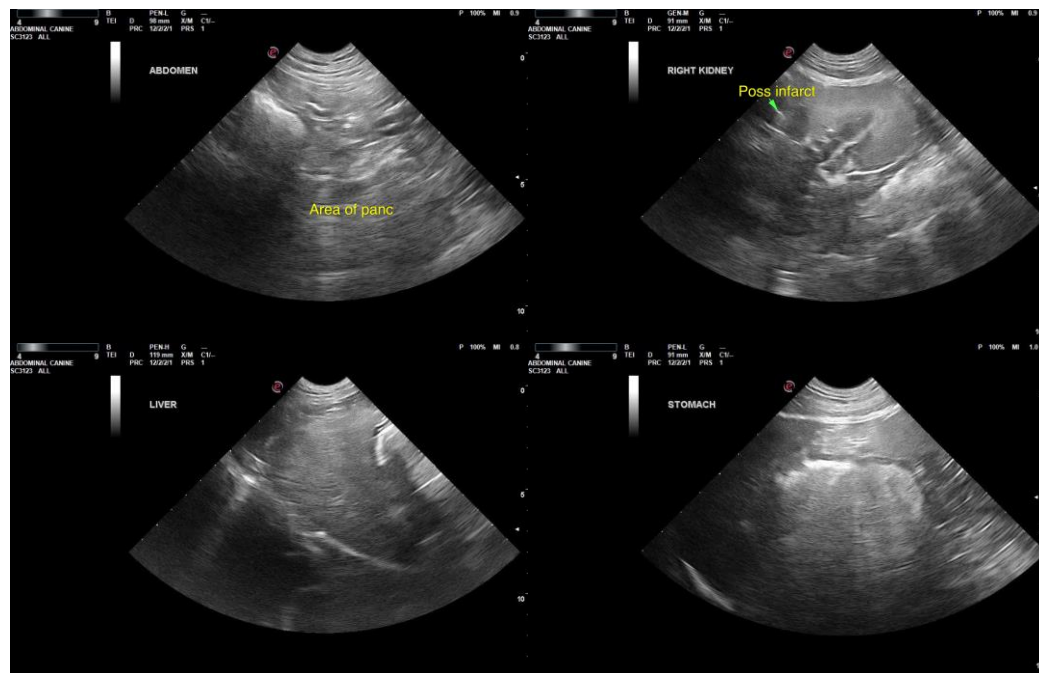
Dr. Smith

INVOICE

16791

DATE

5/10/23





PATIENT

Alice Boccio

SPECIES

Canine

BREED

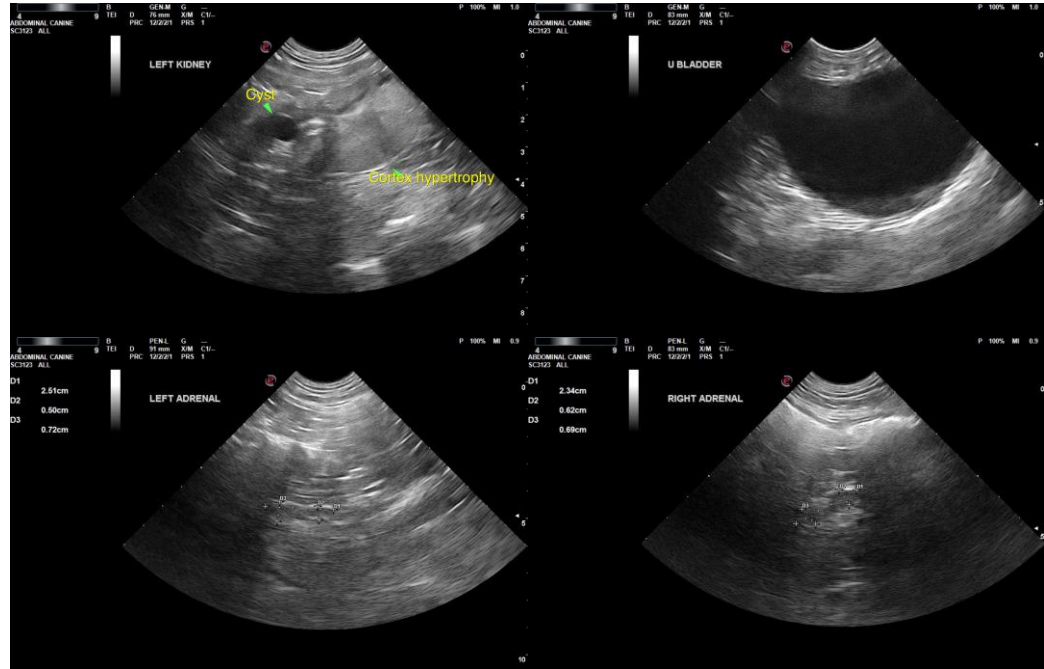
Pitbull

SEX

FS

AGE

2013



WEIGHT

81

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.

INTERPRETED BY

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

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)
mac.daniel@sonopath.com

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Smith

INVOICE

16791

DATE

5/10/23