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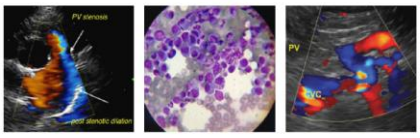

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PATIENT

Bear Hood

SPECIES

Canine

BREED

Sheltie

SEX

Male

AGE

4 months

WEIGHT

11.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Kristine Mulloy

INVOICE

13845

DATE

5/11/22

PRESENTING CLINICAL SIGNS

4/7/22: Pt potentially ate some of O's meloxicam. Went to ER, stayed 3 nights, and got activated charcoal.
Abnormal PE/Chem/CBC/UA Results: PE = WNL. 4/19: UA - Sp.Grav 1.027, with + protein, rest WNL. 5/3: UA - Sp. Grav 1.024, with + protein, rest WNL. BUN 66 (7-25), CREA 1 (0.3-1.4). 5/10: Sp.Grav 1.023. BUN 52, CREA 0.5.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

No evidence of pathology associated with the prostate gland was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Subjective mild altered cortex / medulla ratio owing to subjective propensity for mildly prominent to hypertrophied left and right renal cortex was present. No evidence of pyelectasia or evidence of retroperitoneal inflammation / effusion was noted. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm width at the caudal pole and 0.28 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 0.36 cm width at the caudal pole and 0.33 cm width at the cranial pole.

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/ 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.

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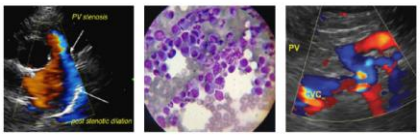

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Gastrointestinal

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.

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.

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 were evident.

Free Abdomen

Intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Normal bilateral renal size / margination with mild altered corticomedullary ratio
- Intermittent benign mesenteric lymphadenopathy - probable immunologic immaturity and incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bilateral kidneys was nonspecific yet not overtly consistent with congenital dysplasia, given the normal renal size, margination, and discernable corticomedullary architecture. The mild altered corticomedullary ratio secondary to subjective mildly prominent left and right renal cortex is nonspecific and may Indicate patient variant, although the possibility of mild acute renal injury or underlying nonspecific nephritis i.e., interstitial nephritis, glomerulonephritis or other, could be possible.

Urine culture and sensitivity on a sterile urine sample, as well as baseline UPC, given the proteinuria, for further staging, is suggested. If clinically applicable, correction of any potential dehydration and reassessment of renal parameters could be considered. Continued monitoring at this stage would be reasonable if no evidence of clinical signs with a potential recheck sonogram for kidney reassessment if persistent / progressive azotemia.

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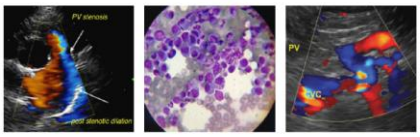

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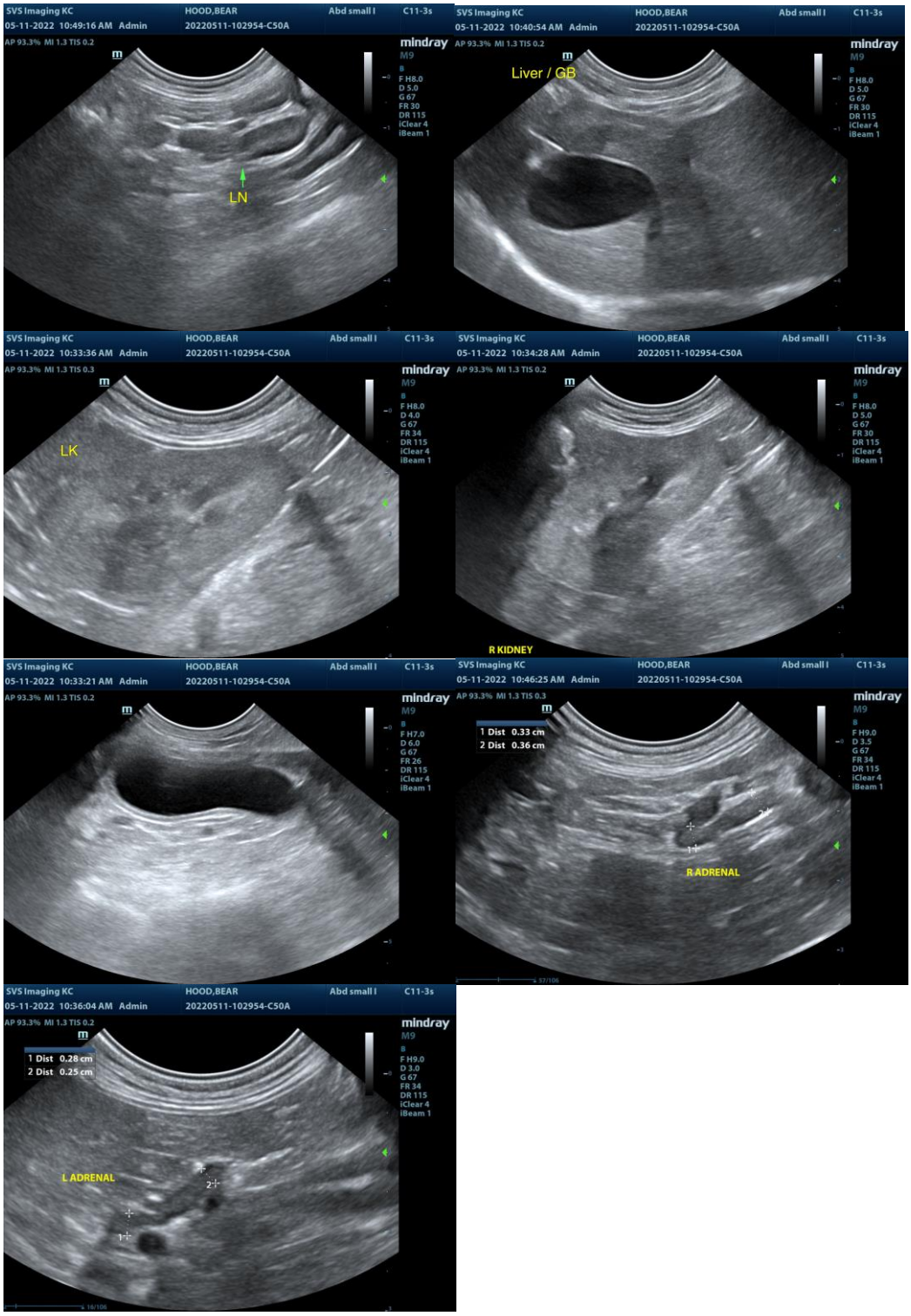

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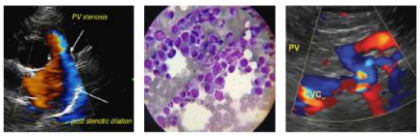

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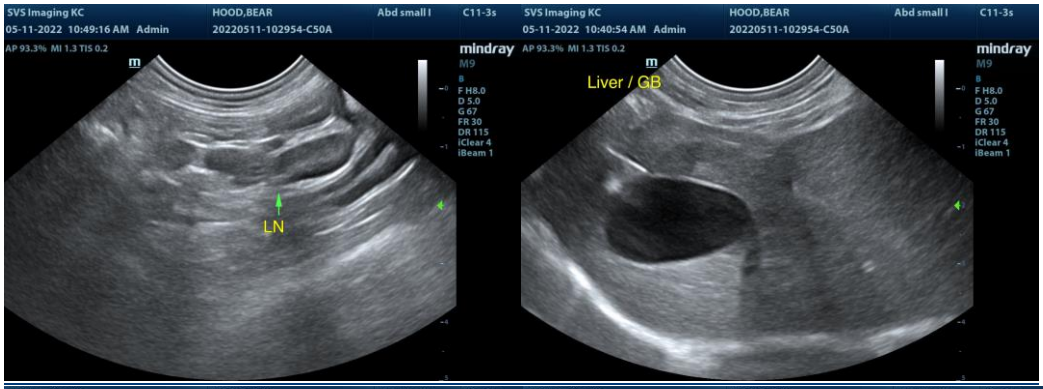

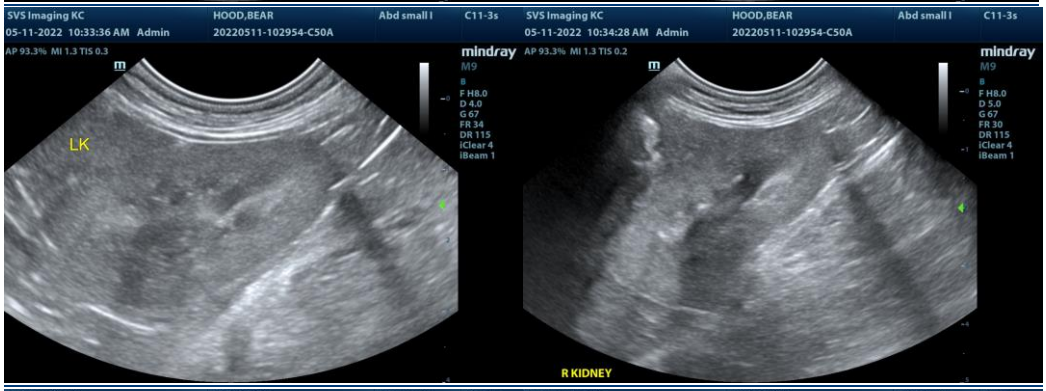

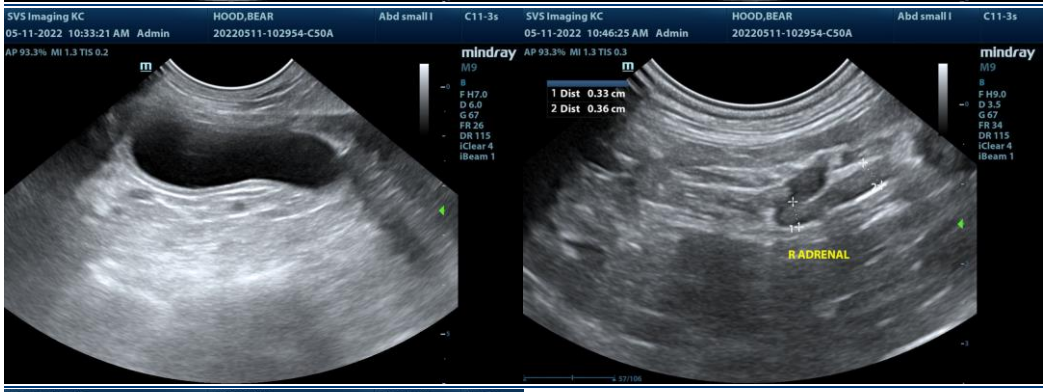

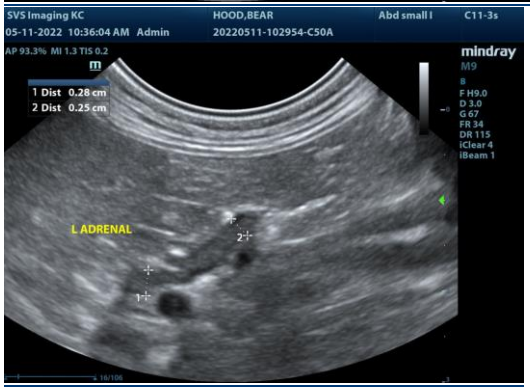

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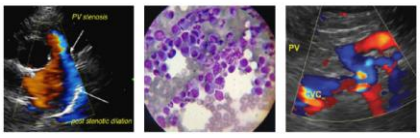

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referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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