



**PATIENT PRESENTING CLINICAL SIGNS**

**Bugati Locke**  
**SPECIES** Canine  
**BREED** Labradoodle

This puppy has a cleft palate and has been hand/tube fed since birth. Appetite has been normal. Sleeps frequently but has normal periods of activity. Routine labwork recently completed - marked azotemia (creatinine normal), markedly elevated SDMA, hypoproteinemia, decreased ALT, mild elevation Alk Phos, elevated bicarbonate, decreased chloride. Mild anemia, reticulocytosis, all white cells elevated. P was started on antibiotics because of leukocyte response and pending urine culture. Abnormal PE/Chem/CBC/UA Results: emailed labwork. urine culture was negative Current Medications Clavamox BID

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**Intact Male**  
**AGE** 7 Weeks

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 were noted.

The prostate was of expected presentation for an intact male puppy.

**WEIGHT** 4 Pounds

The kidneys were normal in size and margination. Subjective maintained 1:3 cortex/medulla ratio with subjective mild loss of corticomedullary border distinction. No evidence of pyelectasia. The left kidney measured 3.9 cm. The right kidney measured 3.9 cm.

**INTERPRETED BY** *Adrenal Glands*

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

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm x 0.41 cm at the caudal pole. The right adrenal gland measured 0.52 cm in width.

**IMAGING PERFORMED BY** *Spleen*

**Sara Hansen**

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** *Liver*

**South Willamette VC**

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** *Gastrointestinal*

**Dr. Willaman**

The stomach exhibited intact and sonographically unremarkable wall layering with mild to moderate retained anechoic to echogenic fluid. Gastric body wall measured 0.25 cm.

**INVOICE**

37814

**DATE**

5/20/22



**PATIENT** 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. Duodenum wall measured 0.30 cm. Jejunum wall measured 0.25 cm.  
Bugati Locke

**SPECIES** Normal visible colon wall layers were present with potential semiformed feces in the lumen.  
Canine **Pancreas**

**BREED** 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.  
Labradoodle

**SEX** **Free Abdomen**  
Intact Male Mild volume anechoic peritoneal free fluid noted. No overt lymphadenopathy. The omentum was of uniform echogenicity.

**AGE** **ULTRASONOGRAPHIC FINDINGS**  
7 Weeks

- Normal bilateral kidney size and margination with subjective minor loss of corticomedullary border demarcation.

**WEIGHT**

- Overtly normal gastrointestinal tract with mild to moderate retained gastric fluid.
- Normal liver exhibiting normal hepatic vascular volume.
- Mild volume anechoic peritoneal free fluid

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The subjective mild loss of renal corticomedullary border demarcation with overall subjective normal renal size and margination is non-specific and may indicate normal patient or age related variant. The possibility of very mild renal dysplasia cannot be definitively excluded. Correlation with urine specific gravity, if not done, is recommended. Although not definitive, the retained gastric fluid may suggest some degree of gastric hypomotility. No evidence of mechanical pyloric or intestinal obstruction.

Assuming adequate albumin levels, the mild volume anechoic peritoneal free fluid is non-specific, yet may be an incidental finding, as mild amounts of peritoneal free fluid may be seen in young puppies. Fluid analysis +/- cytology could be considered for further assessment. CBC pathology review as well as monitoring BUN, hematocrit and white blood cell trend would be reasonable. 3-view chest radiographs suggested, if not done.

**HOSPITAL NAME**

South Willamette VC

**REFERRING VET**

Dr. Willaman

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

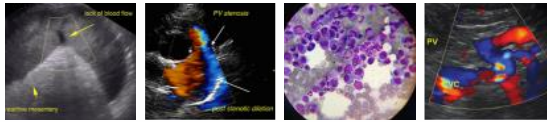
**INVOICE**

37814

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

**DATE**

5/20/22



**PATIENT**

Bugati Locke

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Intact Male

**AGE**

7 Weeks

**WEIGHT**

4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

South Willamette VC

**REFERRING VET**

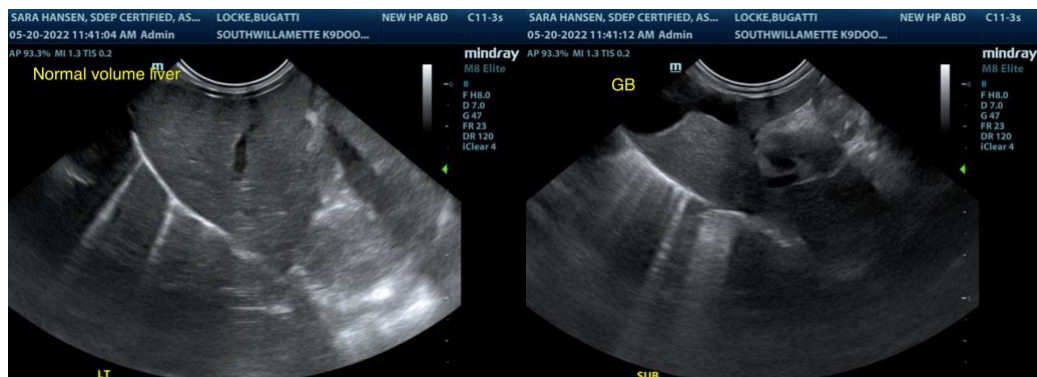
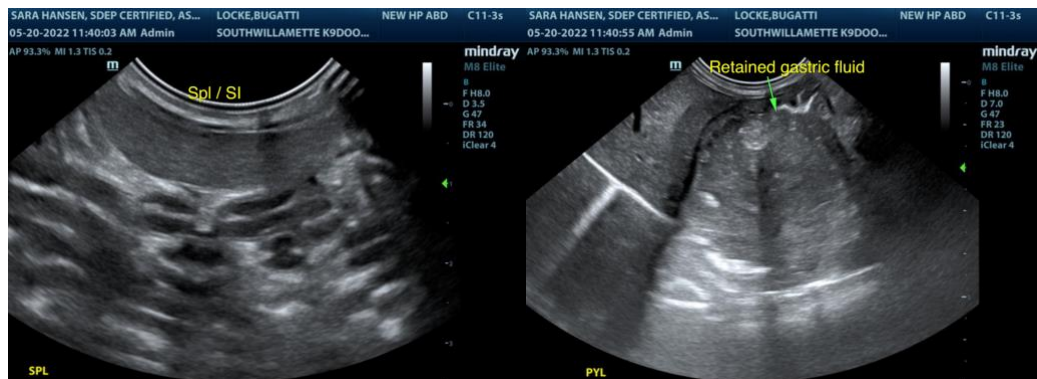
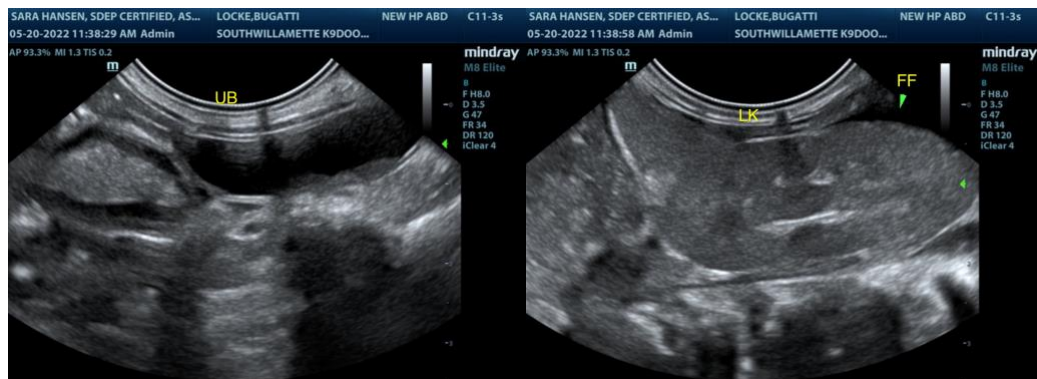
Dr. Willaman

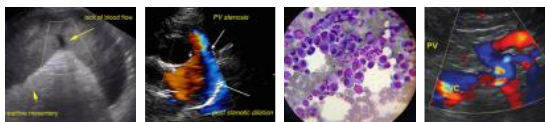
**INVOICE**

37814

**DATE**

5/20/22





**PATIENT**

Bugati Locke

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Intact Male

**AGE**

7 Weeks

**WEIGHT**

4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

South Willamette VC

**REFERRING VET**

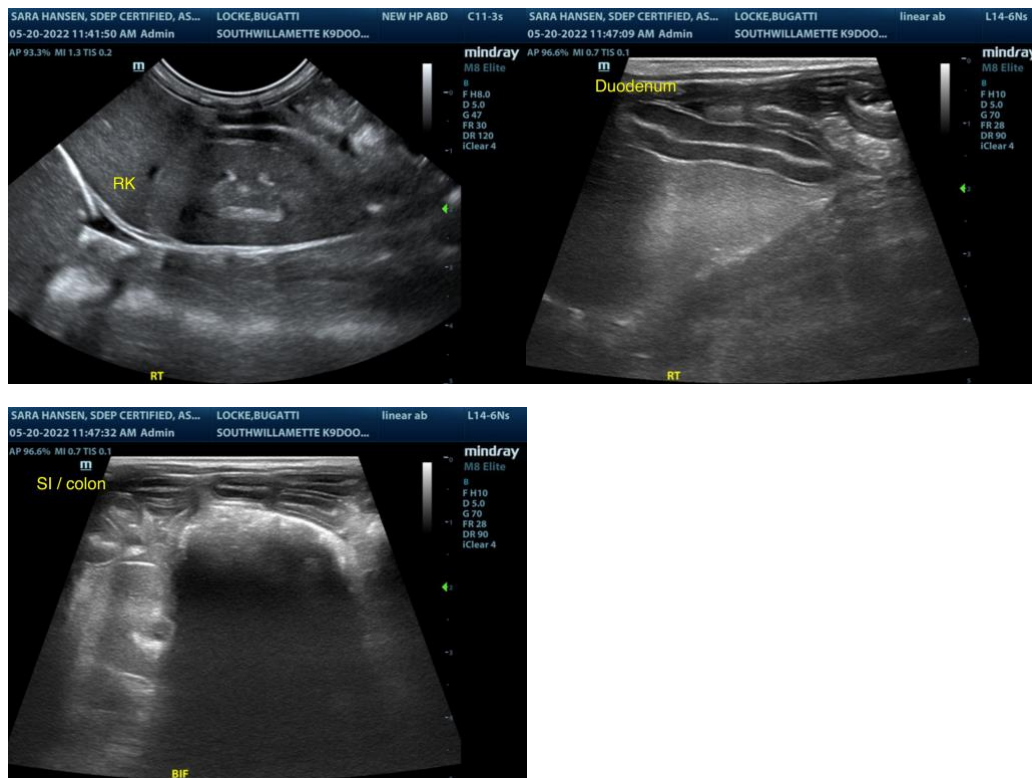
Dr. Willaman

**INVOICE**

37814

**DATE**

5/20/22



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