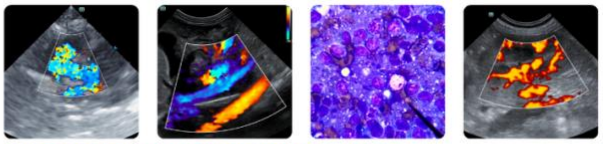

PATIENT

April Bailey

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

9 Years 11 Months

WEIGHT

14.3

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Celia Galanti, DVM

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

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INVOICE

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05/22/26

PRESENTING CLINICAL SIGNS

Follow-up from yesterday's hospitalization for vomiting; received Cerenia, radiographs, pancreatic lipase, blood work, and subcutaneous fluids. Vomiting began 3 days ago: initially noticed yellow spots on carpet, attributed to another dog. Day of carpet cleaning (3 days ago): vomited 4 times within 15 minutes of cleaner leaving. Next morning: vomited 4 additional times before yesterday's visit. Last normal meal: Wednesday evening. No vomiting since Cerenia administration yesterday. Current signs: severe lethargy (not getting up, lying on exam table), trembling through the night, felt warm, malodorous breath or gas. Brought water to bed for patient to drink while lying down. Went outside to urinate this morning but immediately returned to lie down. History of shoulder problems. Recently restarted on Dasuquin joint supplement. Fed Royal Canin with dehydrated chicken treats (homemade, dehydrated for 8.5 hours). Occasional treats: apple without skin, frozen watermelon, frozen yogurt with banana. One month ago: accidentally received Cytopoint injection intended for another dog during anal gland appointment. No access to other dogs, no recent grooming, no table scraps. No history of getting into inappropriate items or chewing behaviors. Normal PSL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the right kidney. 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 right kidney measured 4.5 cm in length.

The left kidney revealed indistinct corticomedullary border demarcation with subjective increased corticomedullary echogenicity and moderate pyelectasia. The left kidney measured 4.6 cm in length. Left retroperitoneal inflammation and mild effusion was present Possible indistinctly visualized left hydroureter in the area of the left kidney potentially measuring 0.59 cm ureter diameter.

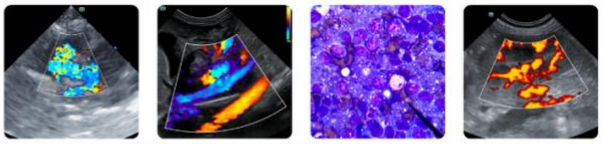
Adrenal Glands

The left adrenal gland was indistinctly visualized owing to periadrenal hyperechoic omentum and retroperitoneal echogenicity, subjectively measuring 0.58 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 0.48 cm width at the caudal 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.



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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.

Gastrointestinal

The stomach presented nonthickened wall exhibiting mild mural hypoechogenicity and primarily empty lumen with mild lumen gas and retained fluid. The gastric body wall measured 0.34 cm wall width. No evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern is present without obstruction or foreign material. The duodenum wall measured 0.4 cm wall width. The jejunum wall measured 0.35 cm wall width.

Normal visible colon wall layers were present. Segmental empty lumen with concurrent segmental semi formed to soft fecal matter and lumen gas.

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.

Free Abdomen

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Acute to subacute gastroenterocolonopathy.
- Non-specific left nephritis pattern exhibiting pyelectasia and evidence of left retroperitoneal inflammation/effusion.
- Possible indistinctly visualized concurrent left hydroureter.
- Normal right kidney.
- Sonographically normal urinary bladder and visible proximal urethra.
- Normal liver/gallbladder- consistent with low-grade benign hepatopathy.
- Sonographically normal area of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Non-specific left kidney nephritis and potential proximal ureteritis are suspected with considerations including potential pyelonephritis versus other. Possible non-visualized left ureter obstruction is not excluded.

Further assessment may include ultrasound-guided centesis into the left retroperitoneal space for fluid accumulation for cytospin cytology +/- culture and sensitivity. Monitoring of renal parameters and urinalysis going forward is indicated with suggested screening urine culture and sensitivity if evidence of inflammatory sediment.

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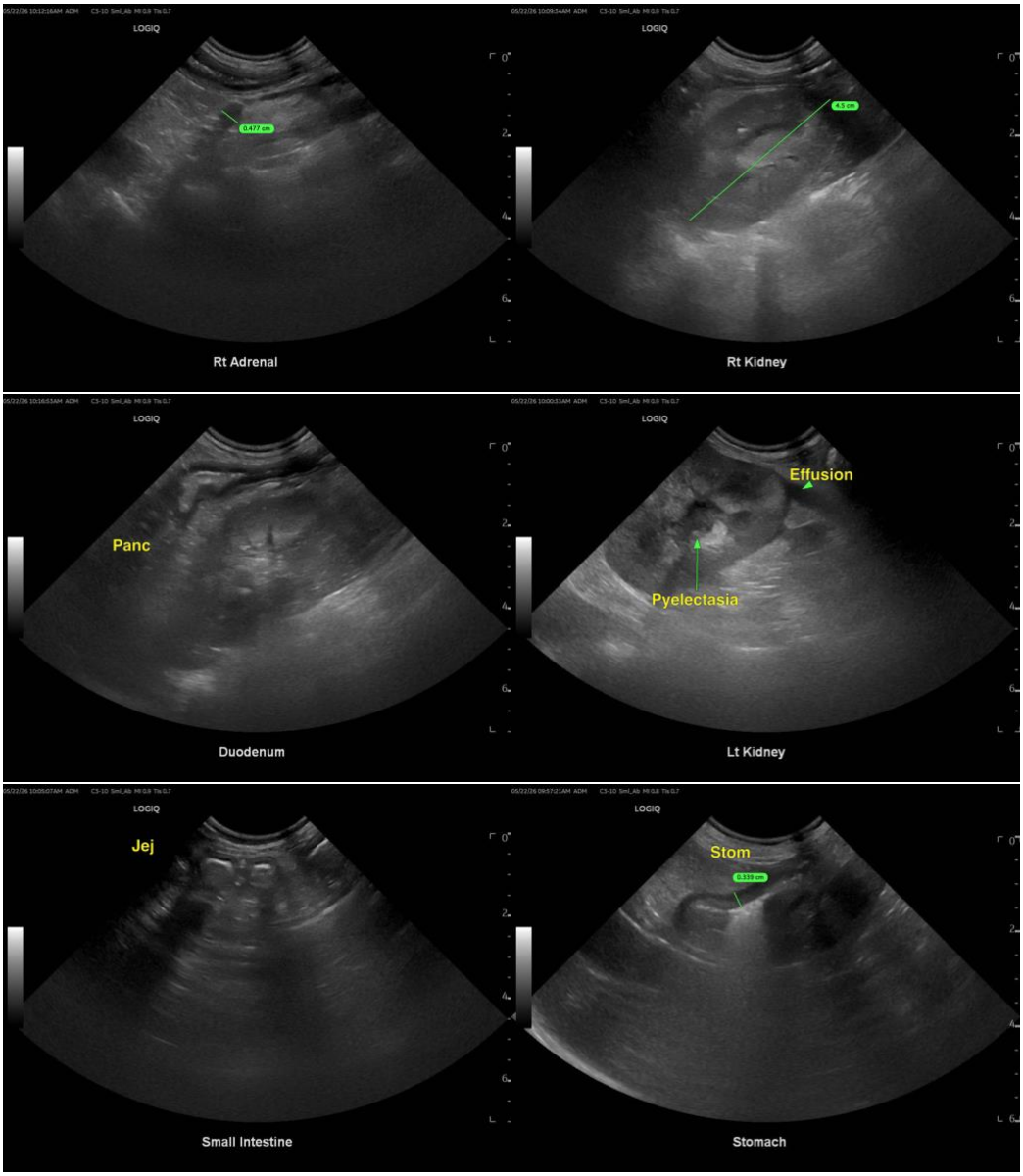
No evidence of gastrointestinal mechanical obstruction or foreign material. Empirical therapy for non-specific acute to subacute gastroenteritis with clinical monitoring is indicated. Sonographic reassessment in 24 to 48 hours would be ideal.



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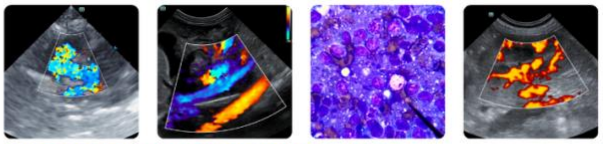

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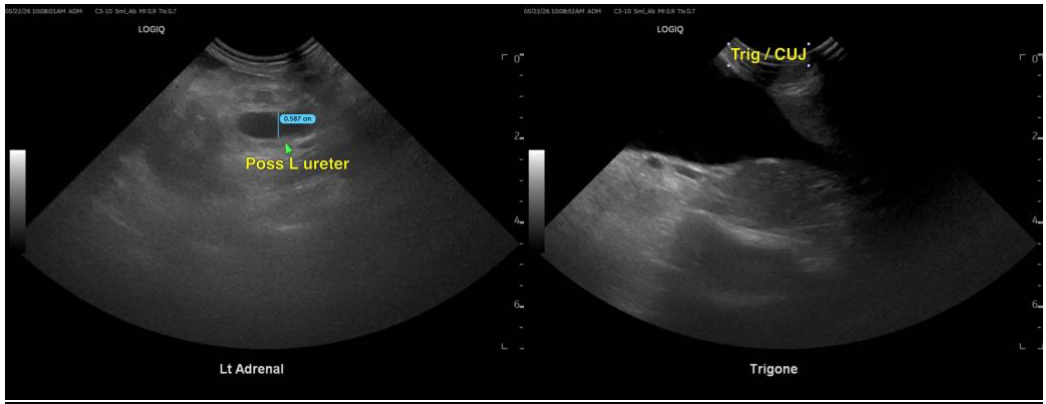

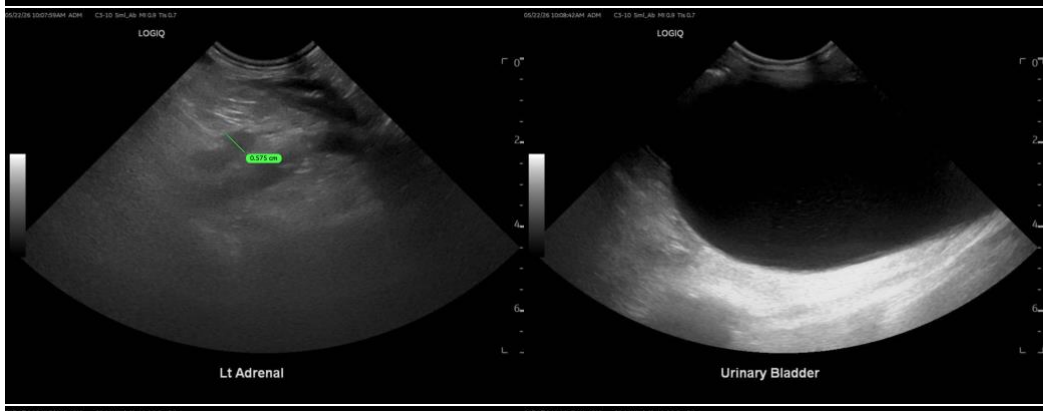

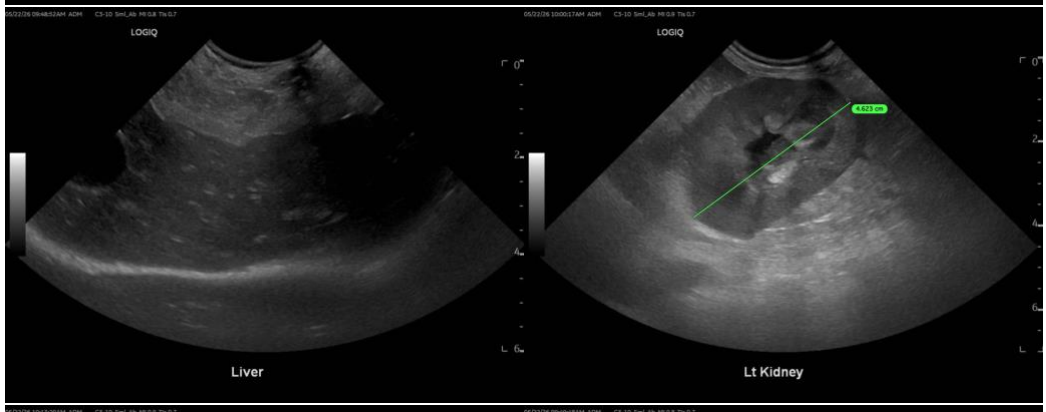

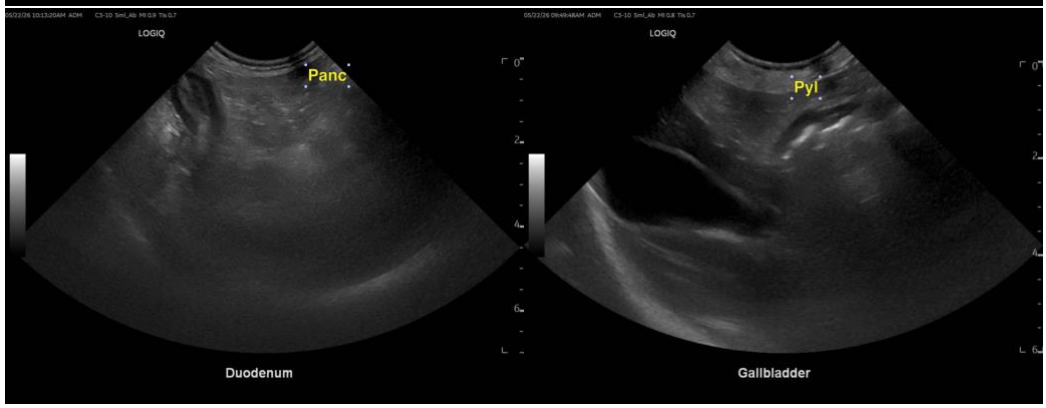

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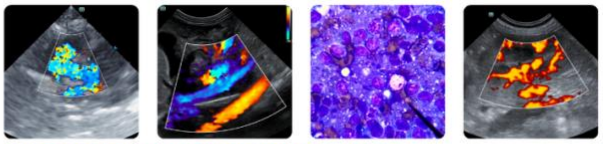

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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