

**PATIENT**

Ryko Dugan

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

14 years

WEIGHT

83.2 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Johathon Renfro

INVOICE

13780

DATE

5/3/22

PRESENTING CLINICAL SIGNS

Weight loss, unsteady, blood loss, lethargy. Dog has lost 24.6 pounds in a year without trying.

Abnormal PE/Chem/CBC/UA Results: Chem: AMY 1312 (200-1200), BUN 34 (7-25), CREA 1.6 (0.3-1.4). CBC: RBC 4.07 (5.5-8.5), HGB 9 (12-18), HCT 31.08 (37-55), MCHC 29 (31-39), PLT 78 (166-500), MPV 11.9 (3.9-11.1).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was nondistended containing moderate to marked dependent to nondependent, nonmineralized sediment. No overt evidence of neoplastic or inflammatory urinary bladder criteria was noted.

The residual prostate was mildly enlarged in size yet maintained symmetrical capsule contour exhibiting nonhomogeneous to cystic nonmineralized residual prostatic parenchyma. The residual prostate measured 4.2 cm x 2.6 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A solitary, moderately sized caudomedial cortical cyst was present in the left kidney, measuring 1.5 cm in diameter. Mild pyelectasia was noted in the left kidney. The left kidney measured 6.1 cm in length.

The right kidney was enlarged in size exhibiting moderate to severe hydronephrosis with replacement of discernable medullary parenchyma with fluid containing subjective mild cellular component. The right kidney measured 9.2 cm in length. The right ureter presented severe, generalized to torturous dilation containing anechoic urine exhibiting generalized moderate cellular component extending caudally to the level of the urinary bladder.

Adrenal Glands

The bilateral adrenal glands were subjectively normal given the patient's size. The left adrenal gland measured 0.90 cm width at the caudal pole and 0.96 cm width at the cranial pole. The right adrenal gland measured 0.96 cm width at the caudal pole.

Spleen

The spleen exhibited overall normal size with generalized splenic heterogeneity including intermittent, variably echogenic and nondisruptive nodules. An example of a nodule measured 1.1 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic,

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nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal**SPECIES**

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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.

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

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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.

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Free Abdomen

Unspecified, spherical, nonhomogeneous nodular mass lesion was noted directly adjacent to the severely distended right ureter, yet did not appear to be overtly causing right ureter obstruction.

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83.2 lbs.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Prominent nonhomogeneous to cystic residual prostate
- Moderate to marked urinary bladder sediment / pyuria
- Left kidney moderate chronic renal changes with mild to moderate pyelectasia and cortical cysts
- Right kidney moderate to severe hydronephrosis with concurrent, severe, generalized torturous right ureter dilation extending caudally to the level of the urinary bladder - consistent with chronic right ureter obstruction / hydroureter, potential for pyoureter or other
- Unspecific spherical nonhomogeneous nodular small mass lesion adjacent to severely dilated right ureter
- Overtly normal gastrointestinal tract

Secondary Findings

- Nonspecific yet suspect being splenic nodules - hyperplasia, hematopoiesis, granulomas, etc.,

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup including urinalysis, urine culture and sensitivity on cystocentesis sample of urine is recommended. Primary concern for chronic right ureter obstruction with secondary right kidney hydronephrosis, although a definitive area of right ureter obstruction was not overly evident. Potential for severe chronic primarily right pyelonephritis / pyoureter +/- left kidney pyelonephritis is

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possible. Functionality of the right kidney is considered unlikely with azotemia likely secondary to left kidney chronic renal changes.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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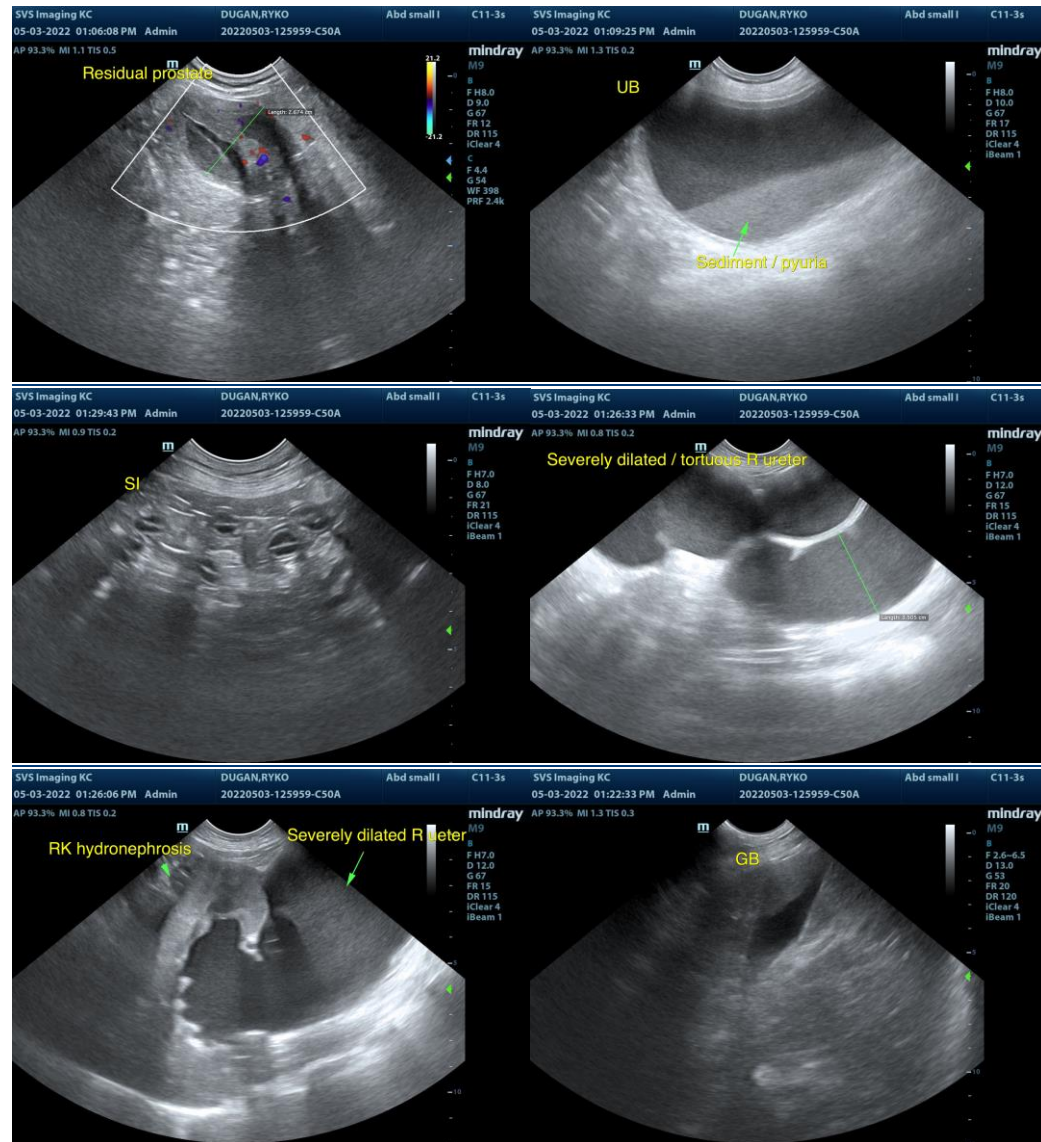
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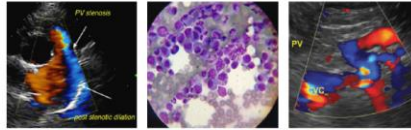
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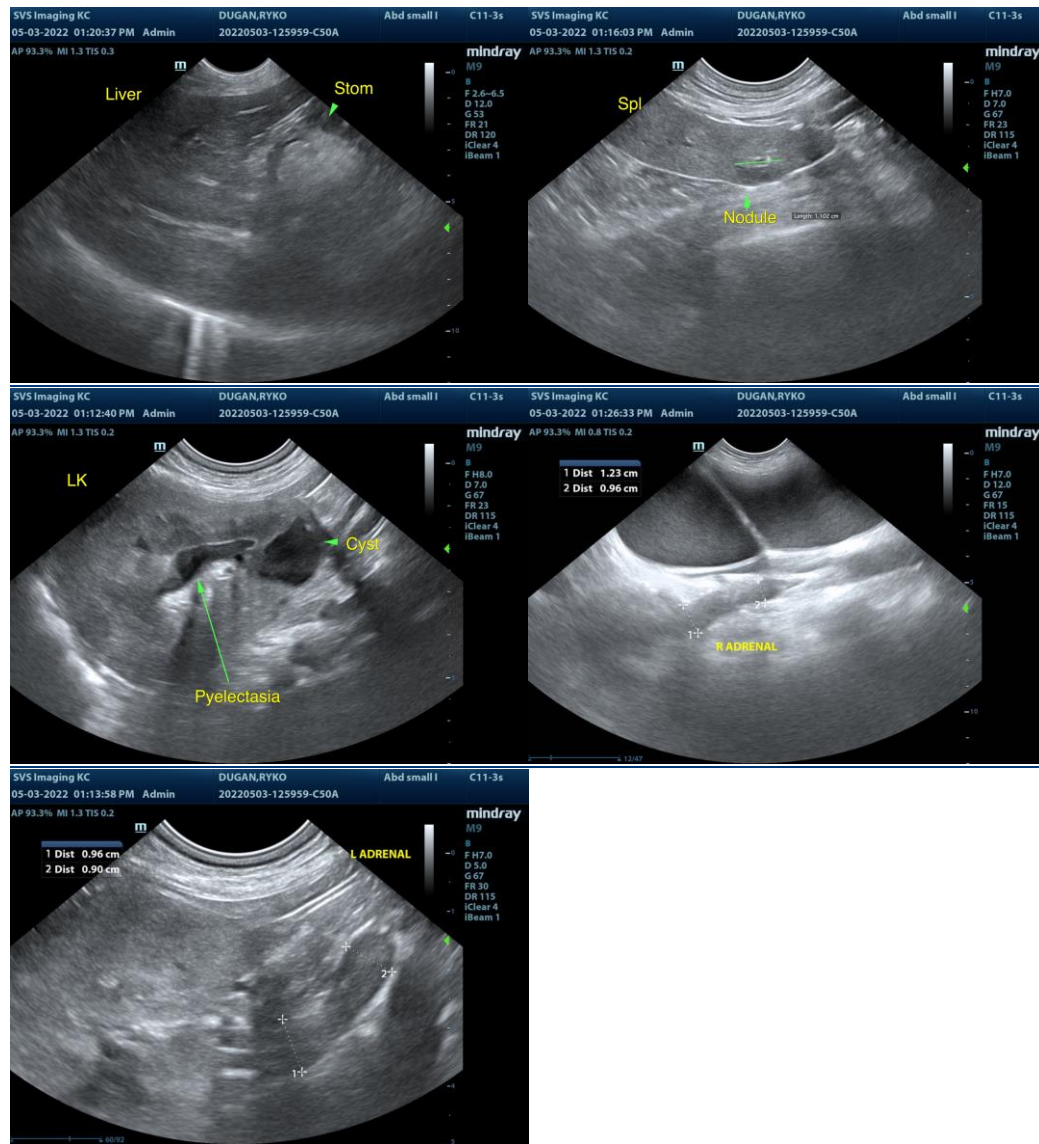
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com