



PATIENT

Lyka Grimshire

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea, large fluid distended left kidney on AFAST
Abnormal PE/Chem/CBC/UA Results: Renal enzymes normal mild neutrophilia

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Swiss Mountain Dog

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 area of the ureteral papillae was overtly normal without obvious pathology. No evidence of inflammatory or neoplastic changes were noted.

SEX

Intact Female

Normal size and margination were 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 5.7 cm. No evidence of right ureter fluid.

AGE

4 Months

The left kidney was distended and enlarged in size, containing anechoic fluid, replacing discernable medullary and cortical parenchyma with only a small amount of remaining cortical parenchyma around the lateral aspect of the left kidney. The left ureter exhibited generalized dilation with retained fluid extending from the left of the left kidney to the level of the urinary bladder. Left ureter diameter measured up to approximately 1.7 cm. Anechoic urine present in the dilated left ureter without overt evidence of calculi or obvious cellular debris.

WEIGHT

12 kg

Adrenal Glands

INTERPRETED BY

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 0.35 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measured 0.42 cm at the cranial pole and 0.36 cm at the caudal pole.

Spleen

IMAGING PERFORMED BY

Dr. Belan

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

McKnight 24 Hr.

Liver

REFERRING VET

Dr. Picyk/Dr. Gavin

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.

INVOICE

37531

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.53 cm.

DATE

5/9/22



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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 0.35 cm. Jejunum wall measured 0.25 cm.

SPECIES

Canine

Normal visible colon wall layers were present with semiformed to soft feces in lumen, consistent with reported diarrhea.

Pancreas

BREED

Swiss Mountain Dog

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

SEX

Intact Female

Intermittent, mildly prominent to enlarged medial iliac and jejunal colic lymph nodes were present. Example of colic lymph node measured 0.80 cm diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width:length ratio (<0.5).

AGE

4 Months

ULTRASONOGRAPHIC FINDINGS

WEIGHT

12 kg

- Overtly normal urinary bladder and visible proximal urethra
- Severe left hydronephrosis with concurrent variable to severe left hydroureter to the level of the urinary bladder
- Normal right kidney/right ureter
- Gastroenterocolitis pattern
- Intermittent, subjectively benign/reactive jejunocolic and minor medial iliac lymphadenopathy

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause of left ureter obstruction (i.e., stricture, calculus, etc.) was not definitively evident, yet chronic left ureter obstruction is suspected at the level of the urinary bladder. Minor potential for ectopic ureter if concurrent evidence or history of incontinence. The left kidney appears to be non-functional, given the degree of parenchyma loss.

IMAGING PERFORMED BY

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Resection of the left kidney and left ureter +/- ovariectomy and gastrointestinal biopsies warranted. Empirical therapy for gastroenterocolitis (i.e., dietary therapy, high colony count probiotic, empirical deworming +/- antibiotics) and assessment for gastrointestinal response would be reasonable.

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REFERRING VET

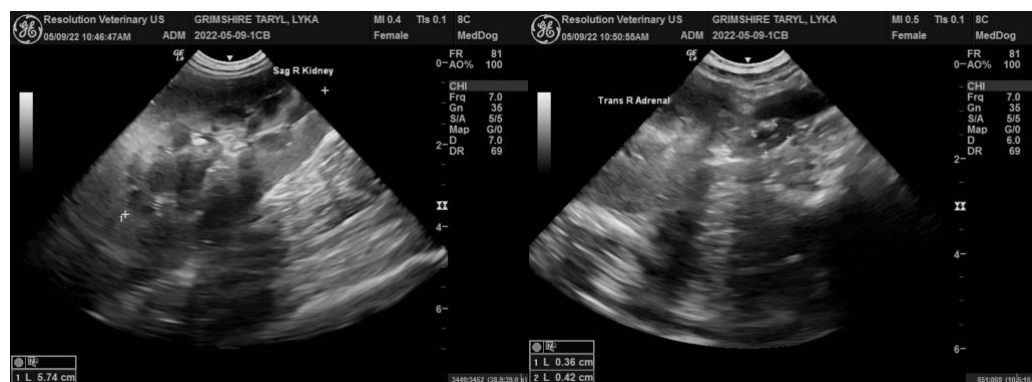
Dr. Picyk/Dr. Gavin

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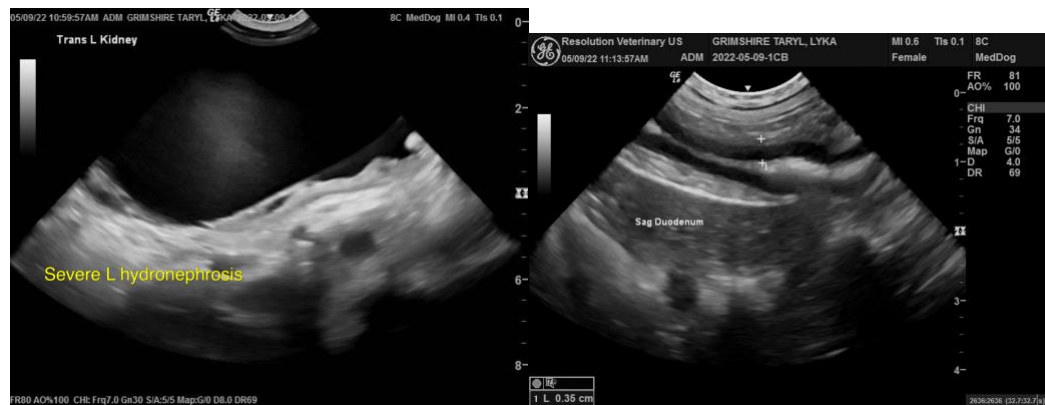
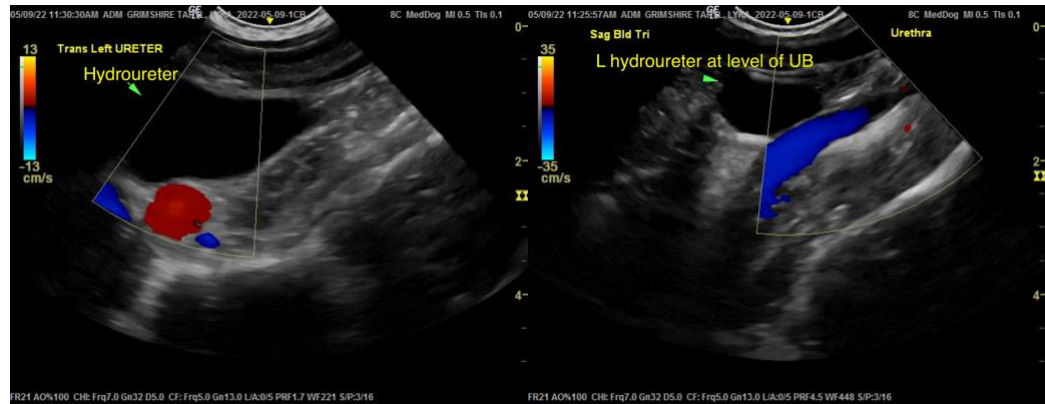
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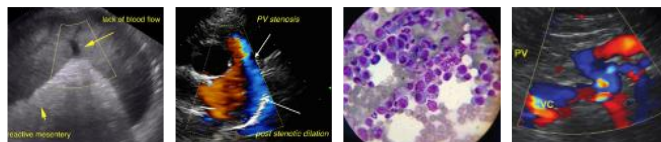
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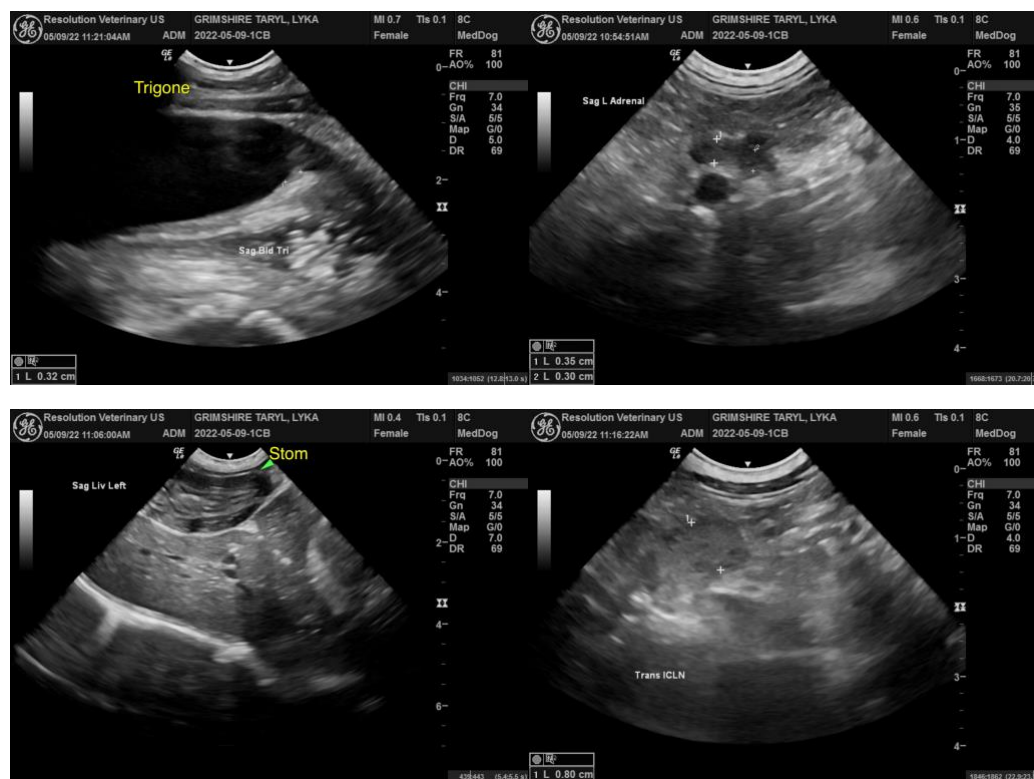
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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