



PATIENT	PRESENTING CLINICAL SIGNS
Lulu Jones	Inappetence, will eat for a few meals then turn nose up. Duration over a week. No response to Cerenia, famotidine. History of pulmonary crackles managed with furosemide. Abdomen full on palpation. meds: Furosemide 10 mg q12h.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Creatinine 176 (44-133), BUN 20.7 (3.2-11.0), ALP 700 (5-160) specPL 146 (0-200) U/A shows suboptimal concentration however NSF otherwise
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
JRT	Urinary System
SEX	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.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
12 years	Normal size and areas of asymmetrical renal margination were present in the kidneys. 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. Mild pyelectasia was noted in the left kidney. Intermittent small cortical cysts were also present in the left kidney. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.
WEIGHT	
9.7 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the cranial pole and 0.67 cm width in the caudal pole. The right adrenal gland measured 0.79 cm width in the cranial pole and 0.69 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Kelly Reschny	The spleen exhibited overall normal size with areas of mild lateral and medial capsule asymmetry. Multiple variably sized to subtly expansive hyperechoic to irregular splenic nodules were present. An example of a splenic nodule measured 1.5 cm in diameter. Normal splenic vascularity was present.
HOSPITAL NAME	Liver/ Gallbladder
Snelgrove VS	The liver was mildly enlarged in size with normal 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Gunsinger	
INVOICE	Gastrointestinal
14078	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.
DATE	
6/14/22	



PATIENT

Lulu Jones

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.

SPECIES

Canine

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

JRT

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Nonspecific yet likely benign splenic nodules
- Bilateral chronic nephropathy
- Hepatopathy - subjectively benign
- Overtly normal gastrointestinal tract
- Mild pancreatic remodeling - age-related pancreatic changes, remodeling owing to previous inflammation, or low-grade to chronic pancreatitis possible

AGE

12 years

WEIGHT

9.7 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. The overall appearance of the bilateral kidneys is consistent with chronic nephropathy or renal disease, as opposed to acute kidney injury or Insult.

IMAGING PERFORMED BY

Kelly Reschny

Although nonspecific, the appearance of the liver is suggestive of benign vacuolar hepatopathy without evidence of neoplastic criteria.

HOSPITAL NAME

Snelgrove VS

Potential for low-grade to chronic would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

REFERRING VET

Dr. Gunsinger

Continued close monitoring of renal parameters while on Furosemide is suggested. Potential discontinuation of Furosemide may be indicated if persistent to progressive azotemia. CRD therapy with as-needed gastrointestinal support would be reasonable.

INVOICE

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INTERPRETED BY

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DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Snelgrove VS

REFERRING VET

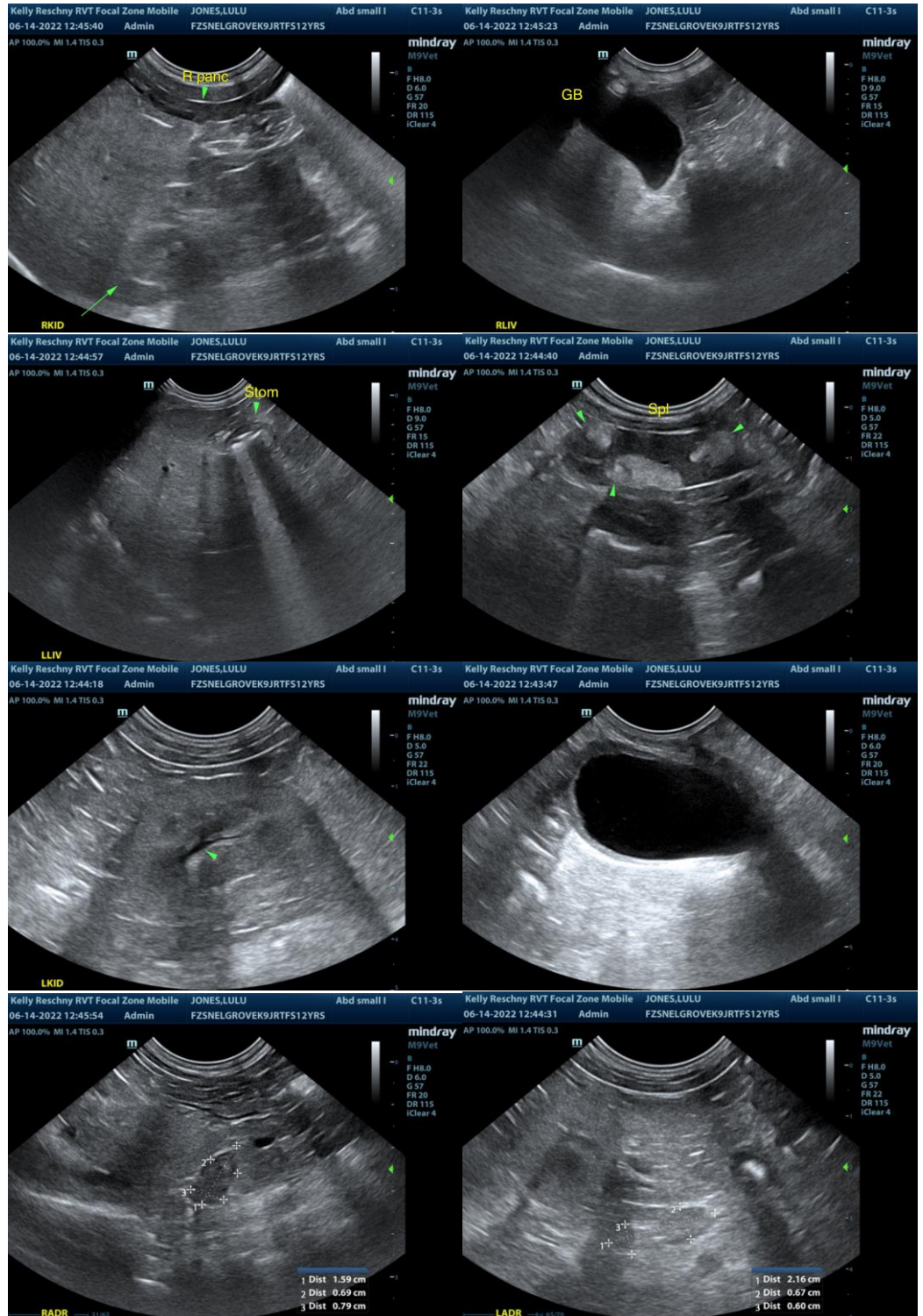
Dr. Gunsinger

INVOICE

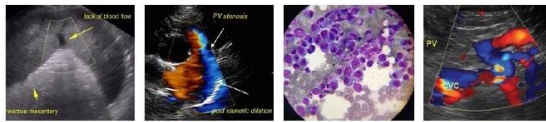
14078

DATE

6/14/22



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.



PATIENT

Lulu Jones

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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JRT

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FS

AGE

12 years

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INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

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