



**PATIENT PRESENTING CLINICAL SIGNS**

Babyak Sully Referral hospital diagnosed suspected renal dysplasia, gastroenteritis, possible foreign body  
BUN 26, Creatinine 1.9, ALP 478, ALT 149, Amylase >2500, Na:K 38, unremarkable CBC

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Lab Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

**SEX**

MN

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.5 cm in diameter.

**AGE**

2020

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

67

Asymmetrical renal margination was present in both kidneys with indistinct to mildly variably echogenic corticomedullary parenchyma and loss of corticomedullary border demarcation. No evidence of pyelectasia was noted. No evidence of retroperitoneal inflammatory criteria. Potential right kidney cortical infarction is possible although not definitive. The left kidney measured 5.3 cm in length. The right kidney measured 5.1 cm in length.

**INTERPRETED BY**

**Adrenal Glands**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.53 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

**IMAGING PERFORMED BY**

**Spleen**

Rebekah Jakum, CVT  
ARDMS/RVT

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**

Pocono Peak VC

**Liver/ Gallbladder**

**REFERRING VET**

Dr. Coyle

The liver was normal in size and contour. Subjective mild decreased hepatic parenchyma echogenicity with subtle increased prominence of the portal vascular borders was noted. Normal subjective hepatic volume was noted. No masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

14125

**Gastrointestinal**

**DATE**  
6/16/22

The stomach presented intact wall layering with mildly prominent wall layering noted in the area of the pylorus. The pylorus wall width measured 0.7 cm. The stomach was moderately distended with



**PATIENT**

Babyak Sully

retained anechoic fluid extending into the pyloric outflow. No evidence of mechanical pyloric outflow obstruction was noted.

**SPECIES**

Canine

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 mechanical / metabolic small intestinal ileus or foreign material. The duodenum wall width measured 0.47 cm.

**BREED**

Lab Mix

***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.

**SEX**

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

2020

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral asymmetrical kidneys exhibiting indistinct corticomedullary architecture and loss of corticomedullary border demarcation - consistent with probable congenital renal dysplasia given the age of the patient
- Nonspecific hepatopathy - metabolic, vacuolar, reactive, nonspecific potentially acute hepatitis i.e., viral, bacterial, less likely Leptospirosis, hepatotoxin, etc., possible
- Hypomotile stomach, overtly normal small bowel
- Mild heterogeneous pancreas

**WEIGHT**

67

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Potential for nonspecific chronic nephritis is considered a less likely differential diagnosis for the kidneys.

Ultrasound guided hepatic FNA could be considered for screening cytology primarily to assess for evidence of inflammatory cells.

**INTERPRETED BY**

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 DVM, DABVP  
 (Canine and Feline)

The hypomotile stomach is suspected to be metabolic given the lack of signs consistent with mechanical pyloric or upper small Intestinal obstruction. This could potentially be associated with underlying structurally insignificant inflammatory GI disease. No evidence of active pancreatic inflammation, although potential for low-grade pancreatitis which may present sonographically normal cannot be definitively excluded. Further assessment may include A GI panel to include PLI/TLI/Cobalamin/Folate. Continued as-needed gastrointestinal and renal support is recommended.

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 ARDMS/RVT

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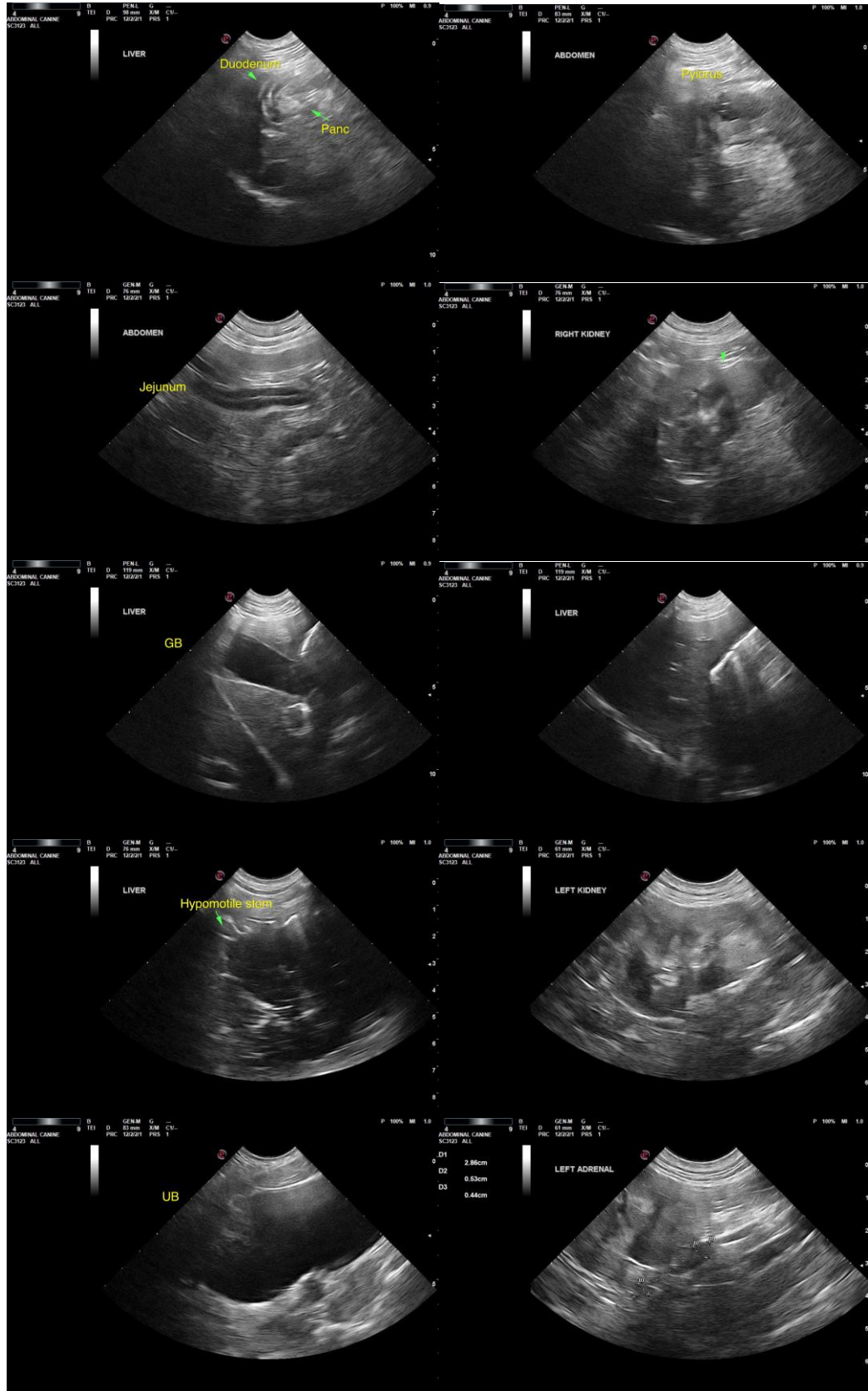
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Lab Mix

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