



**PATIENT**

Nicky Kramer

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

M/N

**AGE**

10 years

**WEIGHT**

66.0 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Griffin

**INVOICE**

17105

**DATE**

6/20/23

**PRESENTING CLINICAL SIGNS**

Patient has had extensive antibiotics for lick granuloma infection as well as severe incisional infection post TPLO at MedVet

Abnormal PE/Chem/CBC/UA Results: PE: Lick granuloma hind left, chronic diarrhea CBC- MCV 58.8, RDW 22.9, RETIC 127.8, WBC 18.80, NEU 15.48, MPV 14.1 CHEM: GLOB 5.0 SDMA: normal limits T4: 0.6 on 5/20 then started on thyroid tabs 0.6mg BID, thyroid is 1.1 6/20 post pill

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. No evidence of pathology was noted in the area of the ureteral papillae.

The area of the residual prostate was free of overt pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and contour 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation, pyelectasia, or left retroperitoneal inflammatory criteria was noted. The left kidney measured 8.1 cm in length.

Normal size and mild asymmetrical capsule contour were present in the right kidney. Subtle cortical hypertrophy with reduced medullary volume was noted. Mild right kidney hydronephrosis with fluid dilation extending into the right kidney lateral diverticuli was present. Nonspecific lateral subcapsular to cortical fluid accumulation was present. The fluid was anechoic. Increased right retroperitoneal echogenicity with mild right retroperitoneal free fluid was noted. No obvious evidence of right hydroureter was noted. The right kidney measured 8.1 cm in length.

**Adrenal Glands**

The left adrenal gland was not definitively visualized. The right adrenal gland exhibited potential for borderline subnormal size, which is nonspecific and a suspected patient variant. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.56 cm width in the cranial pole and 0.49 cm width in 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.



**PATIENT**

***Liver/ Gallbladder***

Nicky Kramer

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

M/N

**AGE**

10 years

**WEIGHT**

66.0 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Griffin

**INVOICE**

17105

**DATE**

6/20/23

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 containing primarily anechoic content with mild, nondependent to congealed, non-organized gallbladder sediment. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

***Gastrointestinal***

The stomach presented overtly normal visualized gastric wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting subtle progressive distal acoustic shadowing and lumen gas. No evidence of mechanical pyloric outflow obstruction was noted.

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 formed to semi-formed fecal matter.

***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.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Left kidney mild chronic changes
- Right kidney mild hydronephrosis with lateral subcapsular / cortical fluid
- Associated right retroperitonitis
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta
- Formed / semi-formed fecal matter in colon
- Minor gallbladder sediment (non-mucocele)
- Mild urinary bladder sediment

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The right kidney is nonspecific with potential considerations including nonspecific nephritis, i.e., pyelonephritis, atypical lateral cortical cyst, nonobvious right ureter obstruction, emerging right kidney / right retroperitoneal neoplastic criteria or other. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assuming normal clotting status, right cortical FNA cytology as well as subcapsular or retroperitoneal fluid cytology +/- C/S, if accessible, may be considered for further clarification. Contrast urography may be indicated.



**PATIENT**

Nicky Kramer

Sonographic reassessment of the right kidney in 3-4 weeks pending additional diagnostics would be a more conservative approach.

**SPECIES**

Canine

Novel protein or hydrolyzed diet trial with high colony count probiotics such as Provable, given extensive antibiotic use, may prove beneficial. Screening resting cortisol level +/- a GI panel to include Cobalamin/Folate levels may be considered.

**BREED**

Border Collie

**SEX**

M/N

**AGE**

10 years

**WEIGHT**

66.0 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

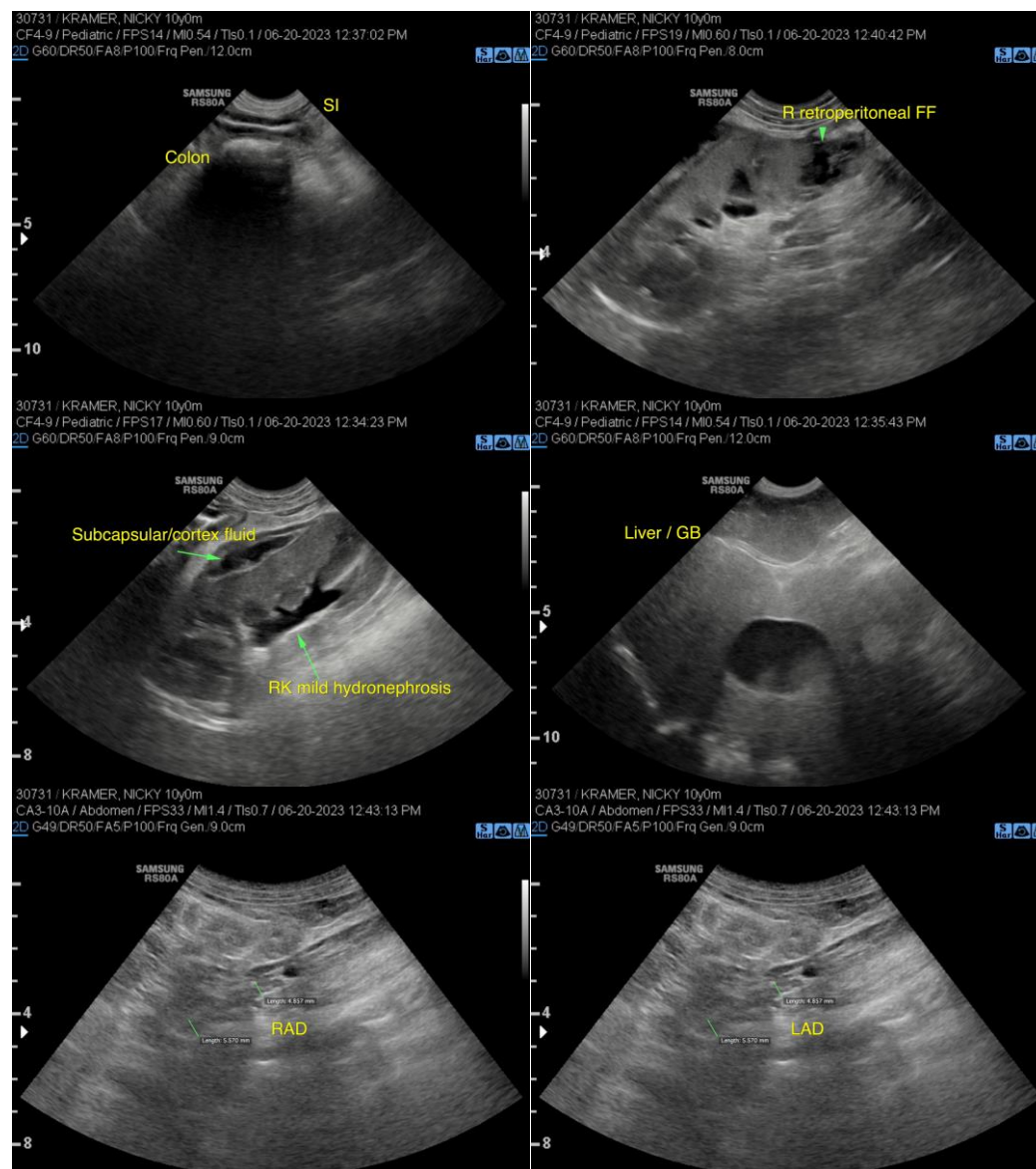
Griffin

**INVOICE**

17105

**DATE**

6/20/23





**PATIENT**

Nicky Kramer

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

M/N

**AGE**

10 years

**WEIGHT**

66.0 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

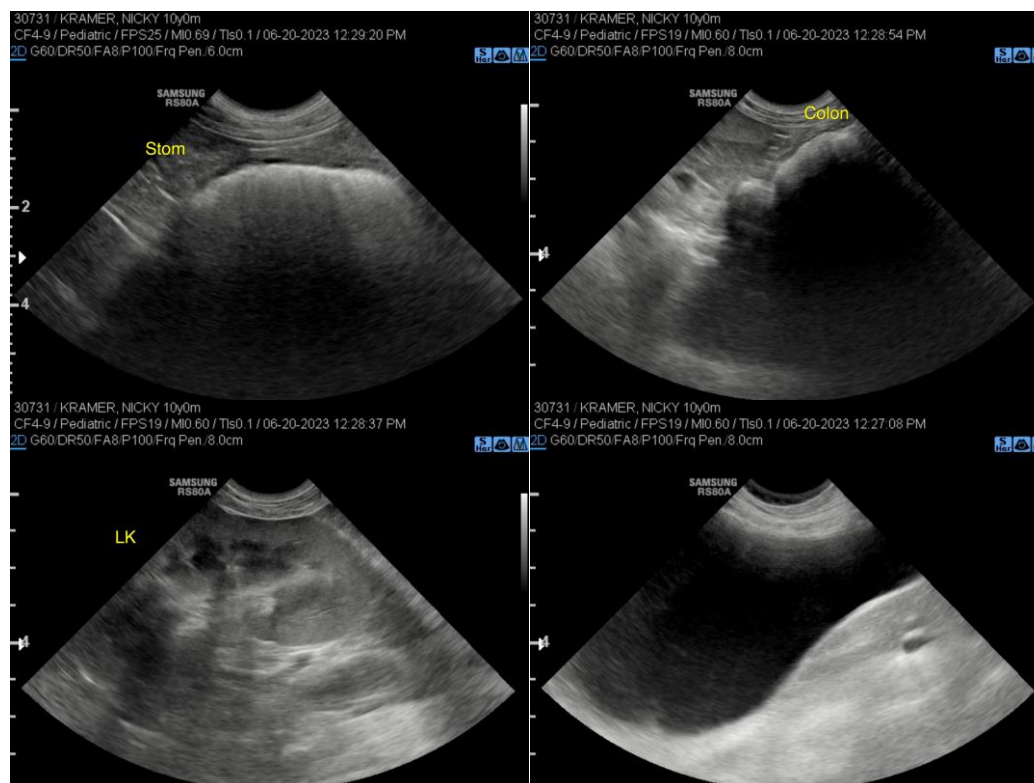
Griffin

**INVOICE**

17105

**DATE**

6/20/23



**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](mailto:info@sonopath.com)