

PATIENT

Scout Gembe

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female

AGE

4 months

WEIGHT

18.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura DeCordon

HOSPITAL NAME

Mason Dixon Animal
ER

REFERRING VET

Dr. Laura DeCordon

INVOICE

10941ag

DATE

06/25/2022

PRESENTING CLINICAL SIGNS

Presented 6/24 for acute onset of vomiting and lethargy. Owner was able to get pt to eat a small amount of chicken and rice but vomited that meal shortly after. Had a small bowel movement that was soft but formed, P is a chewer, O is concerned of possible FB.

T:105.7°F at presentation 6/24

Chemistry - mild elevation ALKP (normal for puppy), mild hypokalemia, low normal chloride and sodium 4DX - negative x 4

BKLL with L>R r/o pyelonephritis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The left kidney was mildly enlarged in size compared to the right kidney. Mild to moderate hydronephrosis exhibited by fluid dilation involving the pelvis and extending into the lateral diverticuli was observed. The fluid exhibited echogenic changes consistent with cellularity. Mild to moderate loss of corticomedullary border with mild nonuniform cortex and medullary echogenicity was present. Mild left retroperitoneal free fluid and reactive tissue was present extending caudally to the approximate level of the iliac trifurcation. Mild dilation of the proximal left ureter exiting the left kidney extending for 1-2 cm was observed yet no evidence of ureteral obstruction. The right kidney was sonographically normal.

The left kidney measured 8.7 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the uterus or bilateral ovaries.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

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.

Liver

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.

Gastrointestinal



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The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. No evidence of gastric foreign material.

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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.

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 was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment-suspect cellular debris/protein
- Left kidney pyelonephritis with associated left retroperitonitis
- Sonographically unremarkable right kidney
- Mild gastritis pattern-no evidence of GI obstructive pattern or overt foreign material

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of left kidney pyelonephritis was subjectively moderate to severe with associated left retroperitonitis. Full urinary workup including U/A and C/S is recommended. Ideally ultrasound guided pyelocentesis of the left kidney for direct collection of urine for C/S is recommended if possible. Appropriate long term (4-6 weeks) antibiotic therapy based on C/S results is likely indicated. AS needed GI support is recommended. A guarded prognosis for long term functionality of the left kidney pending clinical response and sonographic monitoring.

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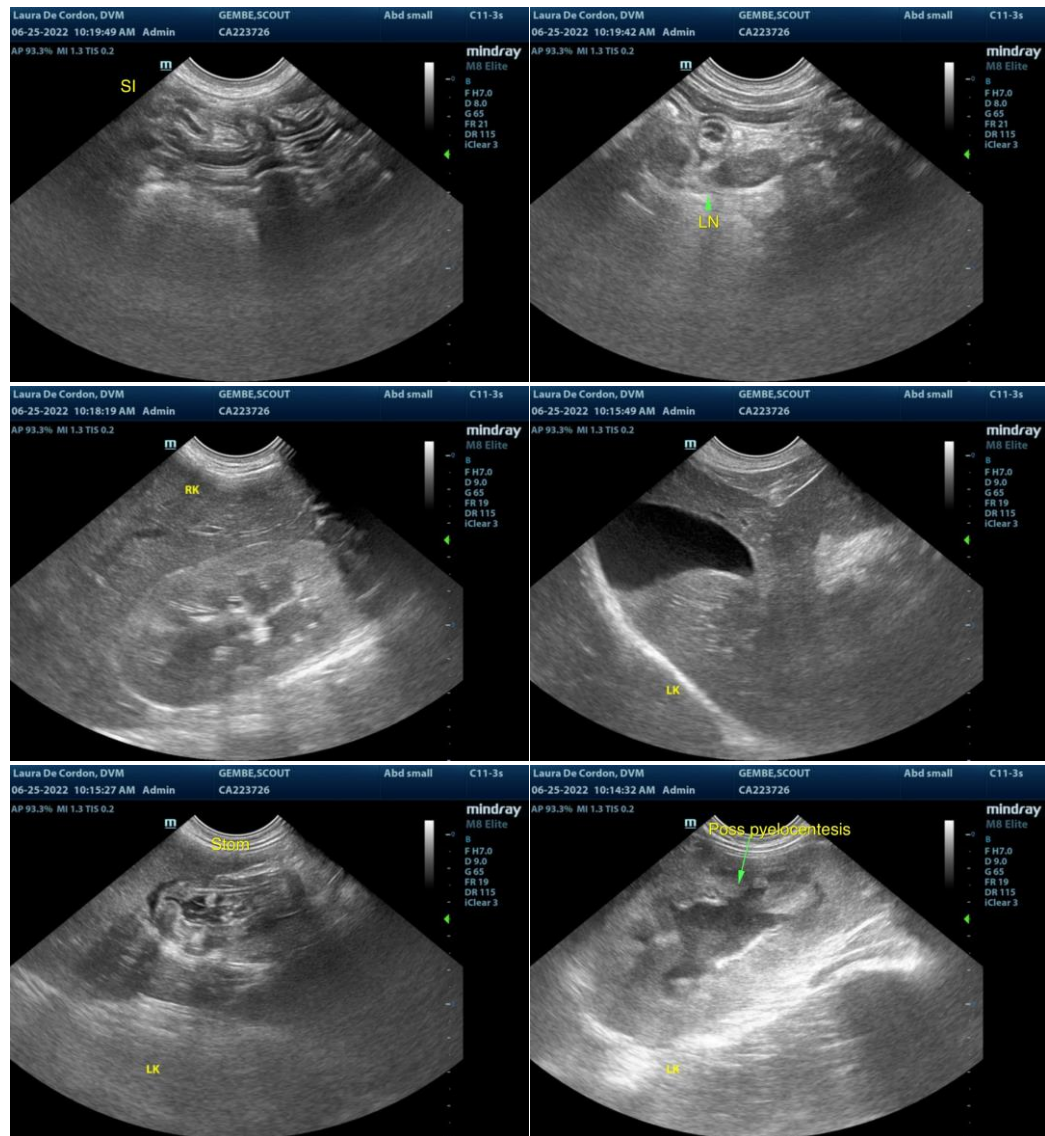
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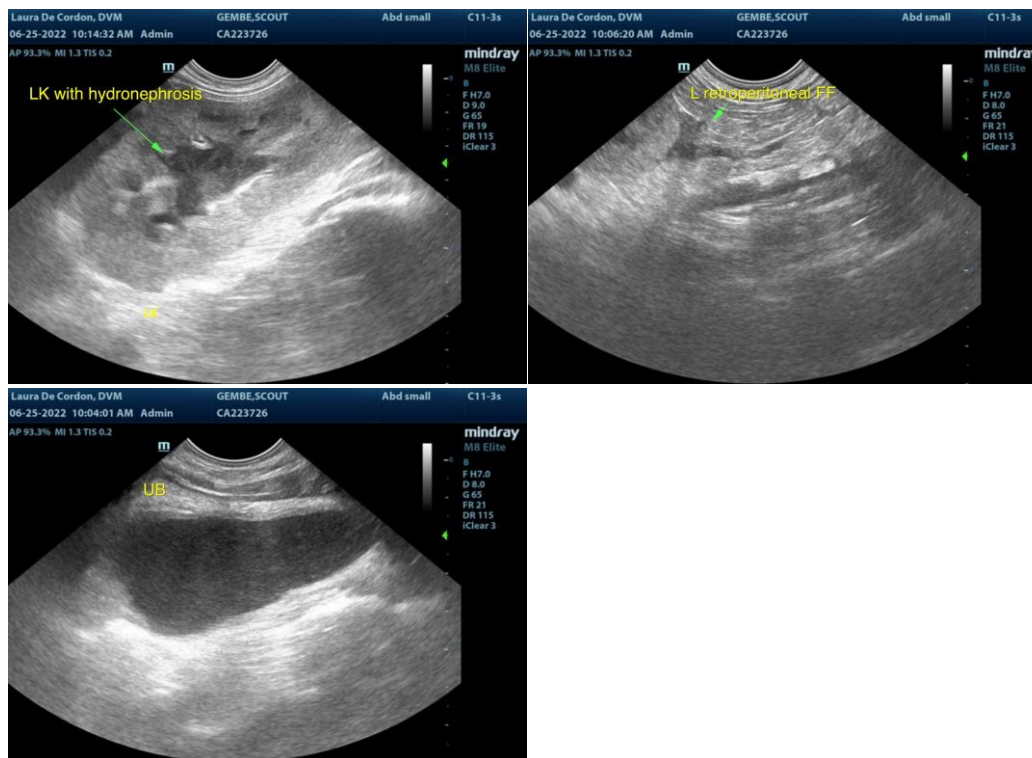
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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