



PATIENT

Marley Utterstrom

SPECIES

Canine

BREED

Border Collie Mix

SEX

MN

AGE

11.6yr

WEIGHT

69

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cohen

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Cohen

INVOICE

14206ag

DATE

06/26/2023

PRESENTING CLINICAL SIGNS

presented for hyporexia for a few weeks, R hind leg discomfort, possible abdominal mass palpated during PE. Hospitalized for moderate azotemia, isosthenuria on IVF therapy. Now regurgitating in the hospital, anorexic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and mildly indistinct corticomedullary definition were present. 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 or retroperitoneal inflammation. A small thinly walled left kidney cortical cyst was present. The left kidney measured 7.5 cm in length. The right kidney measured 8.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized and subjectively measured 0.46 cm width at 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.

Liver/Gallbladder

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. A solitary small thinly walled deep intraparenchymal cyst was present. Normal vascular volume. 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 with mild hyperechoic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

The visualized segments of 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.



PATIENT

Normal visible colon wall layers were present with apparent formed feces in lumen.

Marley Utterstrom

Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Border Collie Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Non-specific nephropathy with left kidney cortical cyst.
- Normal liver with small intraparenchymal cyst.
- Gallbladder debris (non-mucocele).
- Unremarkable GI with mild non-shadowing gastric ingesta/chyme.
- Sonographically normal urinary bladder.

MN

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

11.6yr

Overall, no overt evidence of significant abdominal visceral specifically renal pathology i.e., neoplasia, pyelonephritis, hydronephrosis, etc. The kidneys did not appear to be end stage. Consideration for acute renal insult/injury i.e., leptospirosis, toxin etc. may be indicated.

WEIGHT

69

Correlation with further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample is recommended. A screening resting cortisol level +/- ACTH stim if resting cortisol is <2.0 is recommended. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. Pending additional diagnosis, renal and GI support recommended with continued monitoring of azotemia/renal parameters going forward.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cohen

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Cohen

INVOICE

14206ag

DATE

06/26/2023



PATIENT

Marley Utterstrom

SPECIES

Canine

BREED

Border Collie Mix

SEX

MN

AGE

11.6yr

WEIGHT

69

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cohen

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

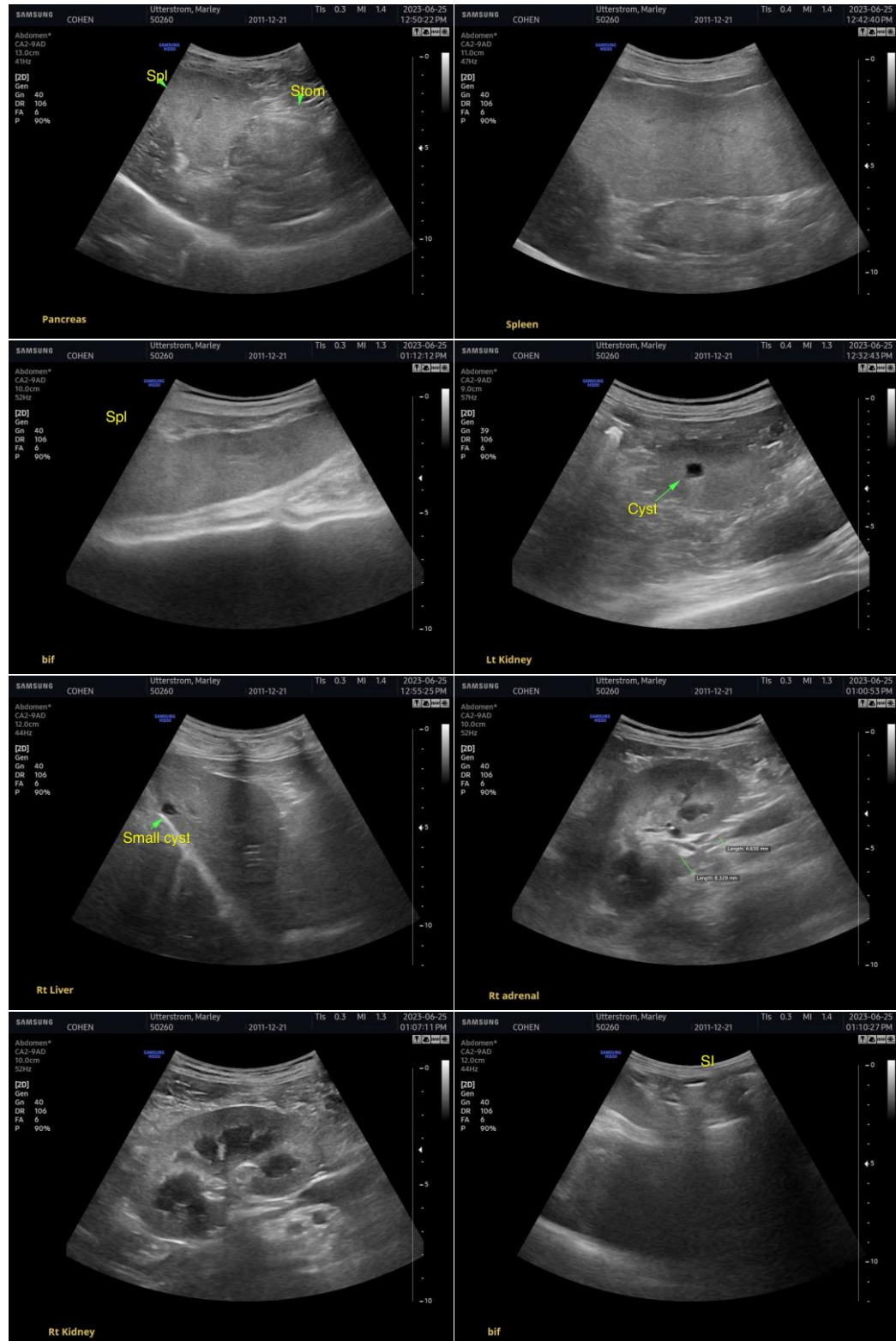
Dr. Cohen

INVOICE

14206ag

DATE

06/26/2023





PATIENT

Marley Utterstrom

SPECIES

Canine

BREED

Border Collie Mix

SEX

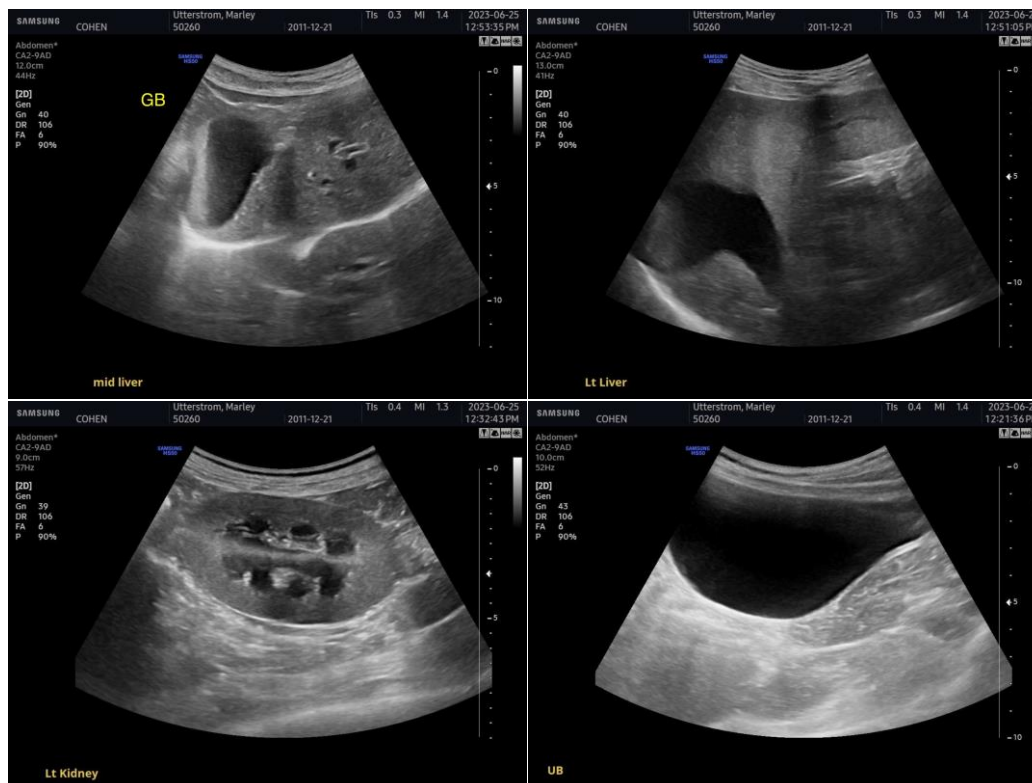
MN

AGE

11.6yr

WEIGHT

69



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cohen

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Cohen

INVOICE

14206ag

DATE

06/26/2023

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