



PATIENT

Nala Cruz

PRESENTING CLINICAL SIGNS

History: presented for spindle cell tumor removal, R/O - pyelonephritis, neoplasia, addisons, stones, CRD

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Creat 1.9, urine - trace hematuria, spec. grav. 1.010

BREED

Rottweiler

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.

SEX

FI

The left kidney exhibited subjective normal size and margination. Potential for subtle uniform mildly echogenic cortical hypertrophy with maintained medullary volume was noted. No evidence of left kidney pyelectasia. The left kidney measured 6.0 cm in length.

AGE

7 yr

The right kidney was not obviously visualized owing to depth secondary to patient size / conformation.

The area of the aortic trifurcation was free of pathology. The area of the iliac trifurcation was free of pathology, no evidence of medial, iliac or sublumbar lymphadenopathy / masses.

WEIGHT

106.4 lb

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

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 with very minor luminal debris-likely incidental and potentially secondary to fasting. The cystic and common bile ducts were normal.

HOSPITAL NAME

Animal Care Clinic of
Flanders

Gastrointestinal

REFERRING VET

Dr. Casulli

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.

INVOICE

10976ag

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.

DATE

06/27/2022

Pancreas



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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.

SPECIES

Canine

Free Abdomen

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

BREED

Rottweiler

ULTRASONOGRAPHIC FINDINGS

- Overall sonographically unremarkable abdomen
- Possible early to mild nonspecific chronic left kidney changes

SEX

FI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology was present, no evidence of intra-abdominal metastasis from the spindle cell tumor. No overt evidence of significant left kidney pathology such as pyelonephritis, neoplastic criteria or chronic pathology etc. Potential for very early chronic renal changes or low grade nonspecific nephritis cannot be excluded. Further assessment may include a full urinary workup including C/S and baseline UPC. Addison's disease is thought unlikely given the subjective stress leukogram. A resting cortisol level could be considered. Hospitalization with 24 hour appropriate IVF protocol with reassessment of renal parameters could be considered. Screening BP is recommended.

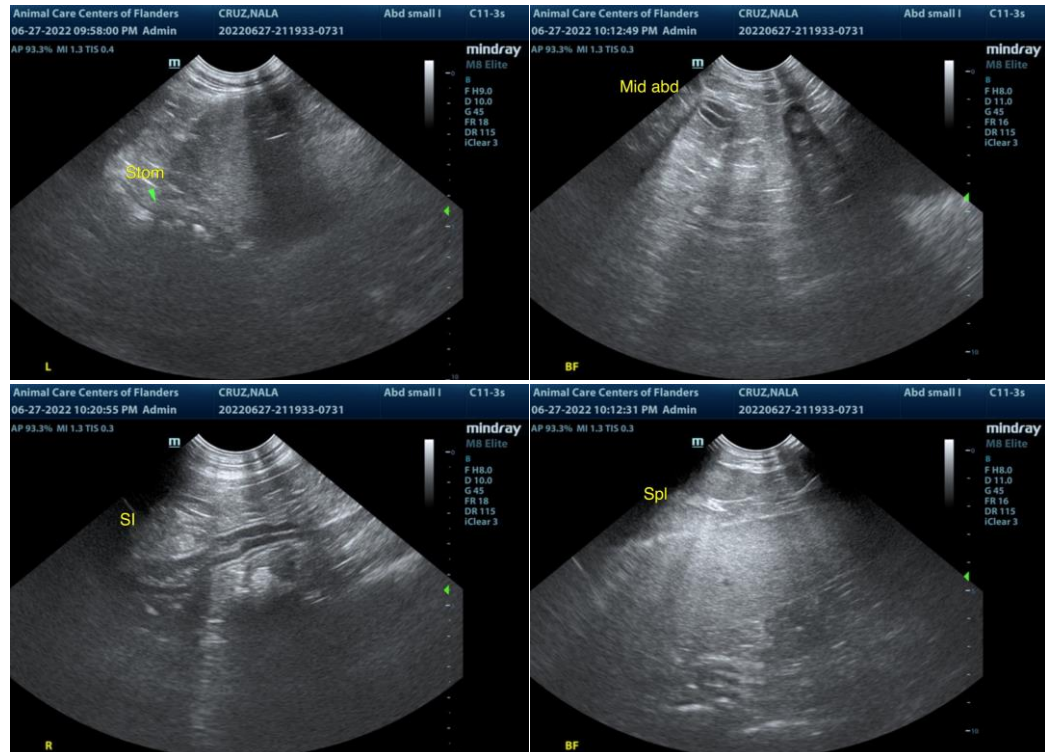
WEIGHT

106.4 lb

Given the low grade azotemia, continued monitoring at this stage would be reasonable. Submission of additional renal images under complete sedation could also be considered.

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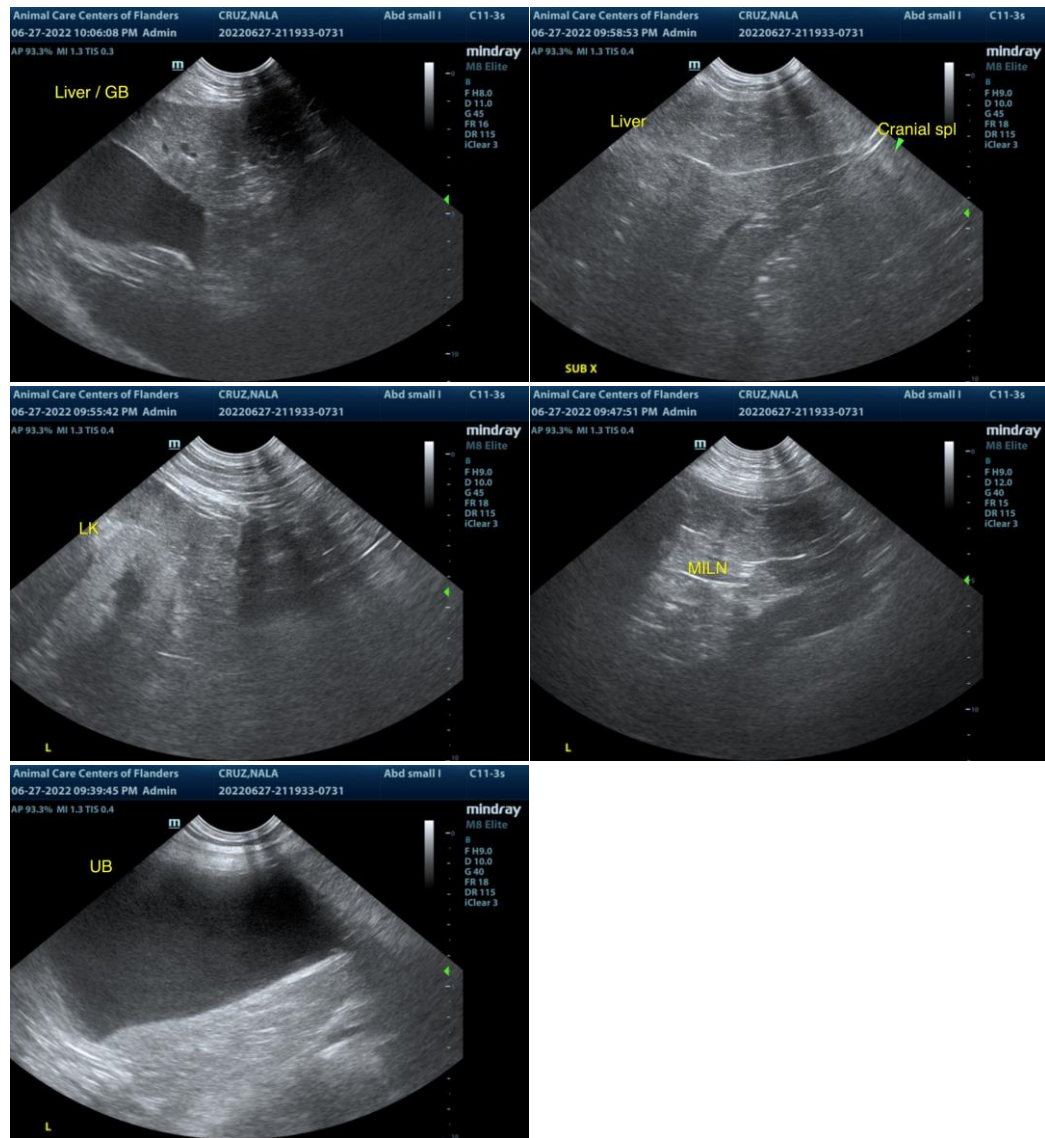
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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