



PATIENT

Renji
Chandler/Murray

SPECIES

Canine

BREED

Mixed Breed

SEX

Male

AGE

3 mo

WEIGHT

30.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

13998

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Transfer for elevated kidney values. Please note that the Left kidney is marked wrong on the ultrasound pictures. The left kidney is the one with the spleen

Abnormal PE/Chem/CBC/UA Results: BUN is 41 and Creatinine is 1.84

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No evidence pathology was noted In the area of the prostate gland.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. 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 pyelectasia. The left kidney measured 6.9 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.45 cm width at the caudal pole. The right adrenal gland measured 0.44 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. 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

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.

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.



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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 were evident.

BREED

Mixed Breed

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

- Overtly normal bilateral kidneys
- Sonographically unremarkable abdomen

AGE

3 mo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of left or right renal congenital abnormalities such as dysplasia, overt nephritis, or other renal pathology.

WEIGHT

30.4 lbs.

The possibility of some degree of sonographically undetectable renal disease or Insufficiency cannot be excluded and further monitoring of renal parameters going forward is recommended. Further renal staging to include urine culture and sensitivity and baseline UPC level on sterile urine sample would be warranted. Monitoring of hydration status is recommended.

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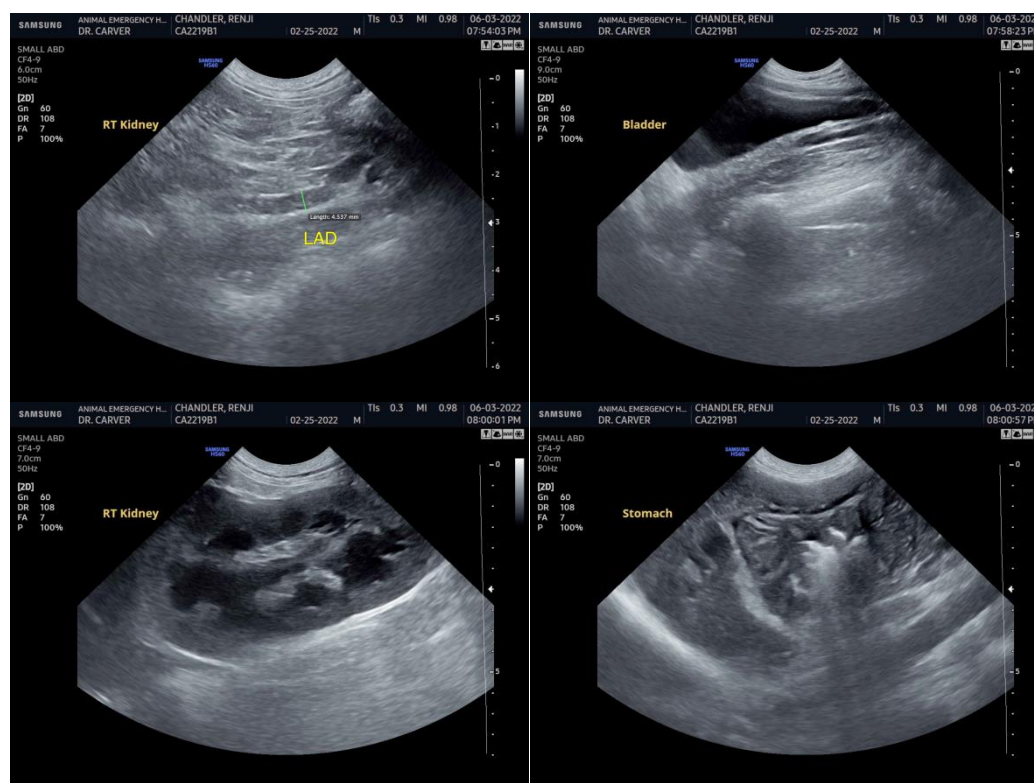
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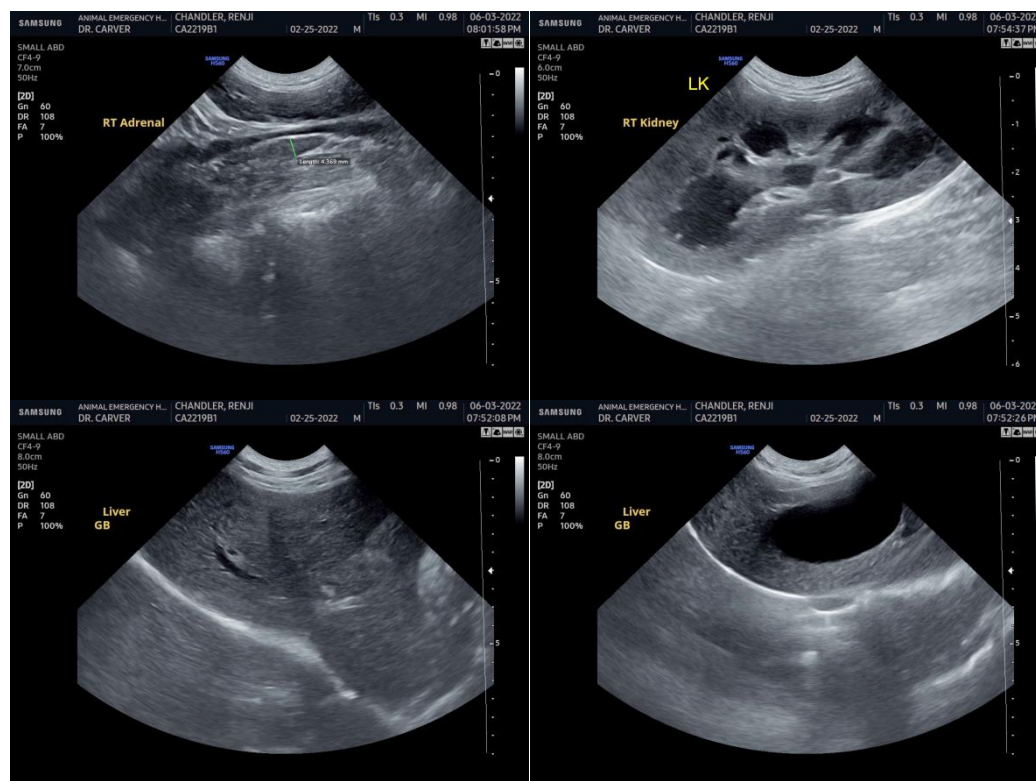
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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