

PATIENT

Penny Whyte

PRESENTING CLINICAL SIGNS

History: Rule out pancreatitis / FB. Right sided hydronephrosis.

SPECIES

Canine

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 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.

BREED

Cockapoo

Normal size and margination were present in the left kidney. 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 pelvic dilation. Potential for minor medullary mineral. The left kidney measured 5.4 cm in length.

SEX

FS

AGE

4yr

The right kidney exhibited marked enlargement and severe hydronephrosis exhibited by replacement of renal parenchyma with anechoic fluid exhibiting mild echogenic changes. Minimal discernable cortex along with intermittent interdiverticular septa was present. Potential for mineralization in the area of the previous right kidney pelvis is possible. The right kidney measured 12.87 cm in length.

WEIGHT

11.9kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width. The right adrenal gland was not distinctly visualized.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dave Stasiuk

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.

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Karagic

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. No evidence of gastric distention or retained ingesta, fluid or overt foreign material. The gastric body wall measured 0.47 cm in width.

INVOICE

11091ag

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. The duodenum wall measured 0.39 cm in width. The jejunum wall measured 0.36 cm in width.

DATE

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Normal visible colon wall layers were present with apparent semi formed to possible soft feces in lumen.



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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.

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Canine

Free Abdomen

No peritoneal effusion was present.

BREED

Cockapoo

Focal, mildly prominent to enlarged mid abdominal mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.8 cm x 0.67 cm.

SEX

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AGE

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ULTRASONOGRAPHIC FINDINGS

- End stage right kidney hydronephrosis
- Overtly normal left kidney with potential for minor medullary mineral
- Sonographically unremarkable GI tract with potential mild retained gastric chyme and minor gas-no overt evidence of GI foreign body
- Sonographically unremarkable pancreas-no sonographic evidence of active pancreatitis
- Focal benign/reactive mesenteric lymph node-hyperplasia or minor lymphadenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.9kg

If GI signs are present in this patient mild gastroenteritis or inflammatory bowel episode could be considered. The potential for low grade pancreatitis cannot be definitively excluded. Low grade pancreatitis may be suspected if discomfort on cranial abdominal or subxiphoid palpation. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

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Eventual right nephrectomy +/- GI biopsies if current persistent or recurrent GI signs may be considered.

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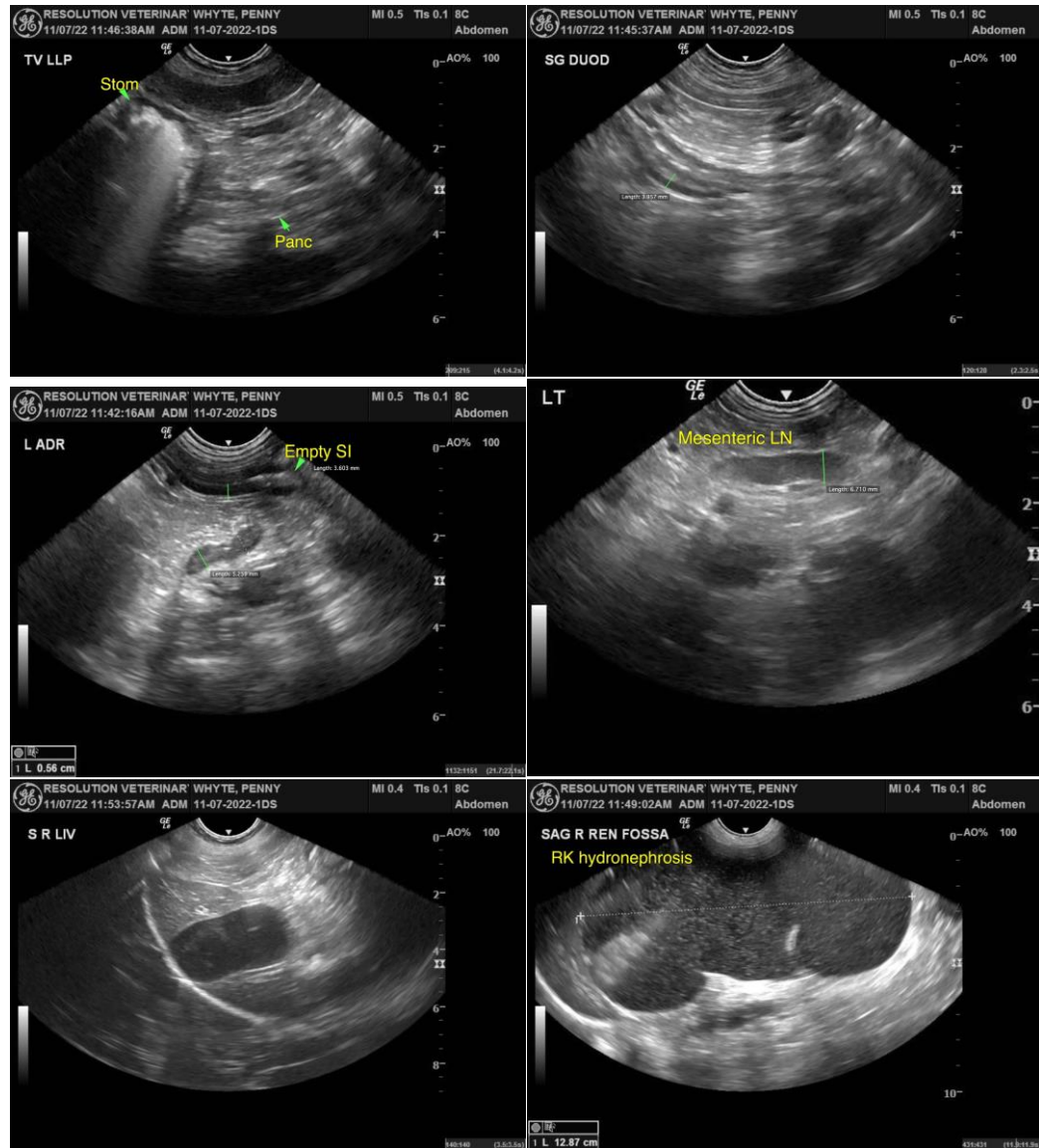
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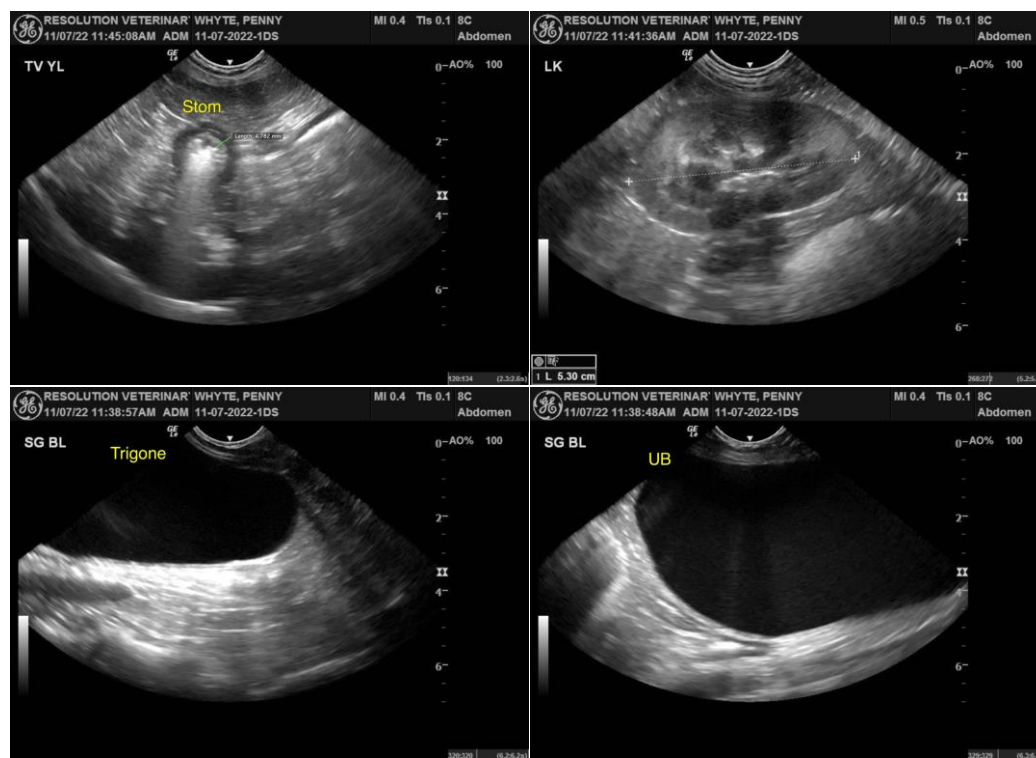
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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