



PATIENT PRESENTING CLINICAL SIGNS

Scout Medairios History: Elevated kidney values: BUN 36; creatinine 1.8. inappropriate urine SG.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

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.

Mixed

Normal size and margination was 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 pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 6.5 cm in length.

FS

3yr

The area of the aortic trifurcation was free of pathology.

3yr

No overt pathology in the area of the uterine remnant.

Adrenal Glands

48.5lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.47 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.

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

Pamela Harrigan, RDMS

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 mild debris in the area of the caudal lumen and gallbladder neck. This is likely incidental and potentially owing to fasting. The cystic and common bile ducts were normal.

HOSPITAL NAME

VCA Hanson Animal Hospital

REFERRING VET

Dr Finney

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.

INVOICE

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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.

DATE

07/26/2022

Pancreas



PATIENT

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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

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable bilateral kidneys
- Normal urinary bladder

BREED

Mixed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal renal size and architecture without evidence of renal pathology. At times the renal presentation may not correlate with azotemia and inappropriate USG. Urine C/S and baseline UPC are recommended for further staging +/- leptospirosis titer/PCR if clinically applicable. A resting cortisol level could be considered to rule out Addison's disease, although thought unlikely. Renal biopsy is likely required for definitive diagnosis. Empirically renal dietary therapy with monitoring for progressive azotemia and USG would be reasonable

SEX

FS

AGE

3yr

WEIGHT

48.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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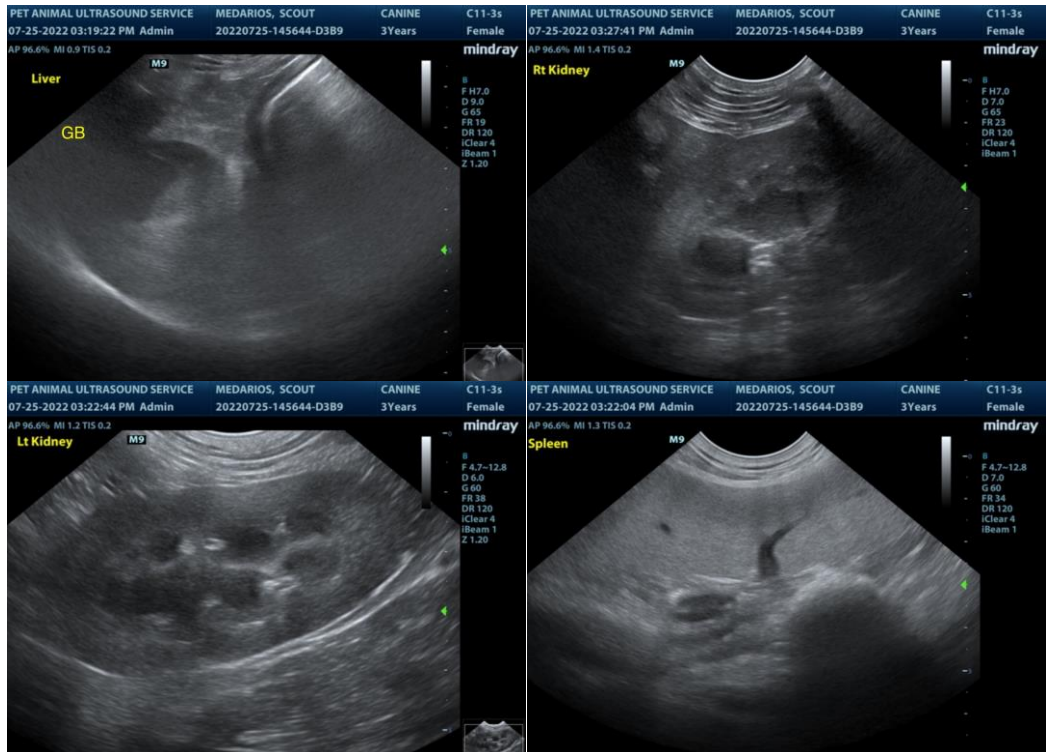
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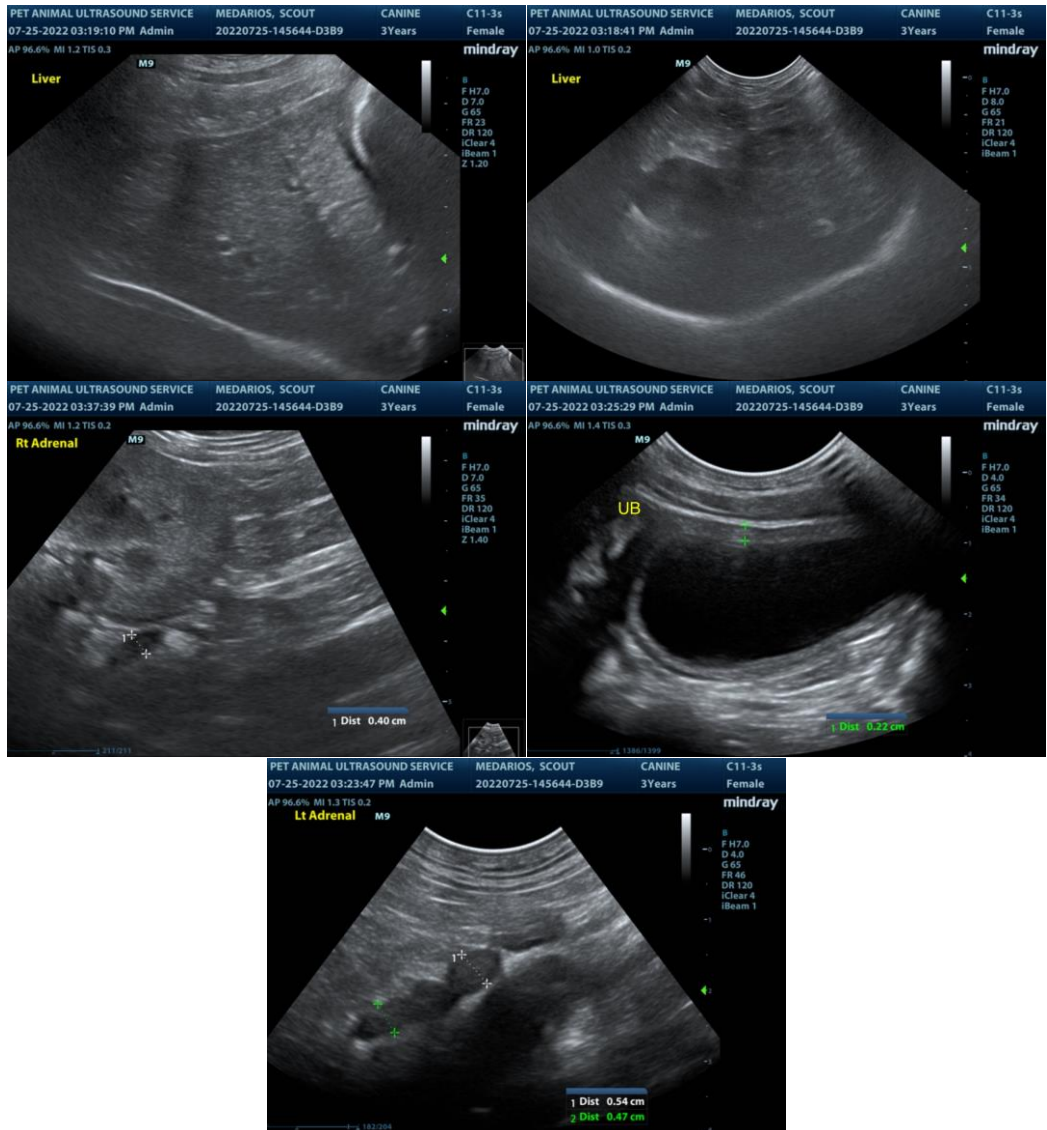
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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 info@SonoPath.com