



PATIENT

Winnie McCracken

SPECIES

Canine

BREED

Yorkie Poo

SEX

F/S

AGE

10 years

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Legacy Veterinary
Clinic

REFERRING VET

Legacy Veterinary
Clinic

INVOICE

14840

DATE

8/16/23

PRESENTING CLINICAL SIGNS

PU/PD. Ongoing proteinuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. An altered 1:3 cortex / medulla ratio was present owing to bilateral mild cortical hypertrophy and loss of corticomedullary border demarcation. Pinpoint to minor areas of medullary mineral were noted. There was no evidence of pyelectasia. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width at the caudal pole and 0.36 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width at the caudal pole and 0.37 cm width at the cranial 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 containing primarily anechoic content with mild gallbladder debris. 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 generalized intact wall layering with a normal wall layer ratio. Nonspecific segmental, mildly hyperechoic intestinal mucosal speckling was present.

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



PATIENT

Winnie McCracken

SPECIES

Canine

BREED

Yorkie Poo

SEX

F/S

AGE

10 years

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

HOSPITAL NAME

Legacy Veterinary
Clinic

REFERRING VET

Legacy Veterinary
Clinic

INVOICE

14840

DATE

8/16/23

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

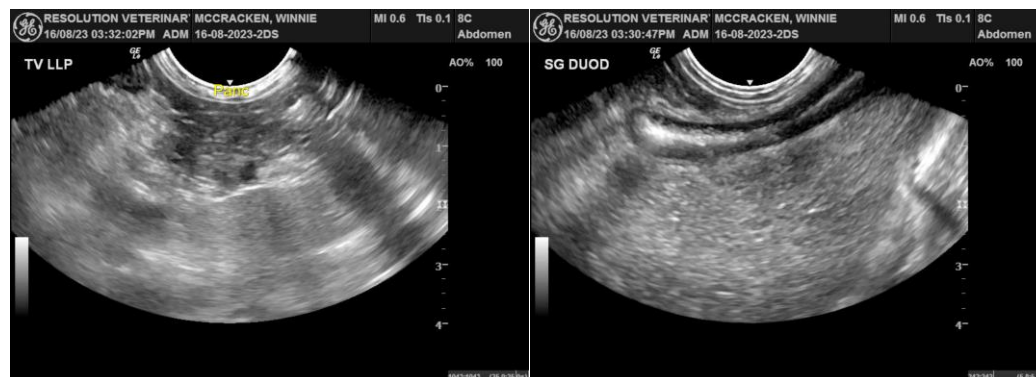
ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes
- Mild heterogeneous pancreas
- Gallbladder sediment (non-mucocele)
- Nonspecific segmental mildly hyperechoic intestinal mucosal speckling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the kidneys were nonspecific yet consistent with chronic renal disease / nephropathy. Nonspecific glomerulonephritis, amyloidosis, or other glomerulopathy is suspected given the reported persistent proteinuria. Full UA with baseline UPC is recommended if not done. If elevated UPC, protein-losing nephropathy therapy which may include limited protein renal diet, ACE inhibitor, or angiotensin receptor blocker medication, assessment and monitoring of systemic BP for evidence of hypertension, +/- anti-thromboembolic medications such as Plavix, are warranted.

The intestinal mucosal speckling is nonspecific and possibly incidental, yet at times has been associated with underlying enteritis. Sonographic reassessment is suggested if progressive proteinuria is noted or if gastrointestinal signs develop.





PATIENT

Winnie McCracken

SPECIES

Canine

BREED

Yorkie Poo

SEX

F/S

AGE

10 years

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Legacy Veterinary
Clinic

REFERRING VET

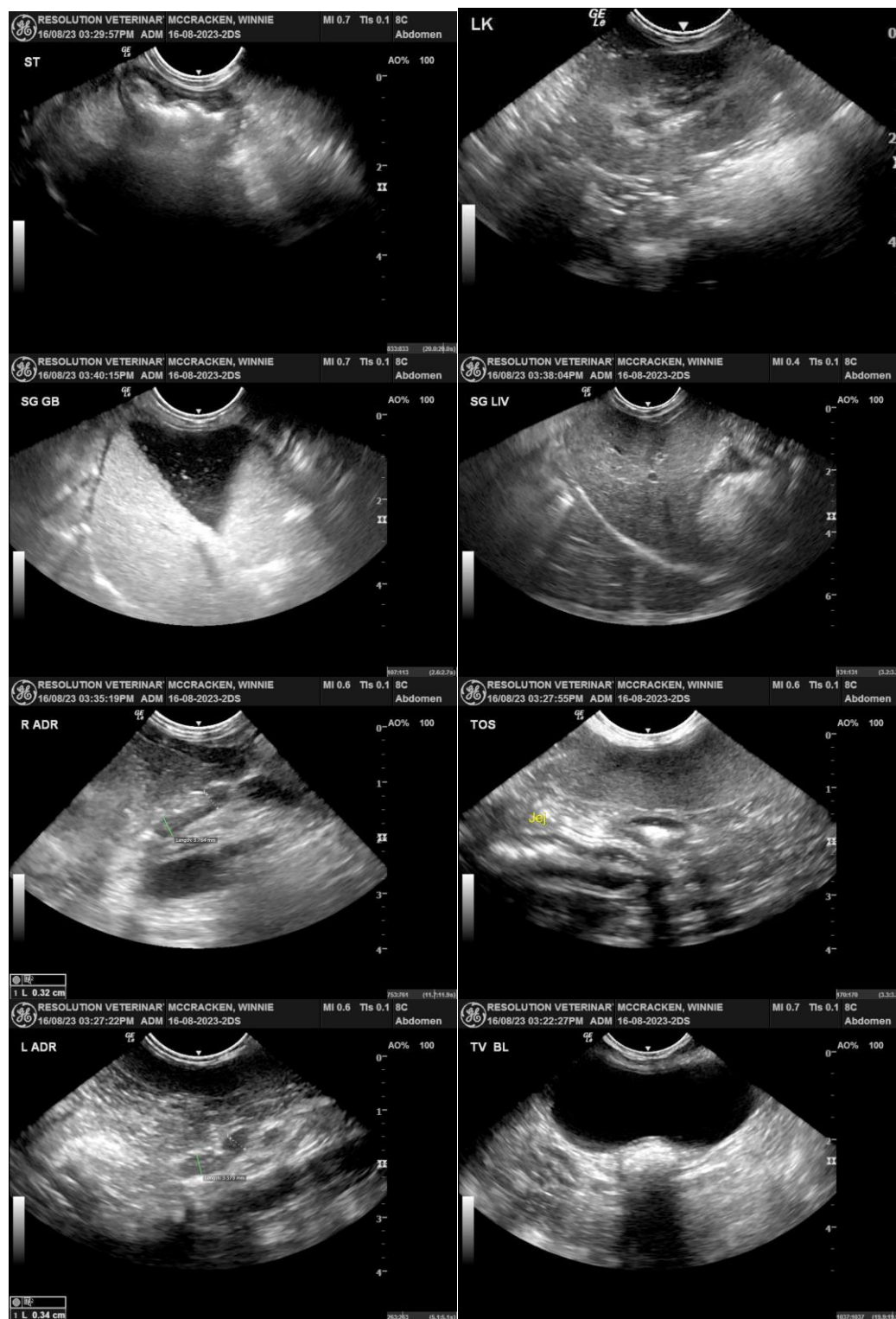
Legacy Veterinary
Clinic

INVOICE

14840

DATE

8/16/23



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.



PATIENT

Winnie McCracken

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

info@sonopath.com

BREED

Yorkie Poo

SEX

F/S

AGE

10 years

WEIGHT

5.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dave Stasiuk RDMS,
RDMS

HOSPITAL NAME

Legacy Veterinary
Clinic

REFERRING VET

Legacy Veterinary
Clinic

INVOICE

14840

DATE

8/16/23