



**PATIENT PRESENTING CLINICAL SIGNS**

Biggie Pribanich History: Severe acute kidney failure, vomiting, inappetent, lethargic.. Has been on IVF, Doxycycline, Ampicillin, Gabapentin, Cerenia, Famotidine.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Please see attached rads and bloodwork.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

American Bulldog

The urinary bladder was distended, containing anechoic urine. No sediment, mineral or calculi were noted. The urinary bladder wall was normal without evidence of inflammatory criteria or tumors. The proximal and prostatic urethra was mildly dilated to a depth of 2.0 cm without overt evidence of urethral obstructive criteria. The residual prostate was free of pathology. Aortic trifurcation was normal.

**SEX**

Neutered Male

Both kidneys were potentially to the subjectively mildly enlarged in size with symmetrical capsular contour and intact renal architecture. Cortex to medulla ratio was 1:3. Mild loss of corticomedullary border demarcation was noted in both kidneys. Mild pyelectasia was noted in the left kidney. The left kidney measured 8.6 cm in length. The right kidney measured 9.1 cm in length.

**AGE**

9 Years

**Adrenal Glands**

**WEIGHT**

65.4 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.48 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

**INTERPRETED BY**

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

**Spleen**

Subjective mild splenomegaly was noted, exhibiting irregular capsule contour, primarily associated with mildly expansive isoechoic, mildly nonhomogenous splenic nodules. An example of splenic nodule size measured 1.7 cm in diameter. No overt splenic masses were noted.

**IMAGING**

**PERFORMED BY**

Crystal Hill

**Liver**

The liver exhibited mild enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. Hepatic vascular volume was normal.

**HOSPITAL NAME**

Dog and Cat Clinic of  
Niagara

The gallbladder was mildly distended in size with anechoic content and mild to moderate congealed yet nonorganized gallbladder sediment. No evidence of gallbladder or peripheral gallbladder inflammation, as well as no evidence of posthepatic obstruction. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Habib

**Gastrointestinal**

**INVOICE**

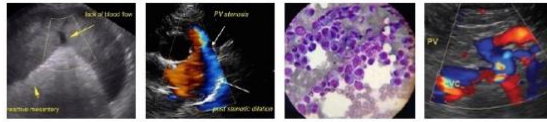
23746

The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material.

**DATE**

8/3/23

The small intestine presented generalized intact wall layering with segmental propensity for mildly thickened small intestinal wall owing to mildly prominent mucosa and muscularis layer. The small intestinal wall measured up to 0.52 cm. No obstructive pattern was noted.



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

Biggie Pribanich

**Pancreas**

**SPECIES**

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.

Canine

**Free Abdomen**

**BREED**

Several to multiple, variably sized, hypoechoic mid abdominal mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). Regional perilymphatic hyperechoic omentum was noted. An example of lymph node size measured 2.9 cm x 1.8 cm. No evidence of peritoneal effusion was noted.

American Bulldog

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Acute nephropathy pattern with minor left kidney pyelectasia
- Irregular nodular spleen
- Mild hepatomegaly, exhibiting parenchyma hypoechogenicity- nonspecific, potential acute hepatopathy.
- Mildly congealed gallbladder sediment (non-mucocele)
- Nonspecific gastroenteritis pattern
- Several to multiple, variably sized hypoechoic to swollen mesenteric lymphadenopathy-hyperplasia, lymphadenitis, concern for lymphatic neoplastic criteria.

**AGE**

9 Years

**WEIGHT**

65.4 Pounds

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Crystal Hill

The renal presentation is most consistent with acute nephropathy, as the sonographic appearance of the kidneys was not consistent with end-stage kidney disease. Consider infectious disease or potential toxin insult. Although sampling is required for further assessment, strong concern for multicentric round cell hepatosplenic and lymphatic neoplasia is warranted. Potential for early unilateral or bilateral renal involvement was not obvious yet cannot be excluded given the maintained intact bilateral renal architecture.

**HOSPITAL NAME**

Dog and Cat Clinic of  
Niagara

Assuming normal clotting status, screening hepatosplenic and accessible lymph node FNA cytology is warranted for further clarification and potential oncology consult. Three view chest radiographs are suggested, if not done.

**REFERRING VET**

Dr. Habib

Empirically, hospitalization with IV fluids/diuresis protocol with monitoring of urine output, body weight, and renal response, going forward, with as needed gastrointestinal support would be reasonable.

**INVOICE**

Extremely guarded to potentially unfavorable prognosis is indicated.

23746

**DATE**

8/3/23



**PATIENT**

Biggie Pribanich

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

65.4 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Dog and Cat Clinic of  
Niagara

**REFERRING VET**

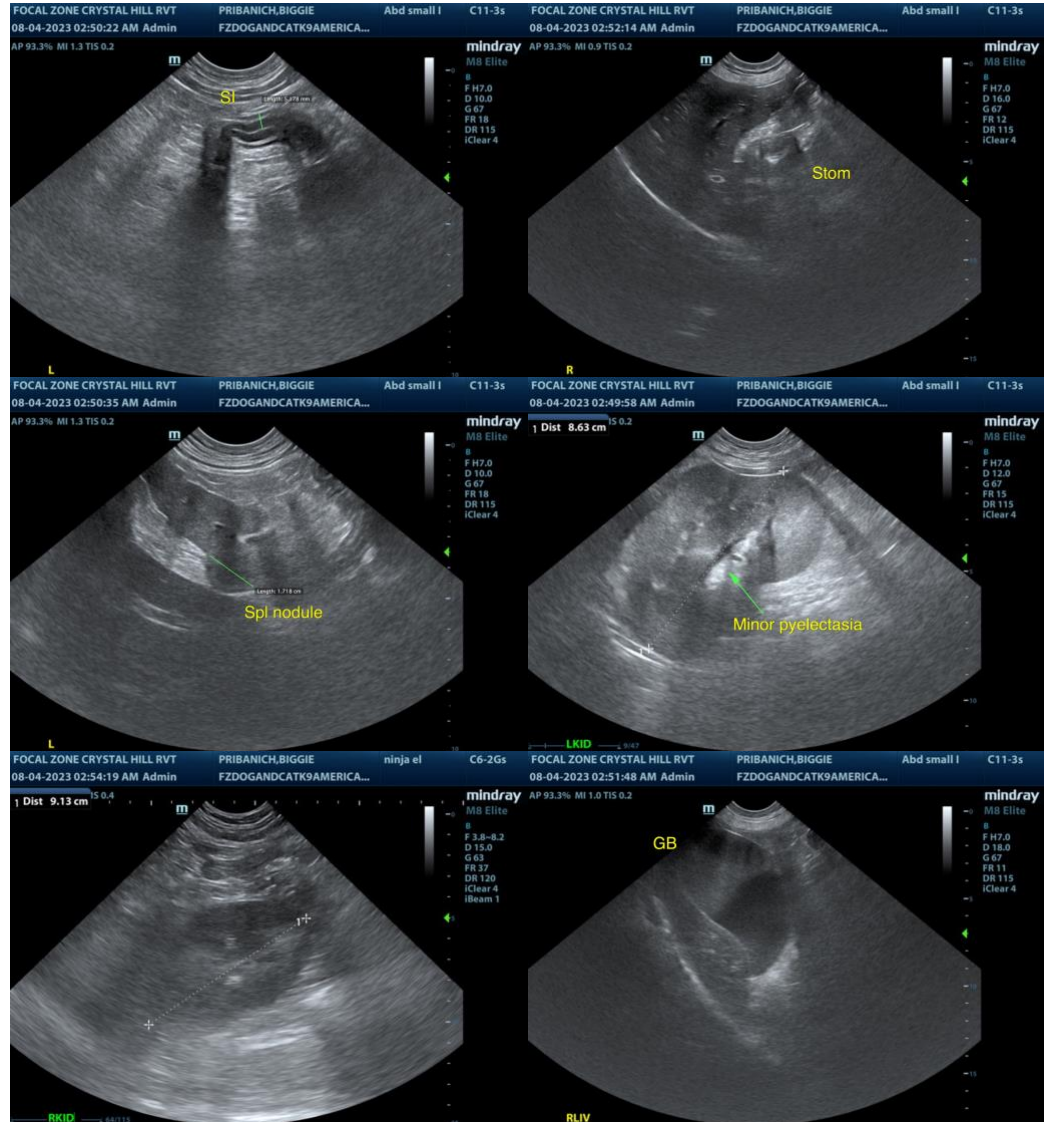
Dr. Habib

**INVOICE**

23746

**DATE**

8/3/23





**PATIENT**

Biggie Pribanich

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

65.4 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Dog and Cat Clinic of  
Niagara

**REFERRING VET**

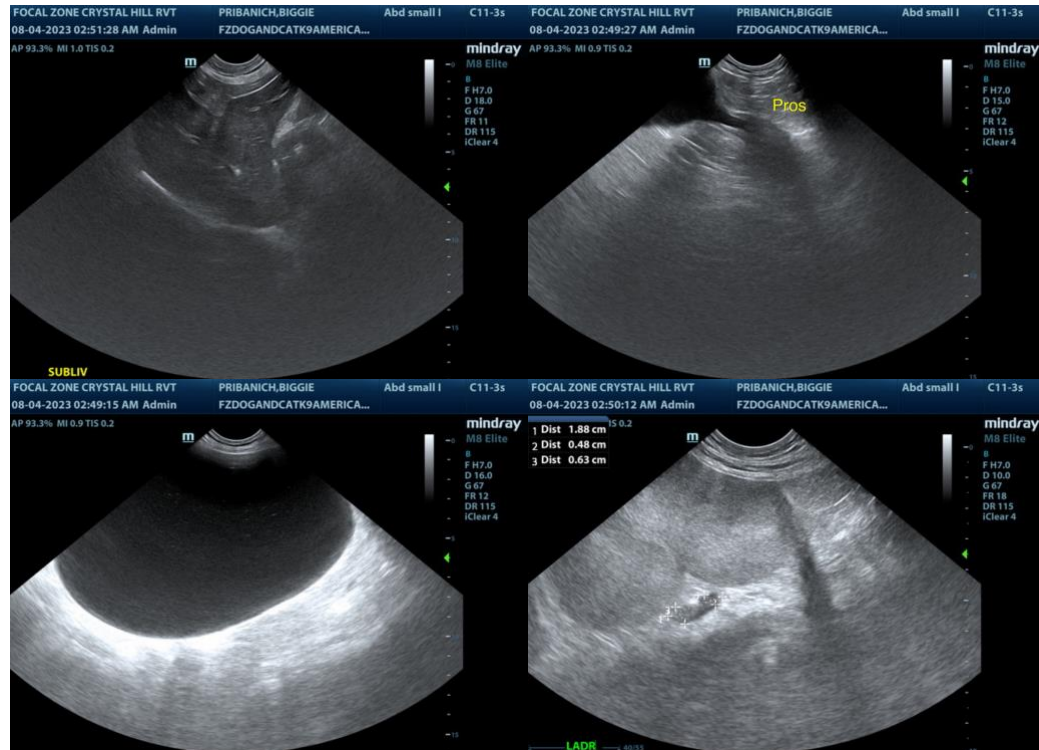
Dr. Habib

**INVOICE**

23746

**DATE**

8/3/23



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.

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)**

info@SonoPath.com