

PATIENT

Maggie Mantini

SPECIES

Canine

BREED

Dogue De Bordeaux X

SEX

Spayed Female

AGE

8 years

WEIGHT

105 lbs.

PRESENTING CLINICAL SIGNS

Vomiting and anorexic, potty belly with possible fluid wave. 1 doctor felt that there was a cranial abdominal mass.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results. Severe renal azotemia. No meds.

CBC- WBC 8.5 with mild lymphopenia

Chemistry Panel- BUN 19.6, Creatinine 1043, Phosphorus 2.3, SDMA 30, Potassium 5.6, Na/K ratio 26, CK 706

Urinalysis- Specific gravity 1.012, negative protein and glucose

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The apical urinary bladder wall thickness measured 1.0 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall were not present. Sonographic visualization in the area of the trigone, ureteral papillae, cystourethral junction, as well as the proximal urethra was obscured owing to pelvic artifact. Anechoic urine was present in the lumen with no uroliths or sediment.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill, RVT

Mild to moderate loss of corticomedullary symmetry and definition was present in the kidneys. Moderate hydronephrosis was present in the left kidney with associated marked proximal left ureter distention extending caudally potentially to the level of the urinary bladder. The left kidney measured 7.8 cm in length. The proximal left ureter measured up to 1.0 cm. The right kidney exhibited suspected concurrent mild to moderate hydronephrosis, although definitive visualization of the right ureter was not obtained owing to associated perirenal peritoneal to retroperitoneal inflammation and mild effusion. The right kidney measured 7.7 cm in length.

HOSPITAL NAME

Beamsville AH

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to regional periadrenal omental artifact and free fluid.

REFERRING VET

Dr. Wilson

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.

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DATE

9/13/21

Liver/ Gallbladder



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypochoic 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 mild, nondependent yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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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.

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 were evident.

WEIGHT

105 lbs.

Free Abdomen

Primarily perirenal peritoneal to retroperitoneal inflammation and mild free fluid was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Primary Findings

- Apical cystitis pattern
- Left kidney moderate hydronephrosis with associated significant proximal left ureter dilation
- Right kidney probable mild to moderate hydronephrosis
- Associated primarily perirenal peritoneal / retroperitoneal inflammation and effusion

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Wilson

The presentation of the left kidney is consistent with nonspecific nephritis and obstructive hydronephrosis, given the significant left ureter distention. Concurrent potential obstructive right kidney hydronephrosis is also suspected. An obvious cause of either left, right, or bilateral ureter obstruction was not definitively evident yet potential pathology associated with the caudal abdomen or potential urinary bladder cannot be excluded.

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Peritoneal / retroperitoneal effusion analysis, cytology, +/- C/S, if possible, could be considered. Continued monitoring of potassium levels is recommended as a potential for uroperitoneum or retroperitoneum may be possible. Referral for further diagnostics which may include advanced imaging (contrast radiography or CT), is likely in this patient's best interest.

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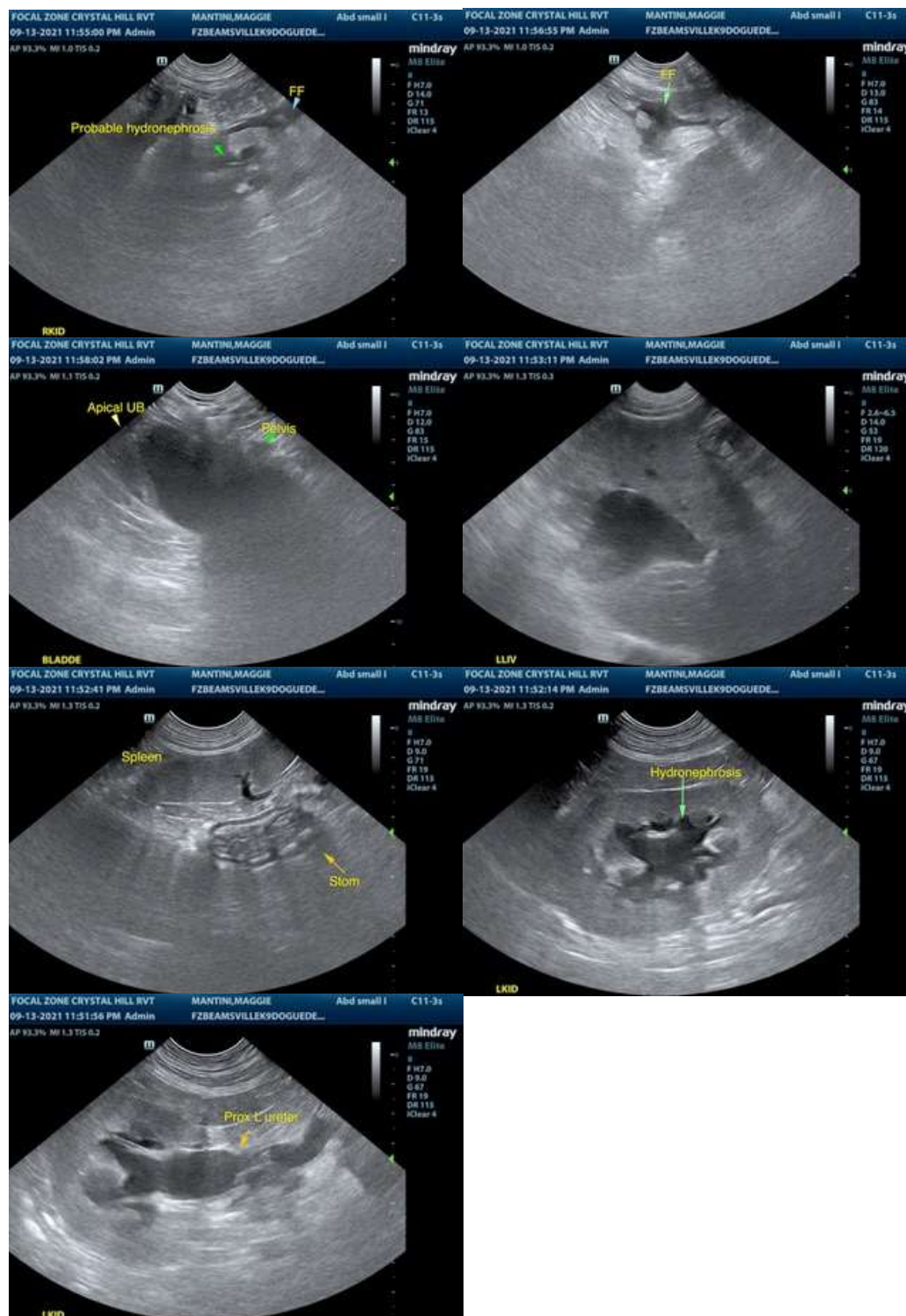
Dr. Wilson

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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.

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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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R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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