



**PATIENT**

Sky Stein-Loewenthal

**PRESENTING CLINICAL SIGNS**

acute collapse than responsive after owner touched him hx of renal dz

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted.

**BREED**

Lab

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm. The right kidney measured 6.1 cm. Subtle evidence of mild retroperitoneal inflammation with small pocket of likely scant retroperitoneal free fluid present around the right kidney.

**SEX**

Spayed Female

**AGE**

10 Years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

72.5

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland was not definitively visualized.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**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. Gastric body wall measured 0.48 cm.

**INVOICE**

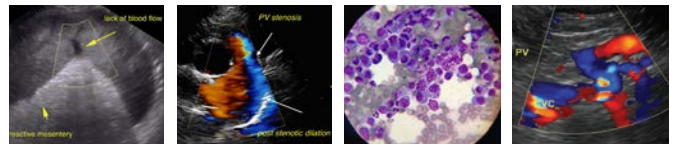
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.49 cm. Jejunum wall measured 0.39 cm.

**DATE**

9/13/21

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



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**Pancreas**

Sky Stein-Loewenthal

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**

- Bilateral mild chronic nephropathy with subtle evidence of right retroperitoneal inflammation and focal scant retroperitoneal free fluid

**BREED**

Lab

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the bilateral kidneys may indicate chronic renal disease. However, potential for non-specific chronic nephritis such as interstitial nephritis, glomerulonephritis or other possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment and monitoring of systemic blood pressure suggested. Resting cortisol may be considered to rule out occult Addison's disease. 3-view chest radiographs are recommended to rule out evidence of thoracic pathology and assess cardiopulmonary status. If evidence of an arrhythmia or heart murmur, full echocardiographic and ECG workup may be indicated.

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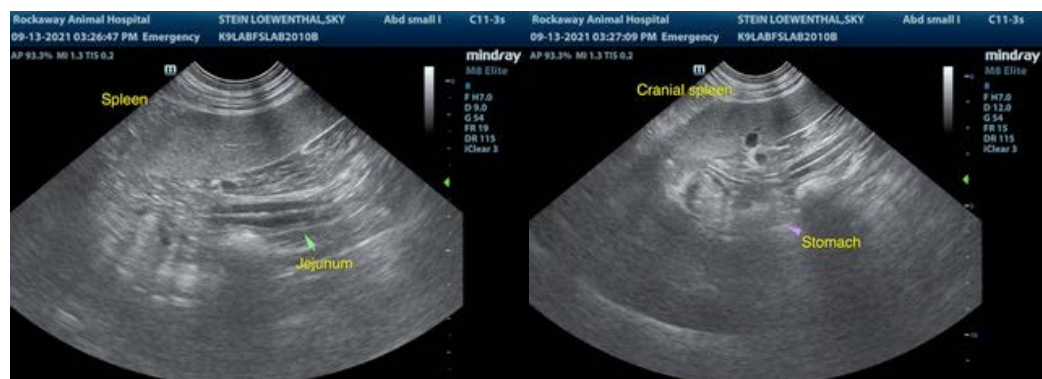
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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