



PATIENT PRESENTING CLINICAL SIGNS

Poco Banzhof -Hematuria Keflex, Prozac, Keppra

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

English Setter

SEX

FS

AGE

2016

WEIGHT

57

The urinary bladder presented uniformly mild 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. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 4.0 cm. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the aortic trifurcation was free of pathology.

Asymmetrical margination was present in both kidneys. The left kidney was mildly subnormal in size compared to the right. Both kidneys exhibited moderate to marked loss of corticomedullary border demarcation exhibiting nonuniform corticomedullary echogenicity. Both kidneys exhibited moderate pyelectasia without evidence of concurrent left or right ureter dilation. Pinpoint medullary mineralization was present in both kidneys. The left kidney measured 4.3 cm in length. The right kidney measured 5.4 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.59 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.44 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Banzoff

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

14857

DATE

9/13/22



PATIENT *Gastrointestinal*

Poco Banzhof The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, ingesta / chyme and mild anechoic fluid. No overt evidence of mechanical pyloric outflow obstruction was noted.

SPECIES

Canine 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.

BREED

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

English Setter

Pancreas

SEX

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.

FS

Free Abdomen

AGE

No overt lymphadenopathy or peritoneal effusion was present.

2016

ULTRASONOGRAPHIC FINDINGS

WEIGHT

- Mild cystitis pattern
- Bilateral chronic nephropathy exhibiting moderate to marked loss of corticomedullary border distinction, irregular corticomedullary parenchyma and moderate bilateral pyelectasia
- Moderate gastric ingesta / chyme

57

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

The primary finding in this case is the appearance of the bilateral kidneys, which sonographically suggests chronic nephropathy in conjunction with the azotemia. Considerations may include congenital dysplasia, given the young age of the patient, nonspecific chronic nephritis i.e., pyelonephritis, glomerulonephritis, or other.

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Mild cystitis is suspected, although no overt evidence was noted of significant lower urinary tract pathology as an overt contributing factor to the reported hematuria. This may potentially indicate primary renal origin of the hematuria, given the appearance of the bilateral kidneys.

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Urine C/S on a sterile urine sample, if not done, is recommended. Monitoring of systemic blood pressure going forward is advised. Renal biopsy would be required for a definitive diagnosis, yet potentially may further affect renal function.

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The gastric ingesta may suggest recent meal ingestion. However, if documented NPO, some degree of metabolic gastric stasis may be considered.

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PATIENT

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Empirical CKD therapy and/or antibiotic therapy pending urine C/S results with sonographic monitoring of the bilateral kidneys as well as degree of azotemia going forward is suggested. Guarded long-term prognosis, given the appearance of the bilateral kidneys, is warranted.

SPECIES

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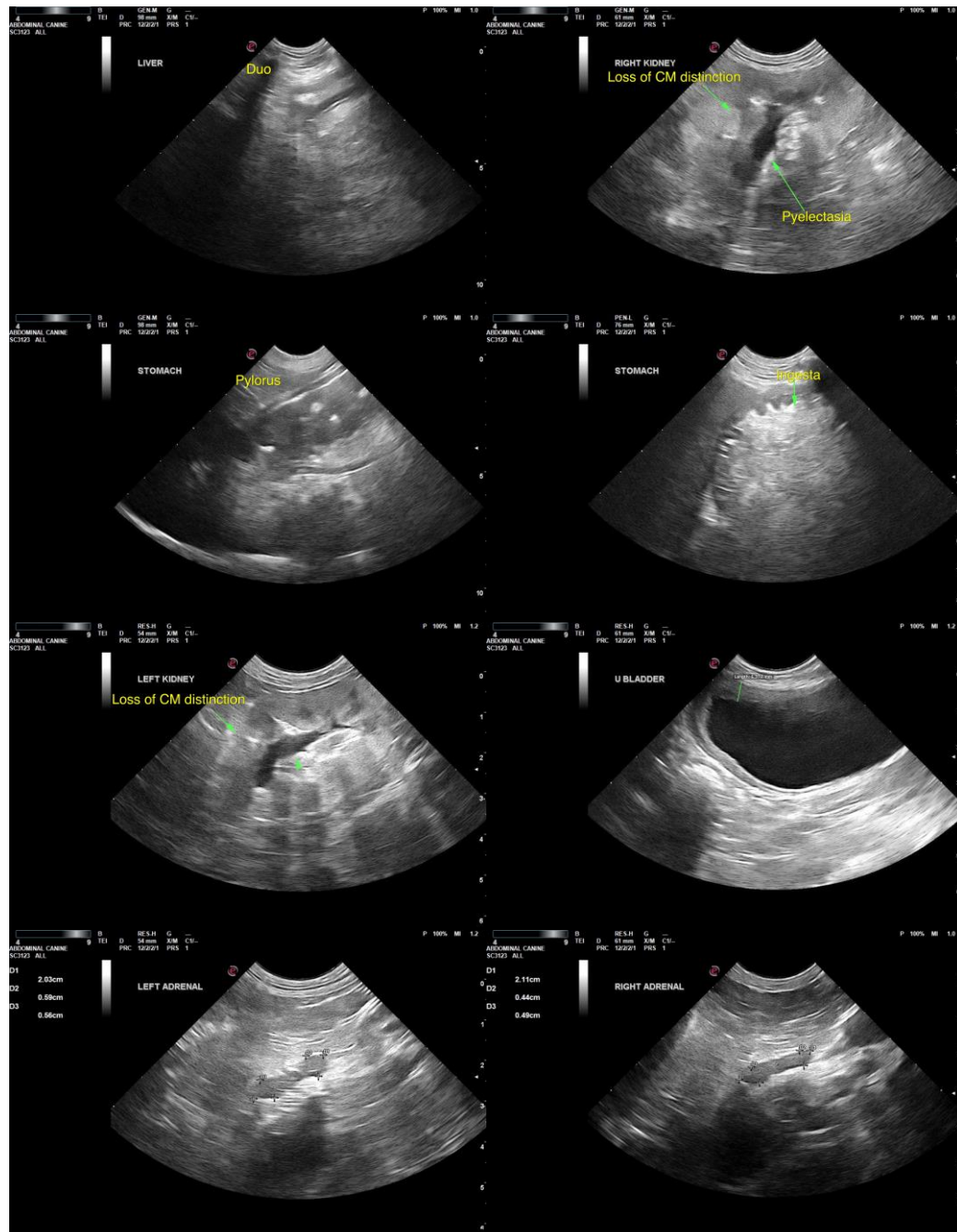
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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