



**PATIENT PRESENTING CLINICAL SIGNS**

Griffin Morrice elevated kidney values, PUPD  
Abnormal PE/Chem/CBC/UA Results: SDMA 18, Creat 141, Urea 5.7 U/A usg 1.012, Ph 6.5, UPC 0.2 (0-0.2)

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Lab

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 were noted.

**SEX**

Neutered Male

No evidence of pathology in the area of the residual prostate or aortic trifurcation.

**AGE**

3 Years

The kidneys were normal in size and margination with primarily maintained 1:3 cortex/medulla ratio. Mild loss of corticomedullary border demarcation. Subjective normal medullary volume. No evidence of pyelectasia or overt pyelonephritis. The left kidney measured 7.9 cm. The right kidney measured 8.9 cm. The left and right retroperitoneal space was sonographically unremarkable without evidence of inflammation or free fluid.

**Adrenal Glands**

**WEIGHT**

34 kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.65 cm at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation, subjectively measuring 0.65 cm caudal pole width.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**

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.

**HOSPITAL NAME**

Hartzel AH

**Gastrointestinal**

**REFERRING VET**

Dr. McSpadden

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.

**INVOICE**

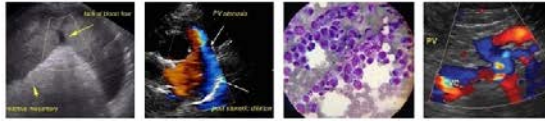
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**DATE**

9/15/21

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



**PATIENT** *Pancreas*

Griffin Morrice

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 nephropathy – non-specific
- Otherwise unremarkable abdomen

**BREED**

Lab

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

Subjectively, the kidneys did not exhibit significant pathology without overt evidence of chronic renal changes, dysplasia or subnormal size. Potential for acute renal insult such as Leptospirosis or toxin exposure may be considered. The kidneys did not appear to be end stage. Leptospirosis titers/PCR, full urinary workup including urine culture and sensitivity on sterile urine sample (if not done), blood pressure assessment as well as continued clinical support recommended. Although considered unlikely, resting cortisol to rule out occult Addison's disease warranted.

**AGE**

3 Years

**WEIGHT**

34 kg

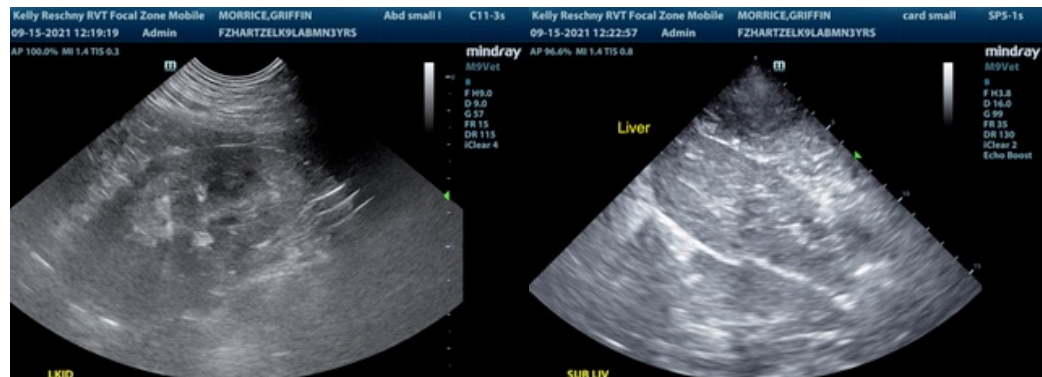
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**HOSPITAL NAME**

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**REFERRING VET**

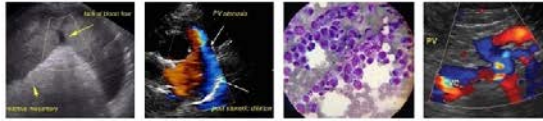
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**PATIENT**

Griffin Morrice

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

34 kg

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**HOSPITAL NAME**

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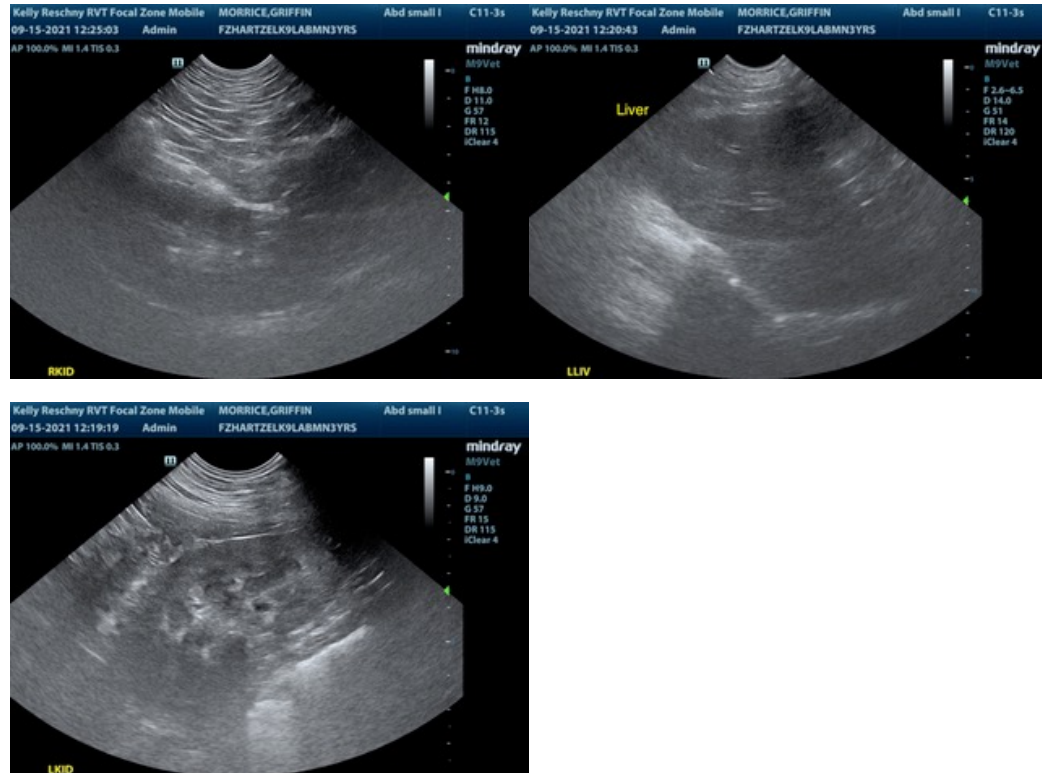
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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