



PATIENT

Joey Fulton

SPECIES

Canine

BREED

Hound Mix

SEX

MN

AGE

4 years

WEIGHT

58 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. C

INVOICE

14904

DATE

9-20-22

PRESENTING CLINICAL SIGNS

Increase in renal values. Current meds: Apoquel
Abnormal PE/Chem/CBC/UA Results: BUN 48, Creat 2, P+ 5.9 UA SG: 1.018

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mildly indistinct corticomedullary border demarcation was present. No evidence of pyelectasia was noted in either kidney. The left kidney measured 5.7 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited subjective subnormal size with maintained capsule contour and homogeneous parenchyma. The left adrenal gland measured 0.36 cm width at the cranial pole and 0.29 cm width at the caudal pole. The right adrenal gland measured 0.21 cm width at the cranial pole and 0.31 cm width at the caudal pole.

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.

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.

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.

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.

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



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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.

SPECIES

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Hound Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Overtly normal kidneys exhibiting mild indistinct corticomedullary border demarcation

MN

- Subjective subnormal bilateral adrenal glands

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

4 years

No evidence of significant primary renal pathology i.e., dysplasia, nephritis, subnormal kidney size, pyelectasia, etc.

WEIGHT

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Resting cortisol level +/- ACTH Stimulation test is suggested to assess for or to rule out occult Addison's Disease, given the subjective subnormal adrenal size and azotemia. If occult Addison's Disease is ruled out, nonspecific primary renal insufficiency / disease would be considered likely. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Leptospirosis titers / PCR could be considered if clinically indicated or potential exposure.

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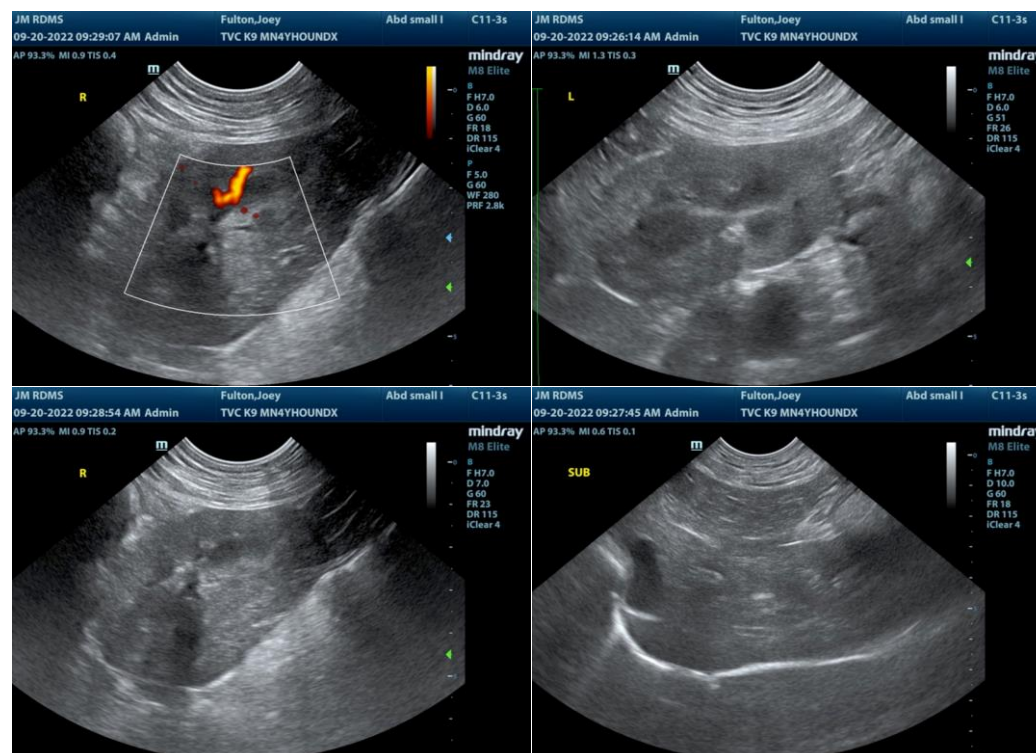
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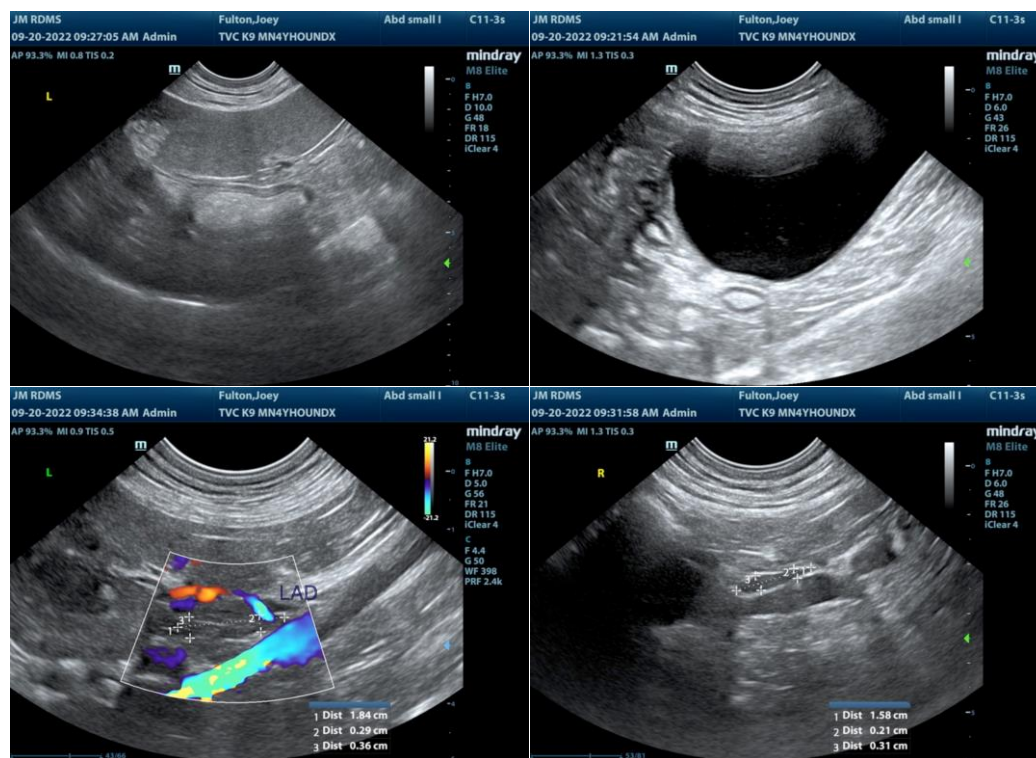
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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