**PATIENT**

Lindy Schultz

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

57 Pounds

**INTERPRETED BY**R. McKenzie Daniel, DVM,  
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Molly Bies

**INVOICE**

25773

**DATE**

9/23/21

**PRESENTING CLINICAL SIGNS**

Not clinical at this time

Abnormal PE/Chem/CBC/UA Results: Elevated creatinine found on chemistry panel prior to prescribing NSAIDs for arthritis pain

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder 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.

Normal size and margination were present in the kidneys. Normal 1:3 cortex/medulla ratio was present with minor loss of corticomedullary border demarcation. Minor pyelectasia noted in the left kidney. The left kidney measured 5.9 cm. The right kidney measured 5.9 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.50 cm at the caudal pole. The right adrenal gland measured 2.8 cm length x 0.76 cm 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**

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.

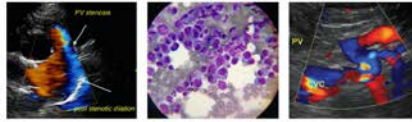
Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

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.

**ULTRASONOGRAPHIC FINDINGS**

- Early to mild age related kidneys with mild left kidney pyelectasia
- Otherwise unremarkable abdomen



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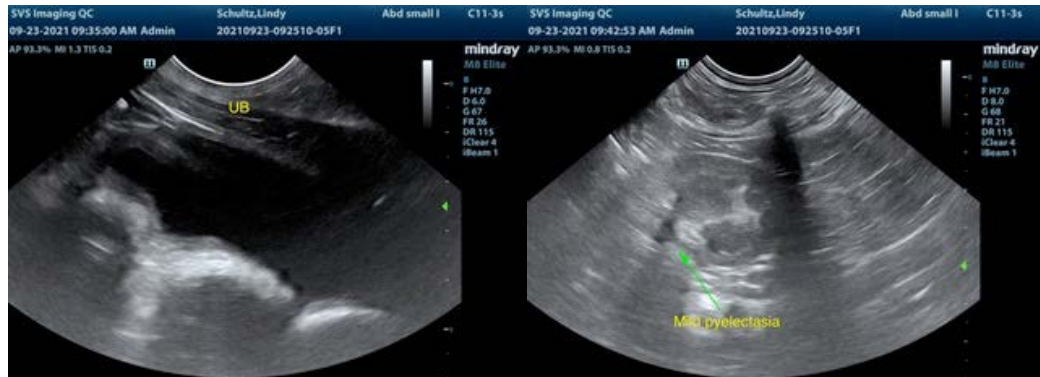
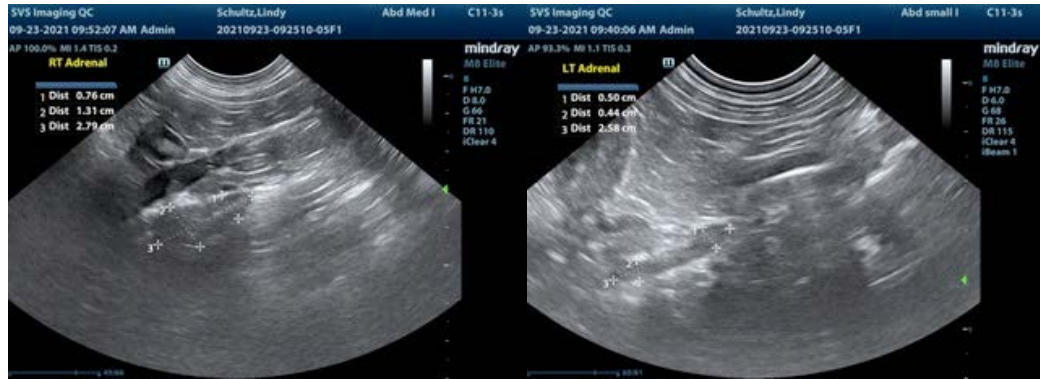
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential for early age related to chronic renal changes. The pyelectasia in the left kidney is non-specific and may be owing to associated early chronic renal changes or potential pelvic scarring. No overt evidence of pyelonephritis. Correlation with creatinine level and patient muscle mass and hydration status recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. NSAID therapy is not overtly contraindicated, yet monitoring of renal parameters is suggested if NSAID therapy is elected.



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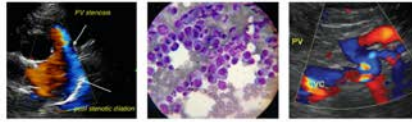
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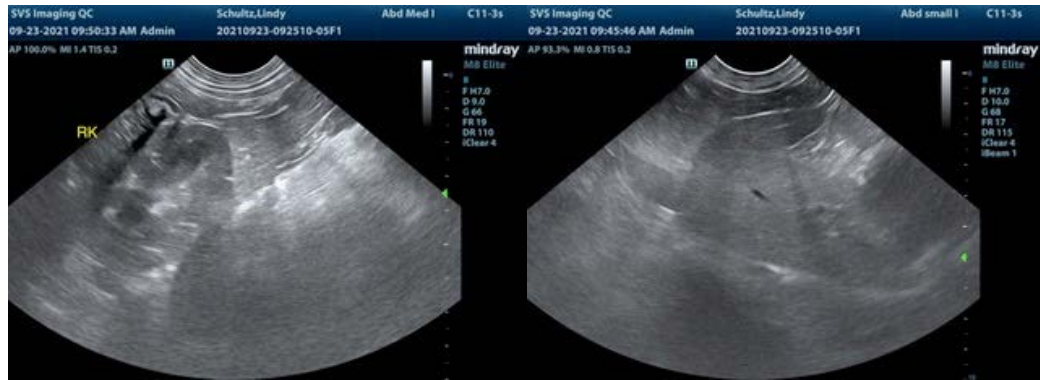
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
info@SonoPath.com