



**PATIENT**

Charlie DiRecchio

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Neutered male

**AGE**

1 ½ years

**WEIGHT**

83 lbs

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**IMAGING  
PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mengine

**INVOICE**

42315

**DATE**

1/24/23

**PRESENTING CLINICAL SIGNS**

History: Mild azotemia first noted on pre-neuter bloodwork - Creat repeatedly 1.6, urine SpGr 1.019, and now BUN also mildly elevated at 34. Blood pressure normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to (3.0) cm.

The kidneys exhibit decreased corticomedullary differentiation, with loss of the typical renal architecture and have irregular, cortical margins. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is (5.5) cm in length. The right kidney is (5.2) cm in length.

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (5.3) mm at the cranial pole and (6.9) mm at the caudal pole. The right adrenal gland height is (9.6) mm at the cranial pole and (8.0) mm at the caudal pole.

**Spleen**

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The cranial portion of the spleen is folded over on itself, which is a normal variation. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

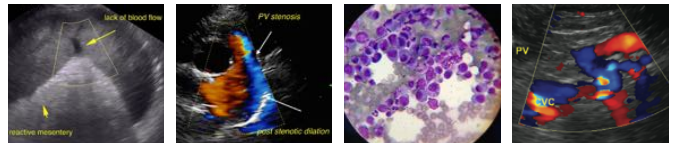
**Liver**

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**Gastrointestinal**

The stomach is empty. The gastric wall is (4.8) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (5.1) mm. The jejunal wall measures up to (3.4) mm. . Intestinal motility appears normal.

**SPECIES**

Canine

The visible portions of the colon are of normal thickness, up to (1.3) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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***Pancreas***

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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***Free Abdomen***

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- Most of the normal renal architecture in both kidneys, consistent with mild renal dysplasia.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the kidneys are suggestive of mild renal dysplasia, although biopsy would be needed to definitively confirm this diagnosis. Recommendations include:

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The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- ❖ a CBC, chemistry panel, urinalysis with urine protein creatinine ratio, if not already performed.
- ❖ blood pressure measurement
- ❖ urine culture should also be considered, particularly if urine sediment is active
- ❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

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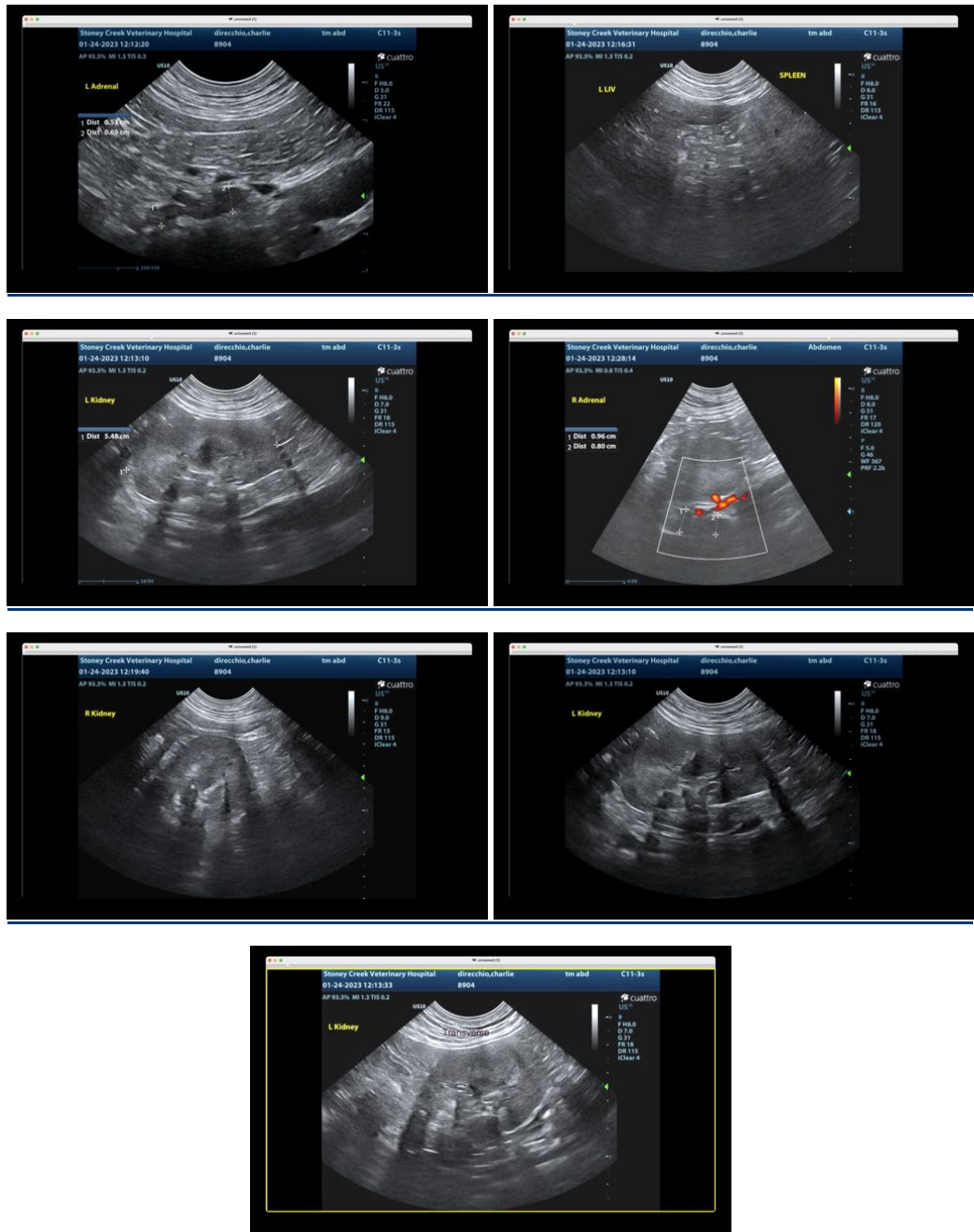
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

info@SonoPath.com