**DATE PRESENTING CLINICAL SIGNS**

1/10/2022

History: Mildly elevated renal values in March 2021 (pre-OVH labs; sx not performed). Examined 12/29/21 for skin issues and rechecked labwork, increases of all renal values.

PATIENT

Callie Rai

Current Medications: 12/29/21 for skin disease: cefpodoxime 200 mg SID x 14d, Apoquel 16 mg 1/2 po bid x 1 week then sid x 2 weeks (used lower than usual dose due to renal clearance), topical neo-predef powder. Single dose Nexgard. Also gets sedated for all appointments due to temperament. Prior to visit gets clonidine 0.3 mg, 3 tabs po 12 and 2 hours before appt, trazodone 2.5 tabs po 12 and 2 hours before appt, and gabapentin 3 tabs po 12 and 2 hours before appt

SPECIES

Canine

Lab Results: Elevated SDMA, Creat, BUN, isosthenuria. Negative urine culture and Leptospirosis PCR.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

Doberman

Sedation: Patient sedated with Dexdomitor.

Stat Report: Not requested.

SEX

Female, intact

Imaging Performed By: Andi Parkinson, RDMS.

AGE

9/17/2019

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

70 lbs.

The left kidney is enlarged (9.18 cm in length) with a slightly irregular shape. The cortex is diffusely thickened, hyperechoic and slightly heterogeneous in appearance and there is poor corticomedullary distinction. A 0.88 x 0.77 cm cortical cyst is observed at the medial aspect. Moderate pyelectasia is present (0.60 cm in the transverse plane). There is no evidence of nephroliths or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The right kidney is not visualized despite an exhaustive search.

HOSPITAL NAME

Perry Hall AH

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.66 cm at caudal pole) (3.08 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Hatzigiannakis

The right adrenal gland is normal length (0.68 cm at cranial pole) (0.49 cm at caudal pole) (2.83 cm in length) with a slightly flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

12825

Spleen

The spleen is normal in size (1.52 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

The uterine body is visualized and is normal in size (1.35 cm in width). No obvious pathology is observed.

The left uterine horn measures 0.57 cm in width. No obvious pathology is seen.

The ovaries are subjectively normal in size and shape. The left ovary measures 1.73 x 1.10 cm. What is thought to be right ovary measures 1.32 x 0.89 cm. No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected right renal agenesis with left-sided compensatory hypertrophy and chronic changes.

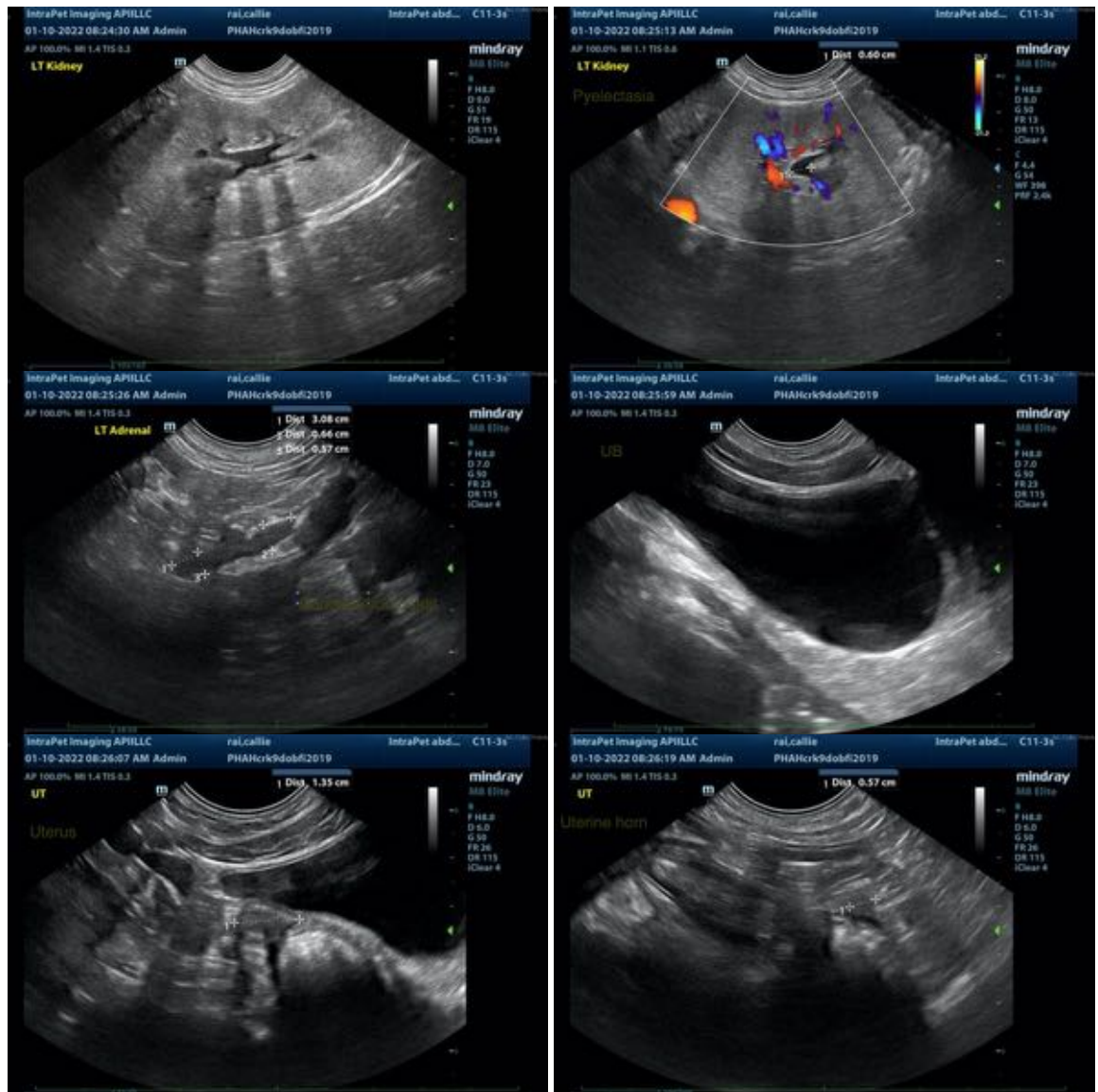
Secondary Findings:

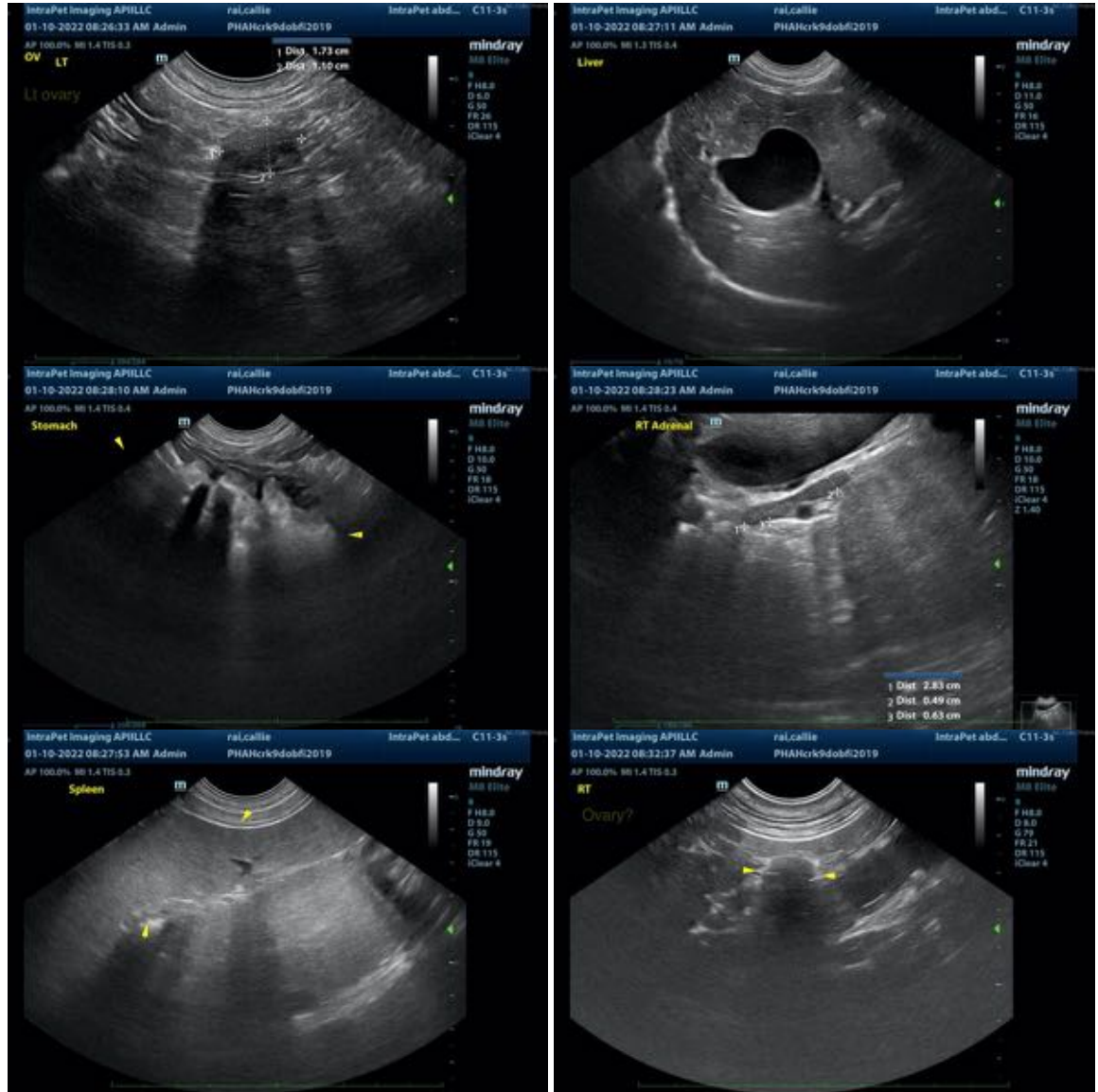
- The flattened right adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for chronic renal failure is recommended including a prescription renal diet (if tolerated), fluid therapy as needed and symptomatic care.
- Given the proteinuria a UPC is recommended.

- Also consider a baseline blood pressure measurement.
- Serial monitoring (i.e., every 2-3 months) of the patient's renal values is recommended to assess for progression.





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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
 Andrea.nicastro@sonopath.com

