

**DATE PRESENTING CLINICAL SIGNS**

1/9/23

Recheck US. Chronic GI signs (hyporexia, intermittent diarrhea, weight loss) with poor response to budesonide/hydrolyzed protein diet. Early CKD and recurrent UTI. Hyperechoic cystic lesion seen in L cranial abd on prior US.

**PATIENT**

Wren Klimek

Current Medications: Cranranadin, Proin 25mg BID, Budesonide 2mg once daily

Date of Previous IntraPet Ultrasound: 9/20/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SPECIES**

Canine

**BREED**

Border collie

**SEX**

Female, spayed

**AGE**

10/7/2009

**WEIGHT**

16 kg.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Nexus VS

**REFERRING VET**

Dr. Steele

**INVOICE**

14410

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

The urinary bladder wall is 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. The region of the trigone is normal.

The left kidney is normal in size (5.16 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (5.55 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

**Adrenal Glands**

The left adrenal gland is normal length (0.25 cm at cranial pole) (0.35 cm at caudal pole) (1.72 cm in length) with a flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.67 cm at cranial pole) (0.42 cm at caudal pole); 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.

**Spleen**

The spleen is normal in size (1.58 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly to moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. 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 gas and 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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

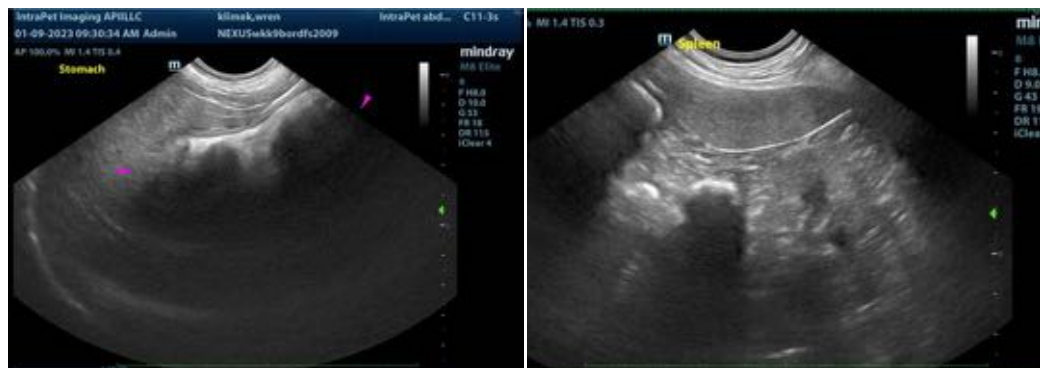
- The cystic lesion previously observed in the left cranial quadrant is not visible on today's study.
- Bilateral, degenerative renal changes with non-obstructive nephrocalcinosis.

### **Secondary Findings:**

- Non-specific diffuse hepatopathy. Considerations include vacuolar hepatopathy (i.e., idiopathic, endocrine), regenerative nodular hyperplasia, inflammatory disease, hepatotoxicosis (i.e., copper), other hepatopathy. Correlation with the patient's liver values is recommended.
- Gallbladder debris- non-mucocele.
- The flattened left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).
- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.





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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