

**DATE PRESENTING CLINICAL SIGNS**

10/13/21 History: Renal disease; urinary issues. No other history or symptoms provided.

**PATIENT**

Vera King

Current Medications: Not provided by the veterinarian.  
 Lab Results: Not provided by the veterinarian.  
 Radiographs: Not provided by the veterinarian.  
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

**SPECIES**

Canine

Sedation: not needed  
 Stat Report: not requested

**BREED**

Labrador Retriever

**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 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.

**SEX**

Spayed Female

**AGE**

5/3/2006

The left kidney presented normal size (5.79 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio and mild to moderate loss of corticomedullary distinction. A few nephroliths are visualized. There is mild pyelectasia (0.38 cm in the longitudinal plane) as well as caliectasis at the caudal pole. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

76 Pounds

The right kidney is small in size (4.69 cm in length); with a slightly irregular shape. The cortex is thin and there is moderate loss of corticomedullary distinction. Several nephroliths are visualized. There is moderate pyelectasia (0.50 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
 Diplomate DACVIM  
 (Small Animal  
 Internal Medicine)

**Adrenal Glands**

The right adrenal gland is enlarged in size (1.22 cm at cranial pole) (1.04 cm at caudal pole) (2.92 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.

**HOSPITAL NAME**

Mt. Airy AH

**REFERRING VET**

Dr. Chaconas

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.54 cm at caudal pole) (1.71 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.

**INVOICE**

13729

**Spleen**

The spleen is normal in size 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and is subtly mottled in appearance. No distinct focal

lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

### ***Gastrointestinal***

The gastric lumen is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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 or overt infiltrative disease is noted.

### ***Pancreas***

The right limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

### ***Free Abdomen***

The abdominal lymph nodes are normal/not visible. There is no evidence of free fluid.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Bilateral nephropathy with pyelectasia and non-obstructive nephrolithiasis- The renal changes are more pronounced in the right kidney.

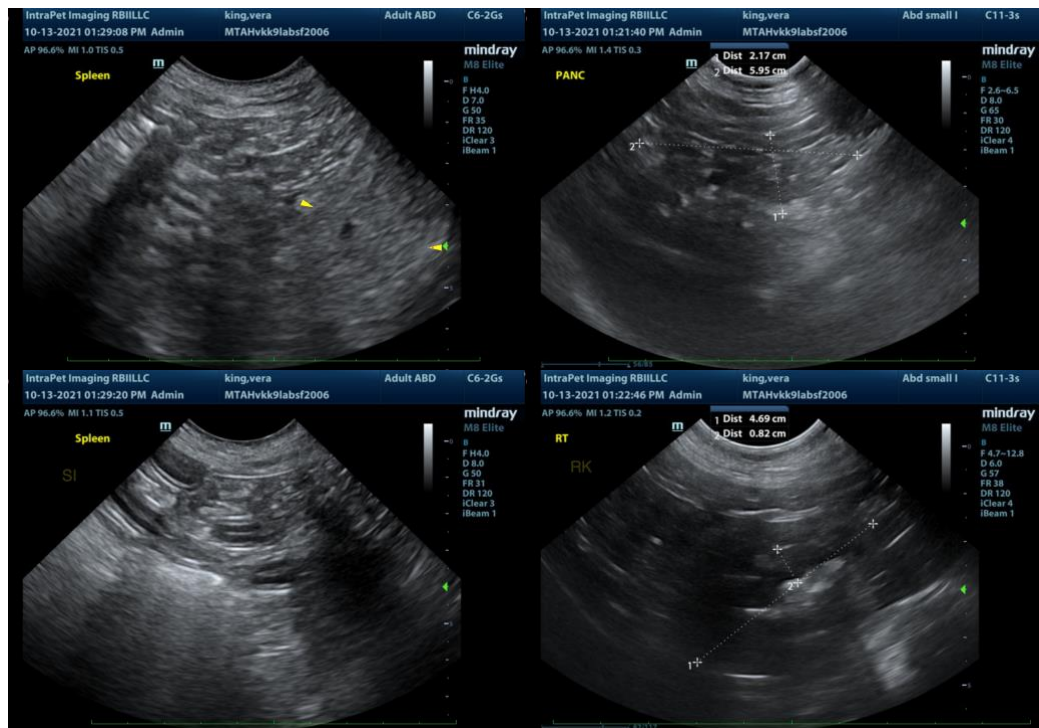
### **Secondary Findings**

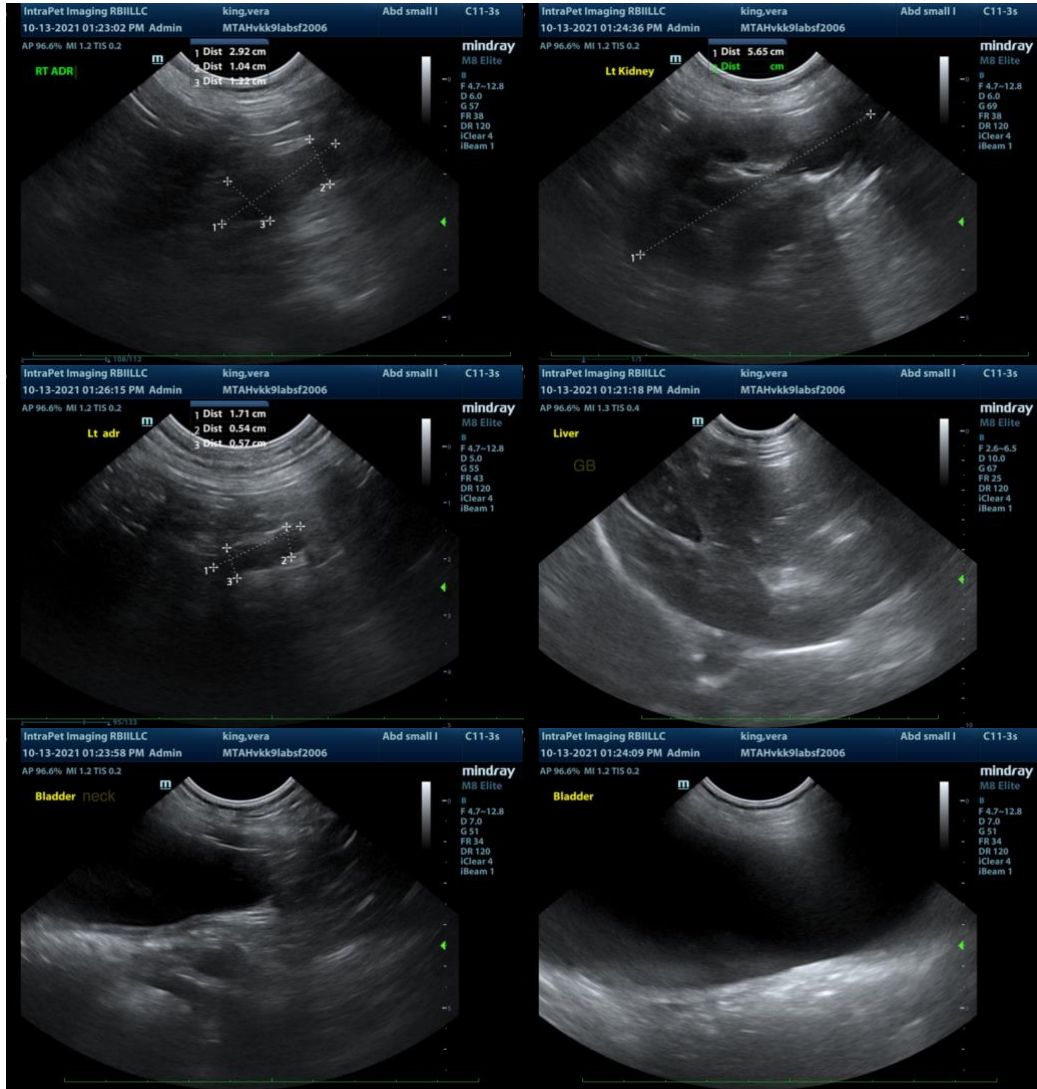
- The mild right adrenomegaly may represent hyperplasia or an early neoplastic process.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely. Correlatuion with the patient liver values is recommended.
- Gallbaldder debris, non-mucocele
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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

- Given the renal disease and urinary incontinence, the following diagnostics/therapeutics can be considered:
  - Urine culture and sensitivity
  - UPC (if proteinuria is present)

- Blood pressure measurement
- Transition to a prescription renal diet, if the patient will tolerate it
- Serial monitoring of the patients renal values to assess for progression
- Three view thoracic radiographs should also be considered, particularly if fluid therapy may be necessary in the future.
- Regarding the right adrenomegaly, a recheck ultrasound is recommended in 6-8 weeks 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.

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