



PATIENT PRESENTING CLINICAL SIGNS

Lucy Couvillon

History: Presented Feb 23/22 with a 3-day history of inappetence and pu/pd. Appetite returned with a single cerenia injection, but pet has been increasingly Pu/Pd since. PE reveals grade 1 dental tartar, otherwise unremarkable.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Feb 23/22 Glucose 3.1 3.5 - 6.3 mmol/L IDEXX SDMA 15 0 - 14 µg/dL Total Protein 53 55 - 75 g/L Albumin 24 27 - 39 g/L AST 79 16 - 55 U/L Creatine Kinase 625 10 - 200 U/L Urine SG 1.007 (mid-morning) on Feb 23/22, 1.011 (first AM sample) Feb 28/22 LDDS test March 11/22 Cortisol - Baseline 303 28 - 120 nmol/L Cortisol - 4 hr Post Dex 169 nmol/L Cortisol - 8 hr Post Dex 320 nmol/L

BREED

Cocker Spaniel X

SEX

Spayed Female

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.

AGE

12 years

The left kidney is normal in size (5.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

13.2 kg

The right kidney presented normal in size (5.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Mild pyelectasia is present (0.29 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size (0.85 cm at cranial pole) (0.63 cm at caudal pole) (1.51 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.

IMAGING PERFORMED BY

Crystal Hill

The caudal pole of the right adrenal gland is visualized and is normal size (0.53 cm in width); with normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

HOSPITAL NAME

Yates AH

Spleen

The spleen is normal in size (1.07 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.

REFERRING VET

Dr. Merkel

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits mild heterogeneity. One to two small, ill-defined hyperechoic nodules/areas are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic to mineralized gravity dependent debris is observed within the lumen. The cystic and



PATIENT common bile ducts are normal.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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 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.

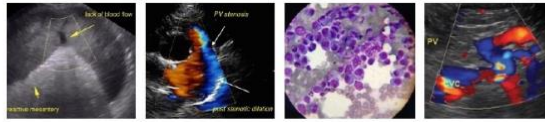
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic age-related renal changes.
- The hepatic parenchymal changes are most consistent with benign age-related change. However, a microscopic hepatopathy cannot be excluded.

**An obvious cause for the patient's clinical signs and lab work abnormalities are not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the PU/PD, a urine culture and sensitivity is recommended to assess for occult pyelonephritis. Pre- and postprandial serum bile acids are also recommended to assess hepatic function. Also consider a UPC (if proteinuria is present). Leptospirosis testing (i.e., blood and urine PCR, serology) should also be considered.
- Given the hypoalbumenia, a GI panel (i.e., serum cobalamin and folate, TLI and PLI), is also recommended.
- Depending on the results of the above diagnostics, gastrointestinal biopsies may be warranted. Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if the patient is to undergo anesthesia.



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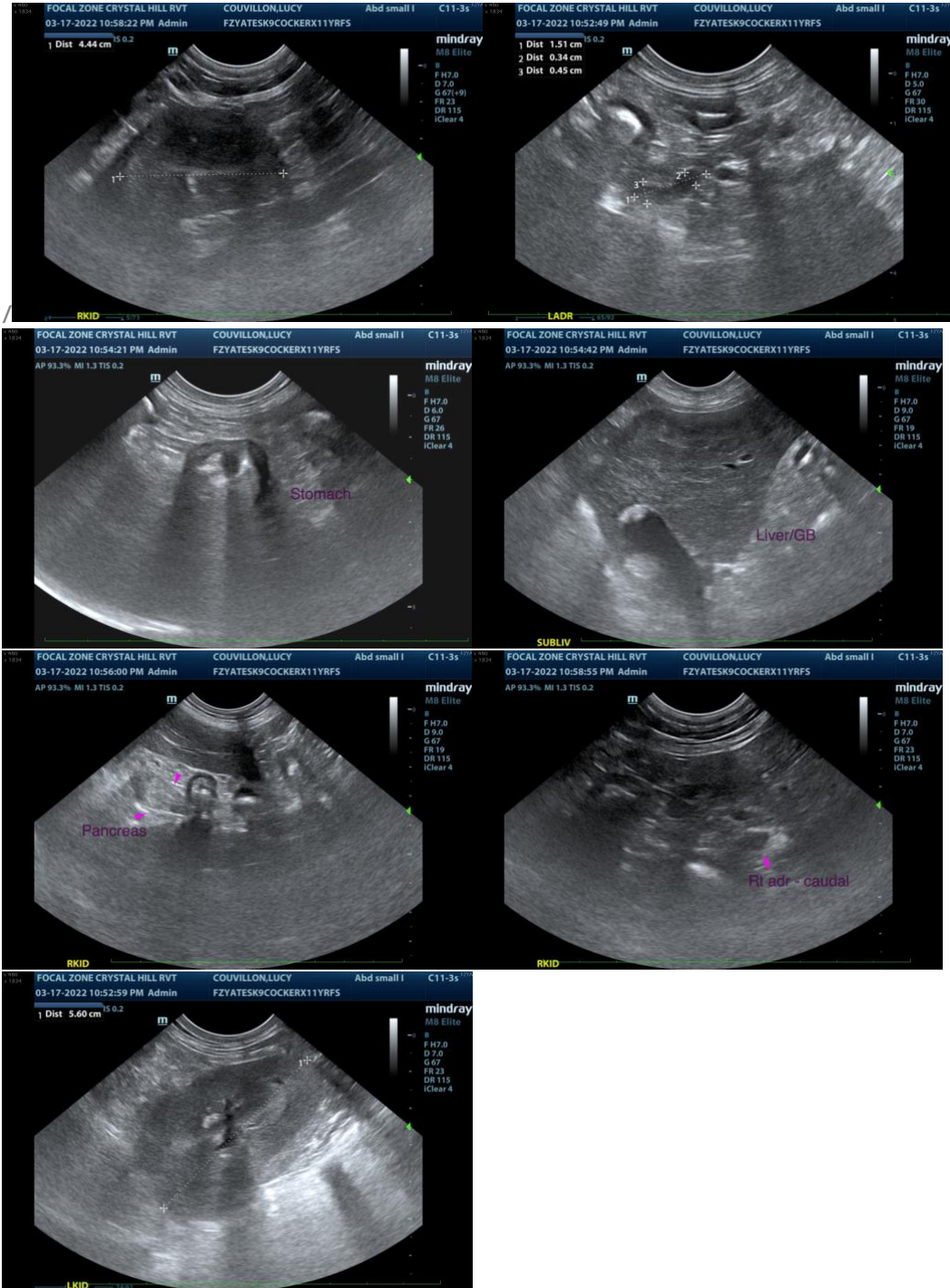
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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