

**PATIENT PRESENTING CLINICAL SIGNS**

Lady Kicinski Patient is doing well at home. No concerns but has an elevated SDMA of 25. Albumen 2.3. Globulin 4.1. AST 80. CBC unremarkable.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Boxer

**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.

**SEX**

Spayed Female

The left kidney is normal size (6.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

09-04-2013

The right kidney is normal size (6.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

70 lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.52 cm at caudal pole) (2.18 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.

**INTERPRETED BY**

Andrea Nicastro,  
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Medicine)

The right adrenal gland is normal size (0.73 cm at cranial pole) (0.52 cm at caudal pole) (1.61 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.

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**Spleen**

The spleen is normal in size (1.72 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.

**HOSPITAL NAME**

Brighton AH

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

**REFERRING VET**

Dr. Elizabeth Wetzel

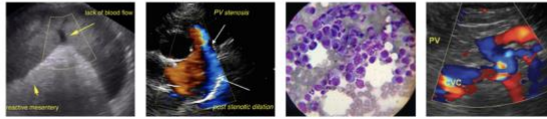
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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**DATE**

4/18/22



**PATIENT** *Gastrointestinal*

Lady Kicinski

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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 pyloric outflow tract is patent. 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 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. A cluster of prominent lymph nodes is observed in the right cranial to midabdomen, the largest measuring 0.95 cm in its longest dimension.

*Other*

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Minor, nonspecific age-related renal changes
- The hepatic changes are consistent with age-related parenchymal remodeling.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the elevated SDMA, a urinalysis and urine culture and sensitivity are recommended. Also, consider a UPC, if proteinuria is present.

Serial monitoring (i.e, every 3-4 months) of the patient's renal values is recommended to assess for the development of azotemia. If this occurs, consider a baseline blood pressure measurement and transitioning to a prescription renal diet.

Given the hypoalbuminemia, consider pre- and post-prandial serum bile acids, UPC (as stated above), resting cortisol level, GI panel (send to Texas A&M), fecal evaluation for ova and Giardia, +/- GI biopsies (if indicated).

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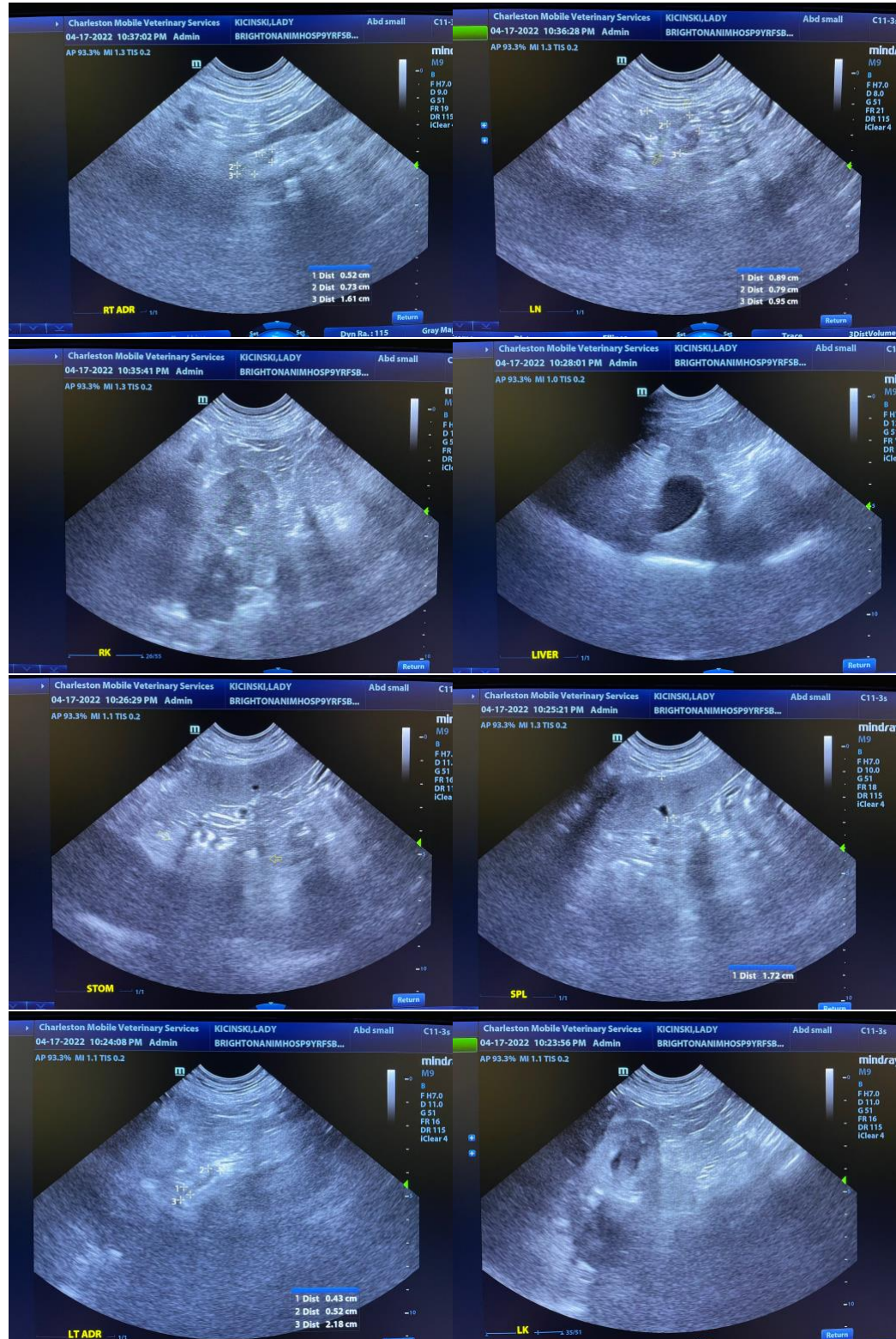
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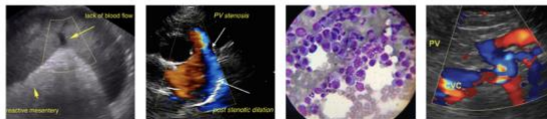
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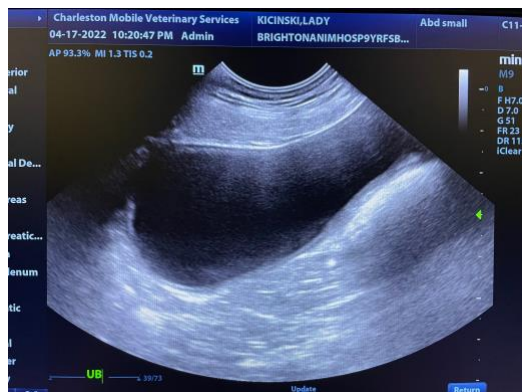
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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