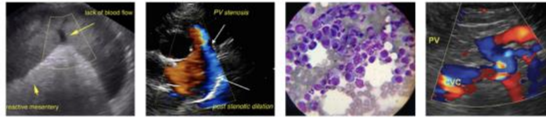


PATIENT
Adele Woodruff

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
2/18/2014

WEIGHT
60 lbs

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

IMAGING PERFORMED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME
Flowertown AH

REFERRING VET
Dr. Randinelli

INVOICE
10677

DATE
4/6/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Adele is an 8 yr FS Golden presenting for general lethargy, decreased appetite. Pt is in IRIS stage 2 renal disease. Creatinine 1.8. BUN normal at 20. Urine Specific Gravity 1.007. No proteinuria. Inactive sediment. CBC shows a mild leukopenia. Mildly hypertensive at 180. Systolic.

Current Medications: HG, NG, Movoflex SID

Fine Needle Aspirates: Client approved Sedation and FNA Consent

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.

The left kidney is normal to borderline small in size (5.69 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. Mild to moderate pyelectasia is present (0.49 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

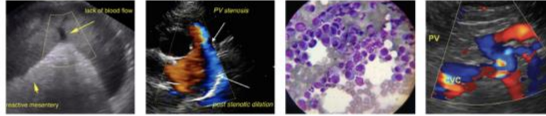
The right kidney is normal to borderline small in size (5.88 cm in length); with an irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal size (0.56 cm at cranial pole) (0.68 cm at caudal pole) (2.32 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.

The right adrenal gland is normal size (1.14 cm at cranial pole) (0.64 cm at caudal pole) (2.80 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.

Spleen
The spleen is normal in size (2.51 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.



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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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.

Other

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

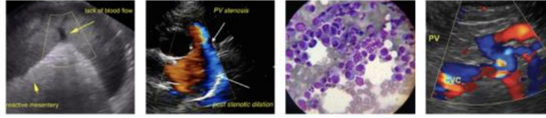
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes could be consistent with a prior insult (i.e., infection, toxin) or potentially, mild renal dysplasia. The left pyelectasia may be secondary to pyelonephritis or parenchymal remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity to assess for occult pyelonephritis.
- If hypertension is persistent, consider initiation of therapy (i.e., amlodipine) with serial monitoring of the patient's blood pressure.
- Consider transitioning to a prescription renal diet, if not already initiated.
- Infectious disease testing (i.e., Leptospirosis, Lyme Disease), can be considered. However, given the chronicity of the azotemia (and lack of proteinuria, with regard to Lyme disease),, these tests may be of low yield.



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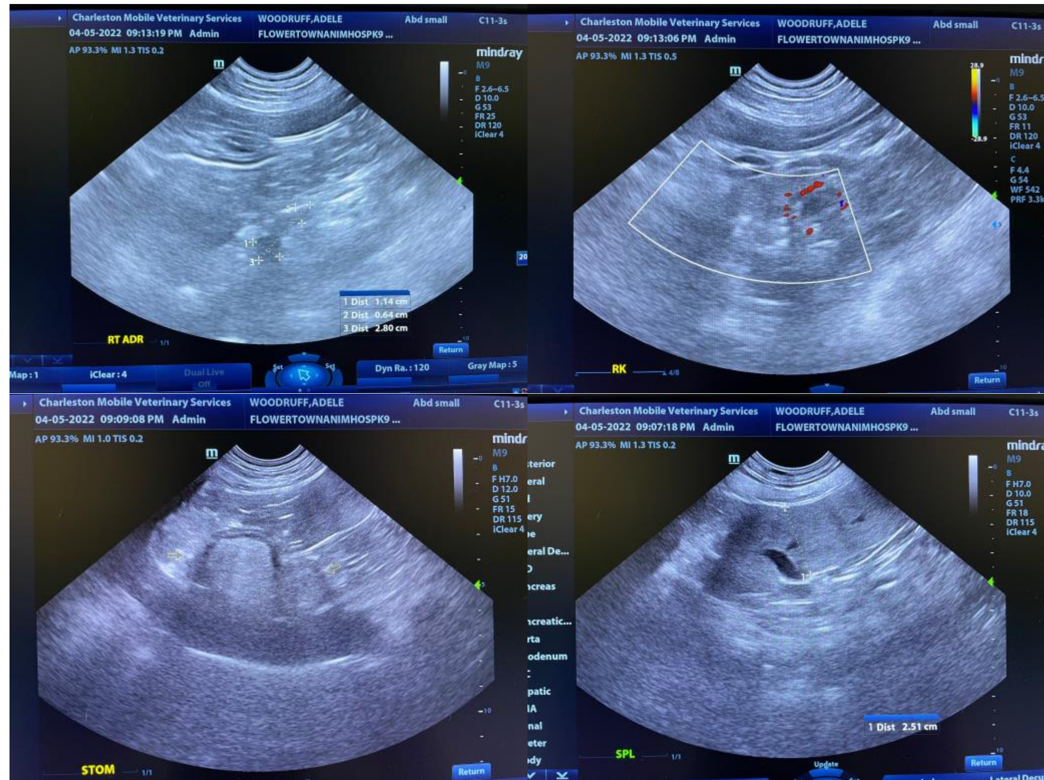
- A resting cortisol level can also be considered to rule out hypoadrenocorticism as a cause for azotemia. However, given the sonographic appearance of the kidneys, primary renal disease is considered more likely.

- Serial monitoring (i.e., every 3-4 months) of the patient's renal values is recommended to assess for progression of the renal disease.



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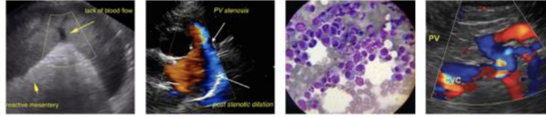

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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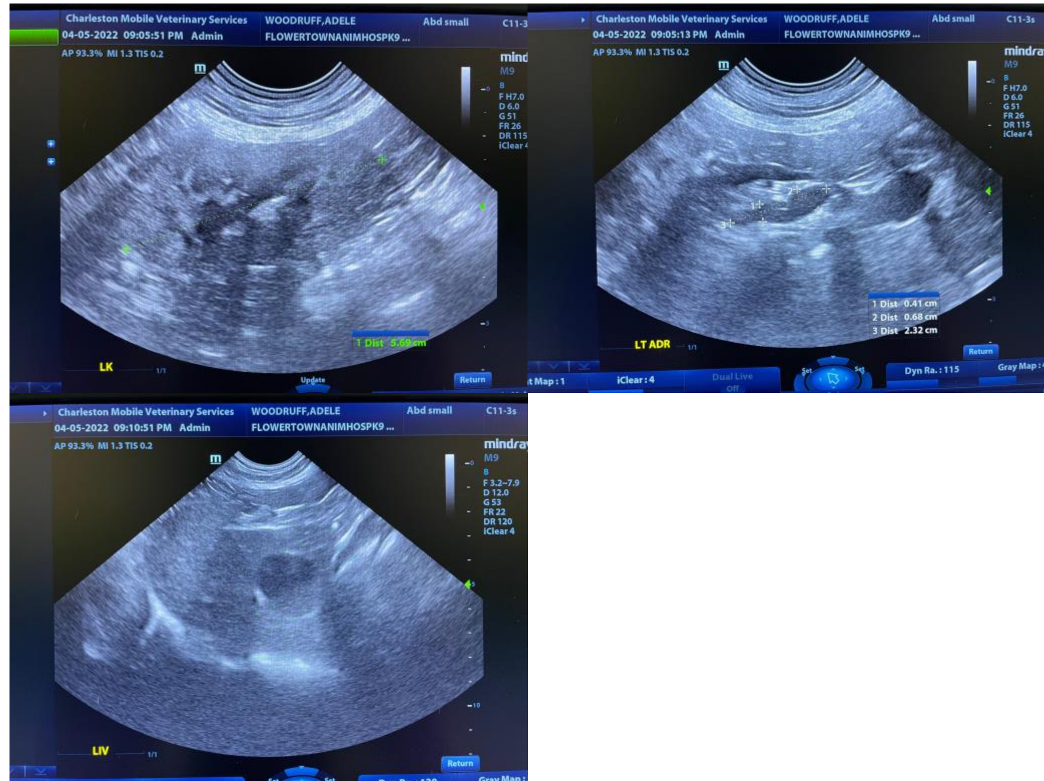

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com