

PATIENT PRESENTING CLINICAL SIGNS

Remi Crow
History: Increasing PU/PD; recurrent UTIs with dilute urine; Alkp upper 100s last Sept, 300s in Feb, and 700s now. Suspicion for Cushing's. LDDT performed today. Recent bloat episode on Monday secondary to polyphagia/engorging pop tarts, then polydipsia. Excessive panting and slight pot-bellied appearance. Skin is normal. Everything else is normal.

SPECIES

Canine
Abnormal PE/Chem/CBC/UA Results: UA= spgr 1.008; 10-20 WBCs, rods, pH 5.0 Alkp 709 (5-131); alt 135 (12-118); BUN 38 (6-31) All else WNL. 4DX is negative. E.coli noted on urine culture.

BREED

Labrador

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Female spayed

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

13 Years

The left kidney is normal in size (5.46 cm in length) with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.42 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

WEIGHT

62 lbs.

The right kidney is normal in size (5.47 cm in length) with a normal shape and architecture and smooth peripheral contours. 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.68 cm at caudal pole) (2.90 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

Tasha

The right adrenal gland is normal size (1.48 cm at cranial pole) (0.77 cm at caudal pole) (2.33 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 (2.12 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.

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Dr. Crow

Liver

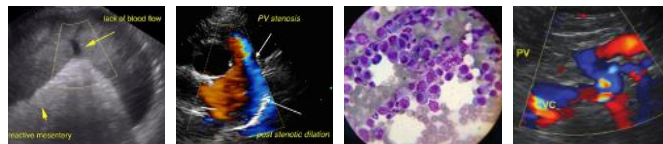
The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

11796kk

DATE

9/10/21



PATIENT

Gastrointestinal

Remi Crow

The gastric lumen is moderately distended with ingesta and soft shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

SPECIES

Canine

Pancreas

BREED

Labrador

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

SEX

Female spayed

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

Primary Findings:

- 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 less likely.
- Gall bladder debris – incidental.
- Bilateral, age-related renal changes. The left pyelectasia may be secondary to pyelonephritis, age-related remodeling, and/or PU/PD.

WEIGHT

62 lbs.

Secondary Findings:

- The soft shadowing material within the gastric lumen may represent ingesta and/or foreign material. Correlation with clinical findings is recommended.

**It should be noted that E. coli urinary tract infections can cause nephrogenic diabetes insipidus and subsequent PU/PD.

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Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider a prolonged course of antibiotic therapy (i.e., 3-4 weeks) based on urine culture and sensitivity results with a follow up culture 5-7 days after the last dose of medication.
2. If the PU/PD persists despite treatment of the E. coli urinary tract infection, consider further testing for Cushing's disease (i.e., a low-dose Dexamethasone suppression test or ACTH stimulation test).
3. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

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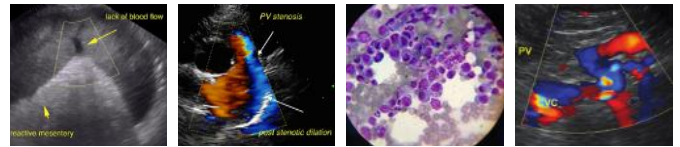
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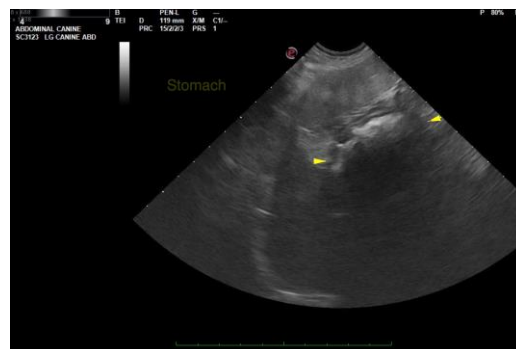
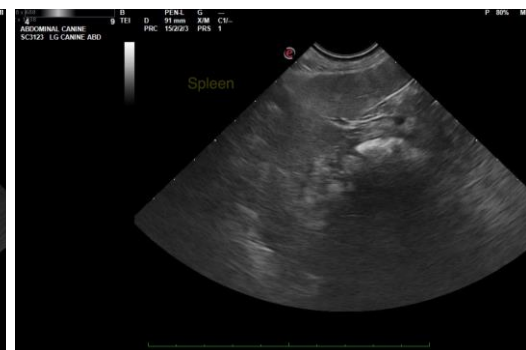
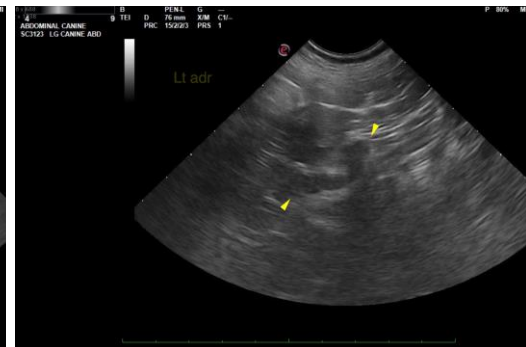
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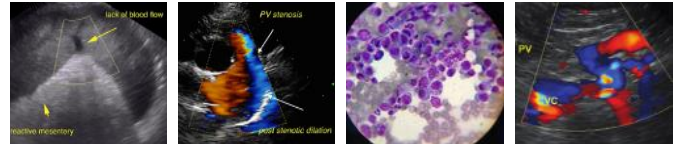
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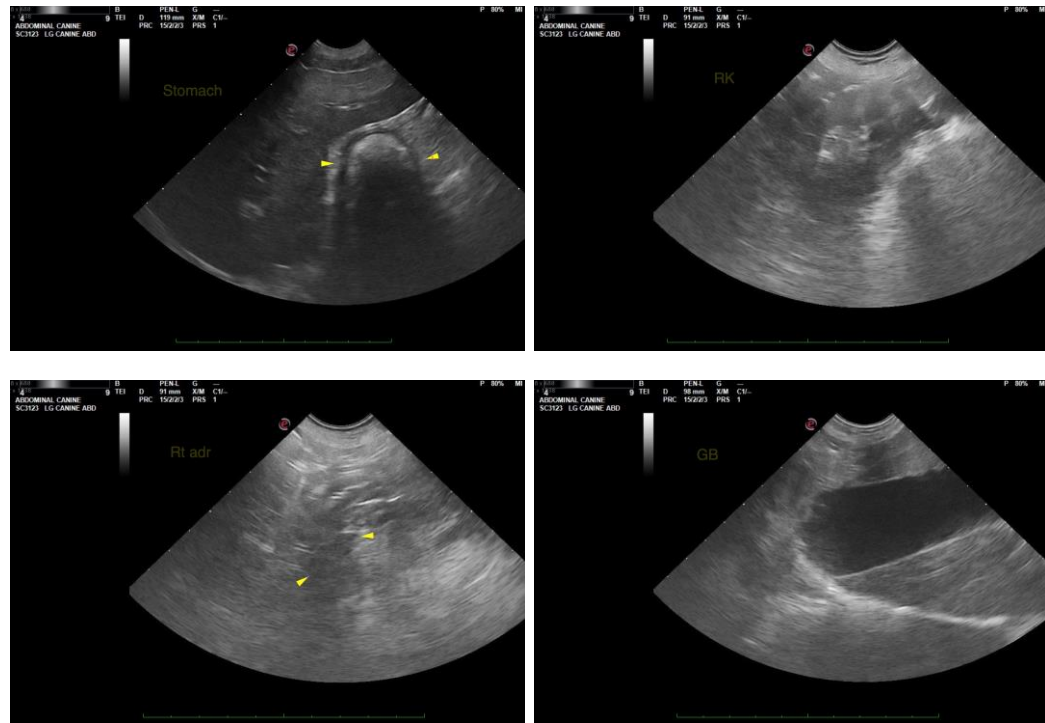
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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