



PATIENT

Rumba Perez

SPECIES

Canine

BREED

Poodle

SEX

Female

AGE

5 Months

WEIGHT

20.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Mary Davila

INVOICE

44641

DATE

1/31/23

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to further evaluate the abdomen. Pt was taken to emergency and Dx with Addison Dz. During recheck several abnormalities with the renal values were seen.

Abnormal PE/Chem/CBC/UA Results: PE: none provided CBC: RBC 4.46, HGB 11.6, MCV 85, MCH26, MCHC 30.6, MONO 1.27, PLT 144, MPV 13.6 CHEM: CREA 2.8, BUN 64, CA 12.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

In the area of the right kidney, there is an approximately 1.0 cm heterogeneous, primarily hypoechoic structure that may represent a dysplastic right kidney. However, no normal kidney architecture is appreciated, so a lymph node versus other with a completely right kidney cannot be ruled out.

The left kidney is normal in size (5.96 cm) and shape, with a mildly diffuse hyperechogenicity and loss of normal corticomedullary distinction. Pyelectasia is also noted measuring 0.43 cm in the transverse view. There is no evidence of mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (1.72 cm long x 0.32 cm at the cranial pole and 0.25 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.69 cm long x 0.39 cm and 0.37 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



PATIENT	<i>Gastrointestinal</i>
Rumba Perez	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
SPECIES	
Canine	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
BREED	
Poodle	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
SEX	
Female	<i>Pancreas</i>
AGE	The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
5 Months	
WEIGHT	<i>Free Abdomen</i>
20.8 Pounds	There is no evidence of free peritoneal effusion noted in these images.
INTERPRETED BY	The mesenteric and medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.
Beth Johnson, DVM DACVIM	PRIMARY FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> The right kidney in this patient is either missing or severely dysplastic with some loss of corticomedullary distinction in the more normal appearing left kidney, which may also be suggestive of renal dysplasia. Diffuse reactive lymphadenopathy – likely normal variant for a puppy.
Dr. Ferrer	SECONDARY FINDINGS
HOSPITAL NAME	<ul style="list-style-type: none"> Urinary bladder debris
Paseos Vet Center	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
REFERRING VET	If not recently evaluated, further evaluation of the kidneys is recommended with Urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.
Dr. Mary Davila	A blood pressure is also recommended.
INVOICE	It is not reported as to how this patient was diagnosed with hypoadrenocorticism. If an ACTH stimulation test has not been performed, then that diagnosis, which would be atypical in a puppy, should be confirmed with an ACTH stimulation test.
44641	
DATE	In the meantime, medical management of kidney disease is recommended with supportive/symptomatic care as needed, management of concurrent hypertension, and/or proteinuria if present, electrolyte abnormalities management, etc. If tolerated, transition to a kidney friendly diet should be considered.
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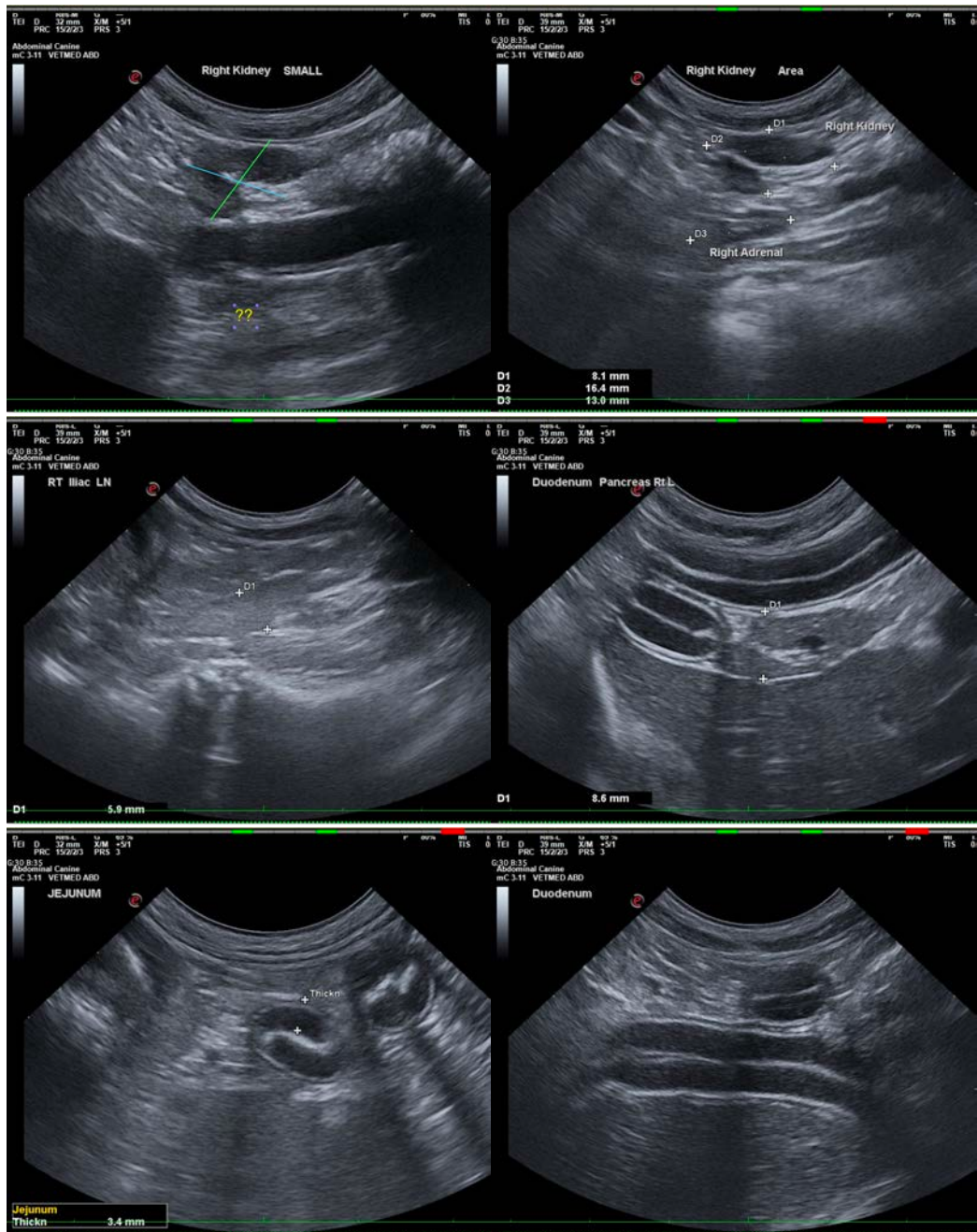
Dr. Mary Davila

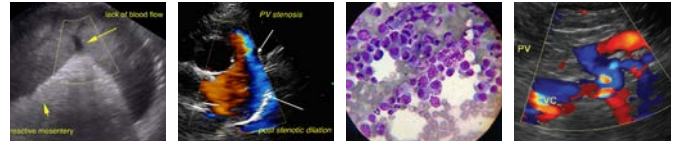
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