



PATIENT

Sydney Harnack

PRESENTING CLINICAL SIGNS

History of chronic kidney disease identified in May 2022. Presented for dental for extraction of discolored canine today repeat screening blood work and blood pressure reading revealed stage 4 CKD. Dental was cancelled and abdominal ultrasound elected today.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 10/25/22 BP average = 205; HCT=25.7; Creatinine = 10.2; BUN = 84; Phosphorus = 9.7 10/26/22 UPC = >4.32

BREED

Hound X

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.

SEX

Spayed Female

AGE

6 Years 11 Months

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The right kidney measures 4.55 cm. The left kidney measures 5.59 cm.

WEIGHT

36 Pounds

Adrenal Glands

The areas of both adrenal glands are examined without evident pathology.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

M Kermendy, CVT

HOSPITAL NAME

Wauwatosa VC

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

REFERRING VET

Dr. Kate Self

Gastrointestinal

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.

INVOICE

42385

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.

DATE

10/26/22

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.



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Pancreas

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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.

SPECIES

Canine

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

BREED

Hound X

There is no apparent lymphadenopathy noted in these images.

SEX

Spayed Female

PRIMARY FINDINGS

- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Urinary bladder debris

AGE

6 Years 11 Months

SECONDARY FINDINGS

- **Hypersplenism** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

WEIGHT

36 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported hypertension and proteinuria combined with azotemia, therapeutic recommendations include diuresis, a kidney diet (if tolerated by the patient), as well as management of the hypertension and proteinuria with amlodipine and an ACE inhibitor such as Benazepril, combined with antithrombotics if the patient's coagulation status is appropriate, fatty acid supplementation, etc. Close evaluation of this patient's anemia is also recommended to help determine when and if erythropoietin/darbepoetin supplementation may be warranted.

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Recommendations are to avoid anesthesia or any other possible insults to the kidneys unless quality of life such as pain, secondary infections, etc. are negatively affected from the dental disease, and intervention with anesthesia is necessary to improve quality of life.

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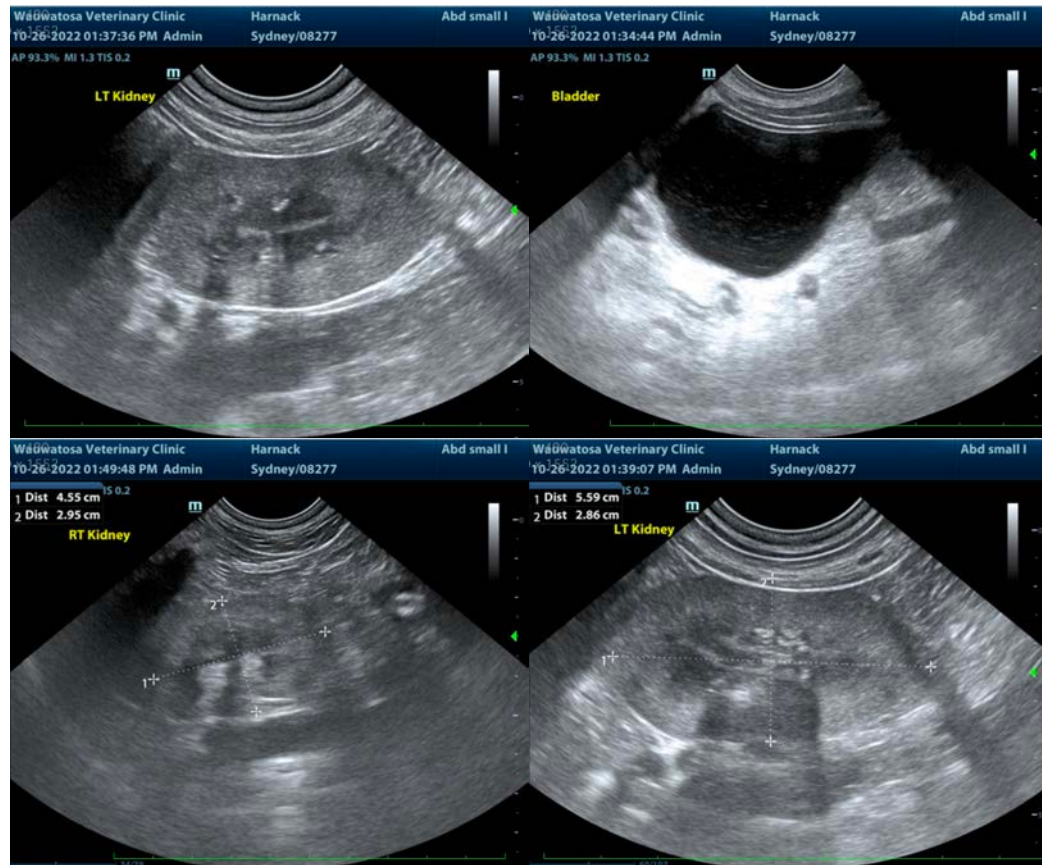
Dr. Kate Self

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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.

Beth Johnson, DVM, DACVIM
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