



PATIENT	PRESENTING CLINICAL SIGNS
Kane Cuthbert	History: Chronic kidney disease with suspect glomerulonephritis, currently stable on blood work (stage 2 with proteinuria); Previously diagnosed with IBD and managed well with Hill's Biome diet. For the last 10 days, has become inappetent, intermittent vomiting, lethargic.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Treated today with IV fluids, Cerenia and sulcralfate and ate well of canned Biome. CBC - chronic non-responsive anemia (HCT = 0.32), normal WBCs and platelets. SDMA = 31, creat = 168, urea = 20.4, mild hyperkalemia (5.7), mild hypoalbuminemia (25); UPC pending, TFL, B12, folate pending. Urine culture pending.
Canine	
BREED	
Shetland Sheepdog	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered male	Urinary System
	Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
AGE	The prostate is normal for a neutered dog.
12 years	Left kidney is normal is size (4.45 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A hyperechoic band parallel to the corticomedullary border is present. There is no evidence of pyelectasia, mineral or infarcts observed.
WEIGHT	Right kidney is normal is size (4.75 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A hyperechoic band parallel to the corticomedullary border is present. There is no evidence of pyelectasia, mineral or infarcts observed.
11.7 kg	
INTERPRETED BY	
Beth Johnson, DVM DACVIM	Adrenal Glands
	Left adrenal gland is normal in size (0.36 cm at cranial pole and 0.42 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	The area of the right adrenal gland is examined without evident pathology.
Dr. Gumley	
HOSPITAL NAME	Spleen
Cedarview AH	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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.
REFERRING VET	
Dr. Gumley	Liver
	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.
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PATIENT	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.
Kane Cuthbert	
SPECIES	<i>Gastrointestinal</i>
Canine	The visible stomach wall is normal in thickness and layering. A focal, hyperechoic, homogenous nodule/polyp with a 1.5-2.0 cm base extending approximately 3.0 cm into the lumen of the stomach. The stomach is mildly distended with fluid and echogenic, non-shadowing contents and chyme. Pyloric outflow tract appears patent.
BREED	The visible small intestines are normal in wall thickness and layering. 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.
Shetland Sheepdog	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
SEX	
Neutered male	
AGE	<i>Pancreas</i>
12 years	The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
WEIGHT	
11.7 kg	
INTERPRETED BY	<i>Free Abdomen</i>
Beth Johnson, DVM DACVIM	There is no evidence of free peritoneal effusion noted in these images. Reactive 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.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Gumley	Primary Findings
HOSPITAL NAME	<ul style="list-style-type: none"> A gastric mucosal thickening/polyp/mass. The appearance of this lesion trends toward benign such as a polyp or even a normal anatomical variant and prominent rugal fold is possible, but considered less likely. Infiltrative malignant neoplasia such as adenocarcinoma versus other neoplasia are also differentials, yet lower on the differential list. Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. Medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria,
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proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

SPECIES

Canine

Secondary Findings

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- Reactive lymph nodes – Lymph node(s) is(are) prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

BREED

Shetland Sheepdog

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's history glomerulonephritis and inflammatory bowel disease, the already pending urine culture, urine protein to creatinine ratio and TLI, PLI, folate and cobalamin are recommended. Further options regarding the suspected gastric polyp/mass include either a conservative approach characterized by routine ultrasonographic monitoring beginning with a recheck ultrasound in 4-6 weeks. As long as clinical signs resolve and do not return before then versus an upper GI endoscopy/gastroscopy for further evaluation/biopsy of the polyp/mass versus the most aggressive and not recommended until an endoscopic biopsy has been obtained, option is exploratory laparotomy with an excisional biopsy of the polyp/mass. In the meantime, given the patient's potential flare up of inflammatory bowel disease, a transition to a hydrolyzed diet from the biome diet can be considered. Additionally, anti-emetic and antacid therapy is recommended as well as empirical deworming with a 5 day course of Panacur.

AGE

12 years

WEIGHT

11.7 kg

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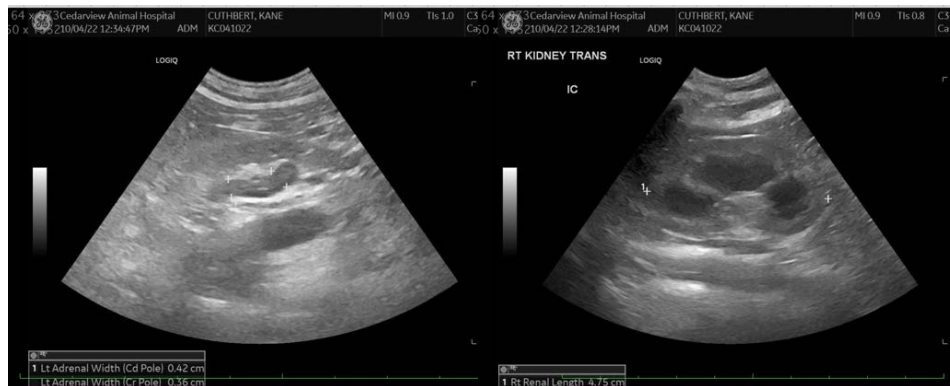
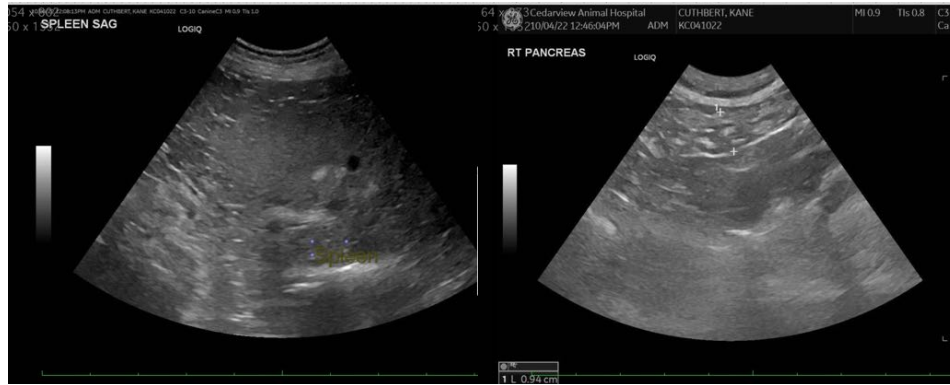
Dr. Gumley

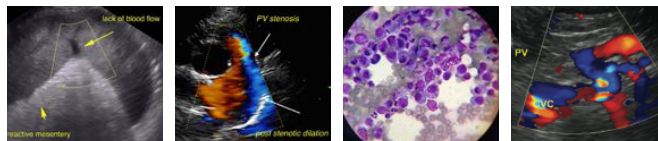
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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