

PATIENT PRESENTING CLINICAL SIGNS

Skye Cann Dorey

History: Seen Feb 9/23 as losing weight and has become picky with food. No obvious abnormalities seen on PE. BW done (see results) Recommended starting renal diet. Sulcrate sent for 14 days and recheck bloodwork in 30days. Owner called clinic as is now struggling to get Skye to eat renal diet. Next step ultrasound

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached results.

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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

10 Years

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. The left kidney measured 5.02 cm. The right kidney measures 6.63 cm. An approximately 1.0 cm cortical cyst is noted in the cranial pole of the left kidney.

WEIGHT

28.2 kg

Adrenal Glands

Left adrenal gland is normal in size (1.98 cm long x 0.44 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (2.19 cm long x 1.33 cm at cranial pole and 0.76 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING

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Crystal Hill

Spleen

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.

HOSPITAL NAME

Main Street AH

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.

REFERRING VET

Dr. Morris

Gallbladder is moderately distended with anechoic bile as well as mild 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.

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Gastrointestinal

DATE

3/6/23

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



PATIENT	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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.
Skye Cann Dorey	
SPECIES	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.
Canine	
BREED	Pancreas
Golden Retriever	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.
SEX	Free Abdomen
Spayed Female	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
AGE	ULTRASONOGRAPHIC FINDINGS
10 Years	Primary Findings
WEIGHT	<ul style="list-style-type: none"> Nephritis – This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis, etc.) cannot be ruled out. This finding should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes.
28.2 kg	Secondary Findings
INTERPRETED BY	<ul style="list-style-type: none"> Mild 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.
Beth Johnson, DVM DACVIM	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	A urine culture could be considered to rule out an occult urinary tract infection.
Crystal Hill	Testing for Leptospirosis is also recommended.
HOSPITAL NAME	A blood pressure is recommended if not recently evaluated, as is a urine protein to creatinine ratio to help quantify the proteinuria, which is suspected to be the primary cause of this patients hypoalbuminemia and weight loss. If confirmed via a high UPC, then treatment recommendations include enalapril (or benazepril if azotemic) +/- ARB, anti-thrombotic (low dose aspirin or clopidogrel), a renal diet if tolerated and fatty acid supplementation. Begin FA supplementation slowly to prevent GI upset. If hypertension is present, additional therapy with amlodipine may be necessary to manage hypertension.
Main Street AH	If a UPC does not confirm a protein losing nephropathy, then next diagnostic recommendations to further evaluate the hypoalbuminemia include a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function +/- bile acids.
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PATIENT

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In the meantime, in addition to the medical management recommended above, supportive/symptomatic therapy of this patients gastrointestinal upset, decreased appetite, etc., with antiemetics and gastroprotectants +/- an appetite stimulant may be necessary during the diet transition.

SPECIES

Canine

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Golden Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

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HOSPITAL NAME

Main Street AH

REFERRING VET

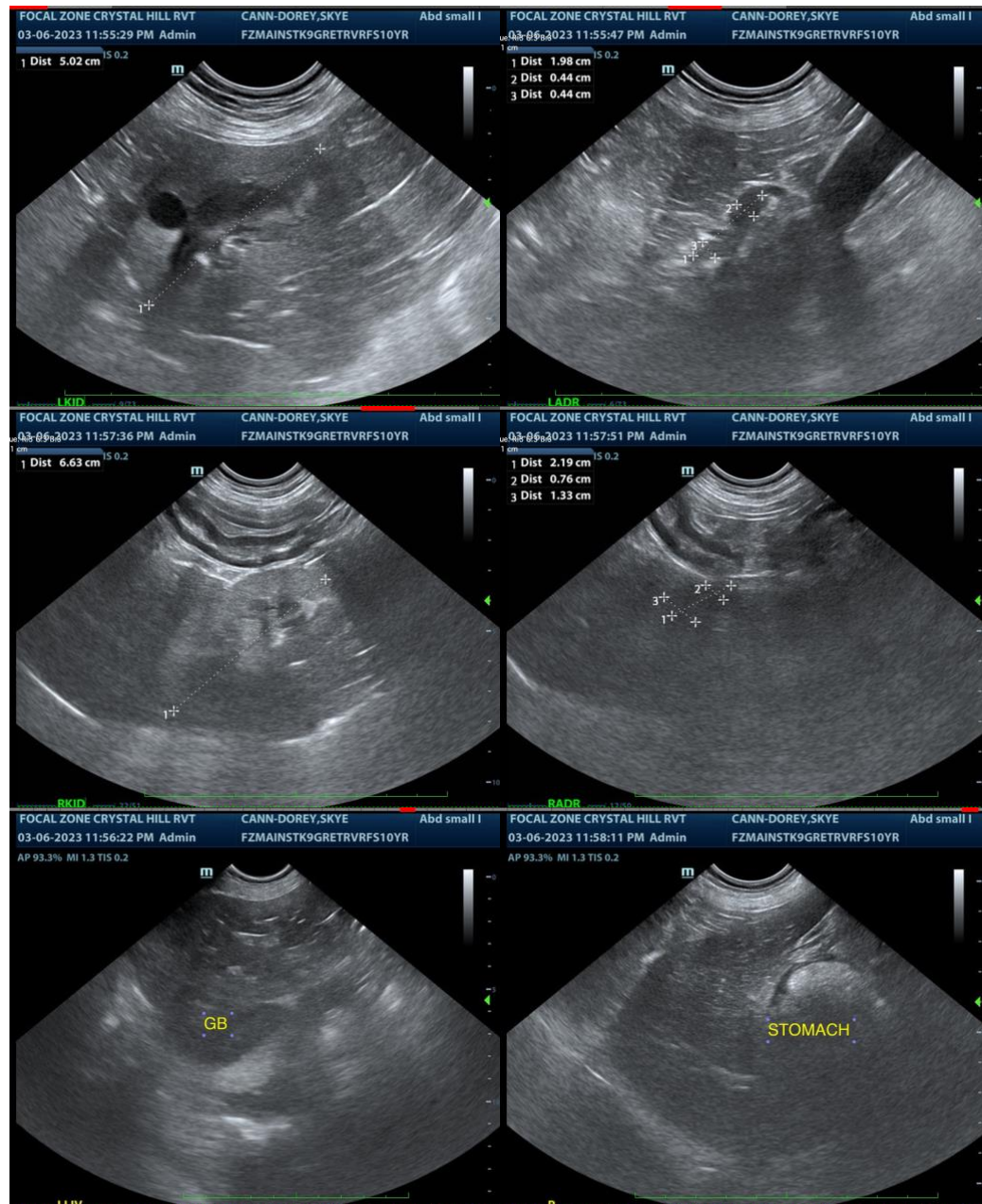
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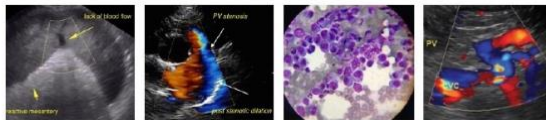
DATE

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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



PATIENT

can be of any further assistance please contact me.

Skye Cann Dorey

Beth Johnson, DVM DACVIM

SPECIES

Beth.Johnson@SonoPath.com

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Spayed Female

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