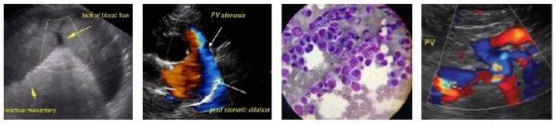


PATIENT

Charlie Owen

SPECIES

Canine

BREED

Eskimo X

SEX

Neutered Male

AGE

16 Years

WEIGHT

9.1 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Morris

INVOICE

24015

DATE

8/21/23

PRESENTING CLINICAL SIGNS

History: worsening murmur grade 5-6 now, pansystolic, reg rhythm -episode of tachypnea, often when sleeping. no coughing, resolves without treatment -history of chronic bronchitis-responds to reactine and flovent inhaler. no changes on thoracic rads -worsening azotemia and elevated spec cPL meds: vetmedin, cerenia PRN, gabepentin, reactine, aventi kidney, flovent inhaler
Abnormal PE/Chem/CBC/UA Results: SDMA 24 (0-14), Creat 136 (44-133), area 18.2 (3.2-11) phosph 1.6 spec cPLi 355 (0-200)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

Prostate is unable to be well visualized in these images.

Kidneys are bilaterally normal in size, 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 left kidney measures 6.39 cm. The right kidney measures 6.06 cm. Multiple bilateral cortical cysts were noted, including a large cortical cyst in the caudal pole of the left kidney, measuring 3.1 cm x 3.4 cm. This cyst contains more echogenic appearing fluid than expected. Similarly, in the caudal pole of the right kidney, there is a 2.1 cm x 2.0 cm cortical cyst with more echogenic appearing fluid than typically seen with renal cortical cysts.

Adrenal Glands

Left adrenal gland is normal in size (0.76 cm at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.0 cm at cranial pole and 0.46 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

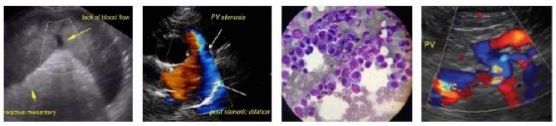
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A focal well-demarcated hyperechoic homogenous nodule is noted. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

Gastrointestinal



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverbation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC 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. Bilateral cortical cysts were present, including large bilateral cysts that contain some echogenic fluid. Complicated cysts or even emerging abscesses are possible. Infiltrative neoplasia is possible but considered much less likely.

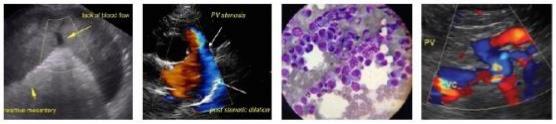
- Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

- 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.

- Hyperechoic splenic nodule – most consistent with benign myelolipoma. Other differentials such as fibrosis or calcification caused by old hematoma or infarct, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.



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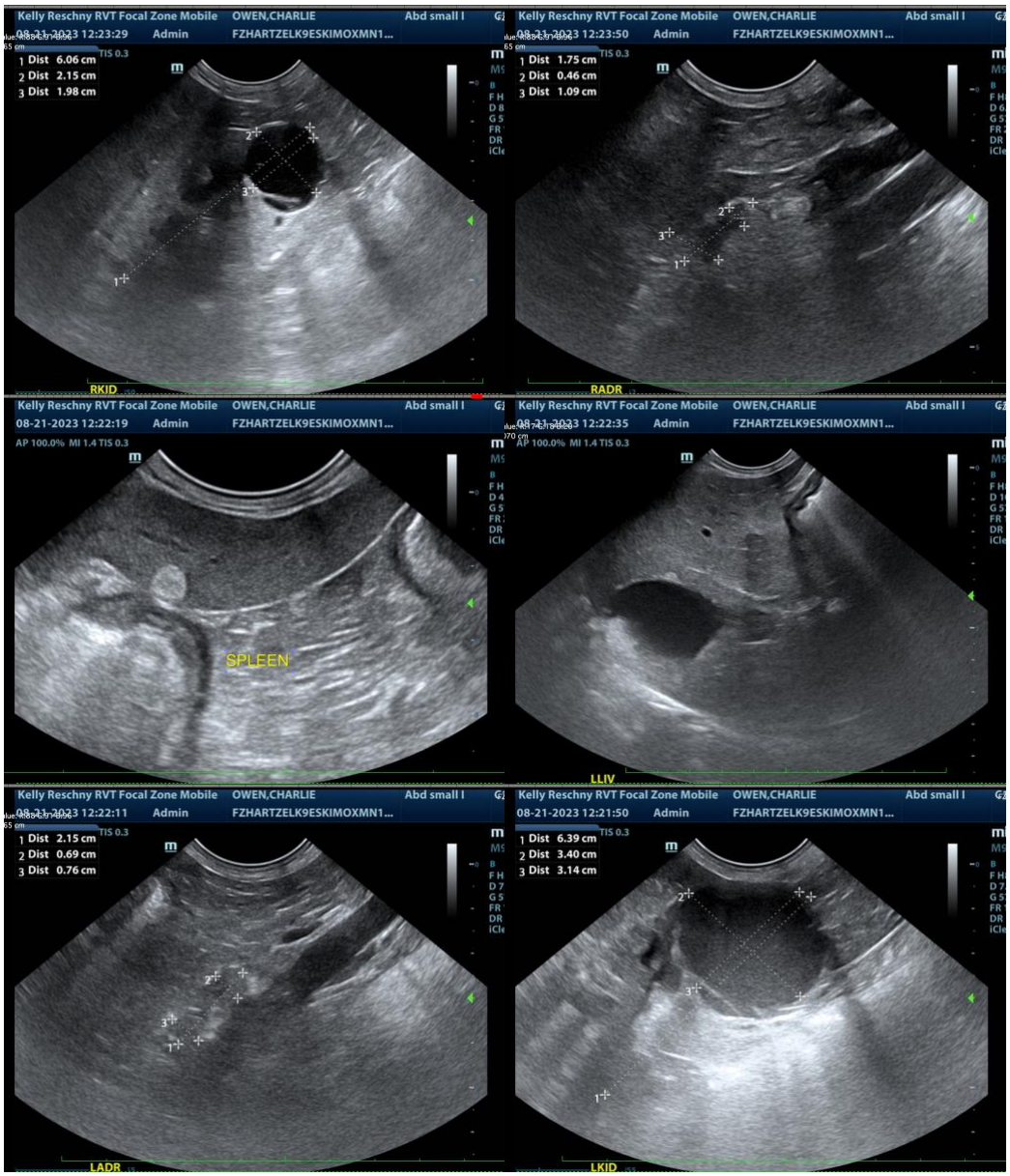
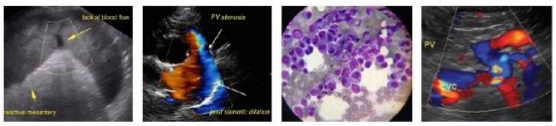
A blood pressure is also recommended if not recently evaluated.

Fine needle aspirates of the cortical cysts could be considered for both cytology, as well as culture and sensitivity if indicated based on cytology results versus if a more conservative approach is elected, urine sampling, as is recommended above, could be considered followed by monitoring of the renal cortical cysts based on patients clinical signs, progression of disease, azotemia or lack thereof.



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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