

**DATE PRESENTING CLINICAL SIGNS**

8/9/23 Repeatable elevated SDMA and Creatinine on routine BW. Weight loss. Eats Honest Kitchen chicken and veggies diet. On flea/tick/hwp every month. No CS at home.

PATIENT

Naia Cannaliato Current Medications: None.
Lab Results: 6/9/23 SDMA 15 (0-14), Crea 1.7 (0.5-1.5), BUN/UREA 20 (9-31). 7/14/23 SDMA 17 (0-14), Crea 1.9 (0.5-1.5), BUN/UREA 21 (9-31). USG 1.027, pH 8.0, Protein trace, Urob normal, WBC UAM 0-2 HPF, RBC UAM 0-2 hpf, bacteria none seen, EPI cell rare (0-1). UPC 0.1, 4dx snap negative. Resting cortisol 1.3.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: Not requested.
Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Airedale X

SEX

Spayed Female

AGE

7/22/17

WEIGHT

69.3 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

44544

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately 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.

The right kidney is normal in size (6.46 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 0.54 cm at the cranial pole and 0.68 cm at the caudal pole. The left adrenal gland measures 0.58 cm at the cranial pole and 0.62 cm at the caudal pole.

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.

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.

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.

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

Pancreas

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.

Free Abdomen

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

The mesenteric 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.

ULTRASONOGRAPHIC FINDINGS

- **Flat adrenal glands** – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

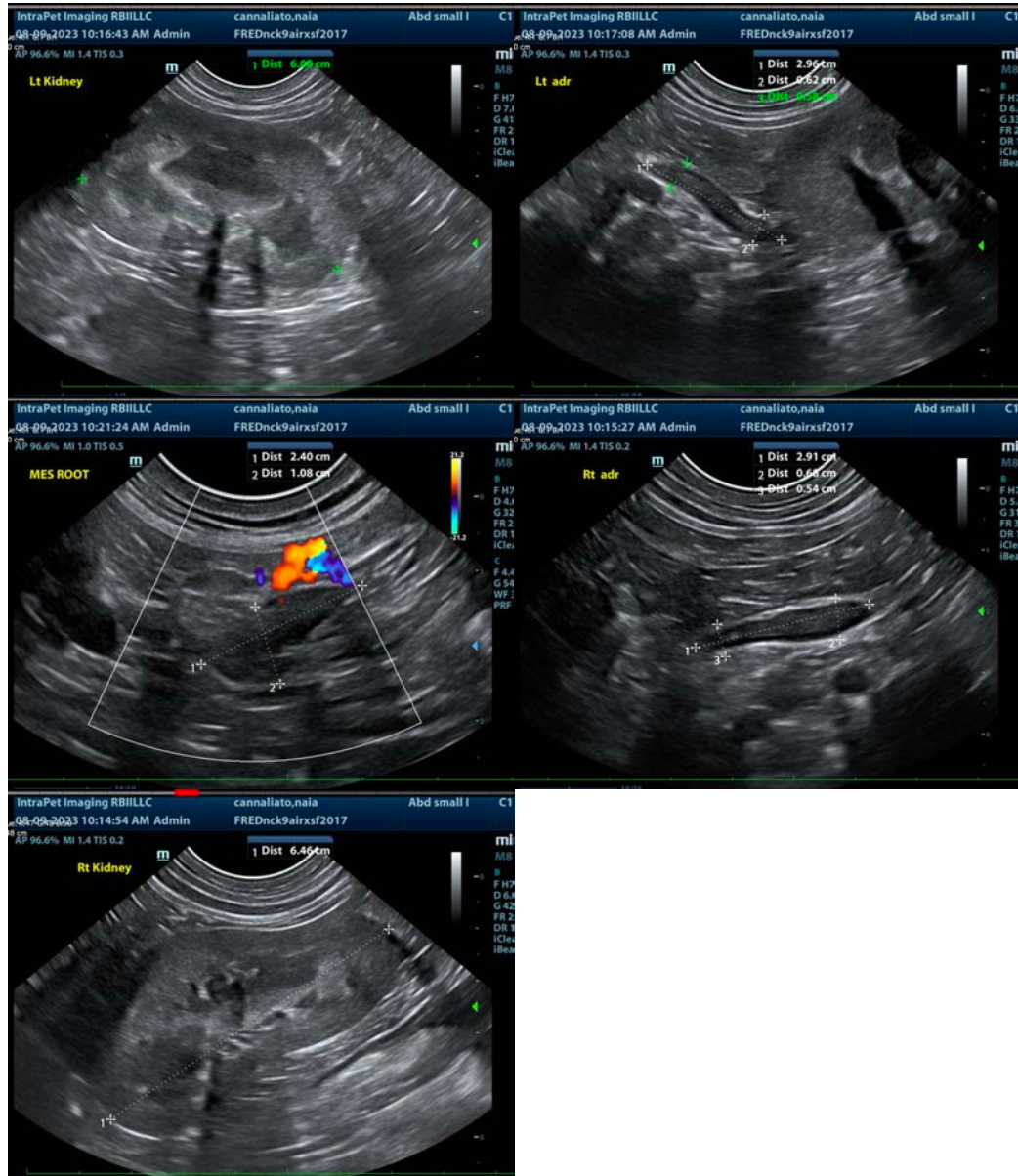
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported low baseline cortisol, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism, if not already evaluated.

Testing for Leptospirosis could be considered.

A blood pressure is recommended if not recently evaluated.

Pending results, beginning medical management for mild or emerging chronic kidney disease could be considered with close monitoring to help determine progression, etc. If tolerated, a kidney diet could be considered in addition to medical management of hypertension and/or proteinuria when/if they develop, as well as supportive/symptomatic therapy of clinical signs (i.e., fluid therapy, antiemetics, gastroprotectants, appetite stimulants, if/when they are necessary).



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.

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