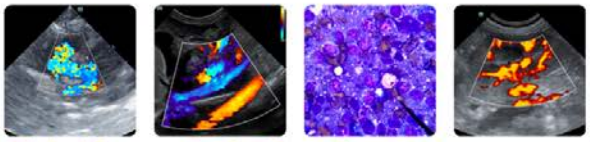


PATIENT

Trapper Bugay

SPECIES

Canine

BREED

Great Pyrenees x

SEX

Neutered Male

AGE

2

WEIGHT

70

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility Vet Clinic

REFERRING VET

Dr. House

INVOICE

72975

DATE

1/7/26

PRESENTING CLINICAL SIGNS

Elevated kidney enzymes, hypoalbuminemia, and mild anemia. Intermittent vomiting and loose stool prior to intestinal parasite treatment.

Abnormal PE/Chem/CBC/UA Results: PE= WNL. BUN 59, Creat 3.3, SDMA 27, Albumin 2.5, Glob 4.3. Currently on Albon, Drontal treatments, on Hill's k/d.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is not visible.

The left kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Left kidney measures 8.78 cm.

The right kidney is generally normal in shape and position, measuring 9.55 cm. Corticomedullary distinction is abnormal with marbling of the cranial pole of the right kidney and hyperechoic striations visible in the caudal pole. There is very mild right renal pelvic dilation with no obvious ureteral dilation.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.62 cm in length x 0.51 cm at the cranial pole and 0.58 cm at the caudal pole.

The right adrenal gland is normal in size and position. The echogenicity is heterogeneous with at least two spherical hypoechoic nodules visualized within the parenchyma. Visible phrenic vasculature is normal. Right measures 4.12 cm in length x 0.76 cm at the cranial pole and 0.60 cm at the caudal pole.

Spleen

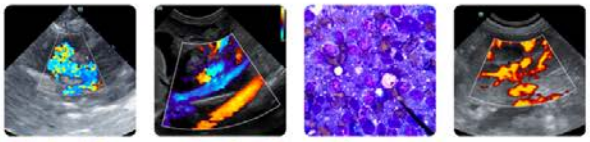
The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal



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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

Mesenteric lymph nodes are prominent with maintenance of normal length to width ratio and normal echogenicity.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral significant renal degeneration considering patient's age (right worse than left).
- Heterogeneous right adrenal gland with hypoechoic nodules and prominent mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal changes along with age and azotemia are concerning for congenital renal dysplasia. An early renal insult and severe early onset degenerative changes and remodeling is possible. Ultimately renal biopsy would be required for definitive diagnosis. The prognosis for renal dysplasia depends on the rapidity of progression of azotemia and response to supportive care. Management for any patient is the same as any patient with chronic renal dysfunction and includes renal specific diet (protein and phosphorus limited), encouraging increased water intake with canned food and providing clean, running water source, and management of proteinuria and hypertension with ACE-inhibitor with addition of more anti-hypertensives as required. Monitoring of bloodwork, urinalysis and blood pressure every 3 months, or sooner if feeling unwell, is recommended.

The cause of right adrenal abnormalities is uncertain. Given the patient's age and azotemia, baseline cortisol +/- ACTH stimulation test is recommended to screen for hypoadrenocorticism.

The prominence of mesenteric lymph nodes is likely secondary to mild lymphadenitis or mild lymphedema.

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Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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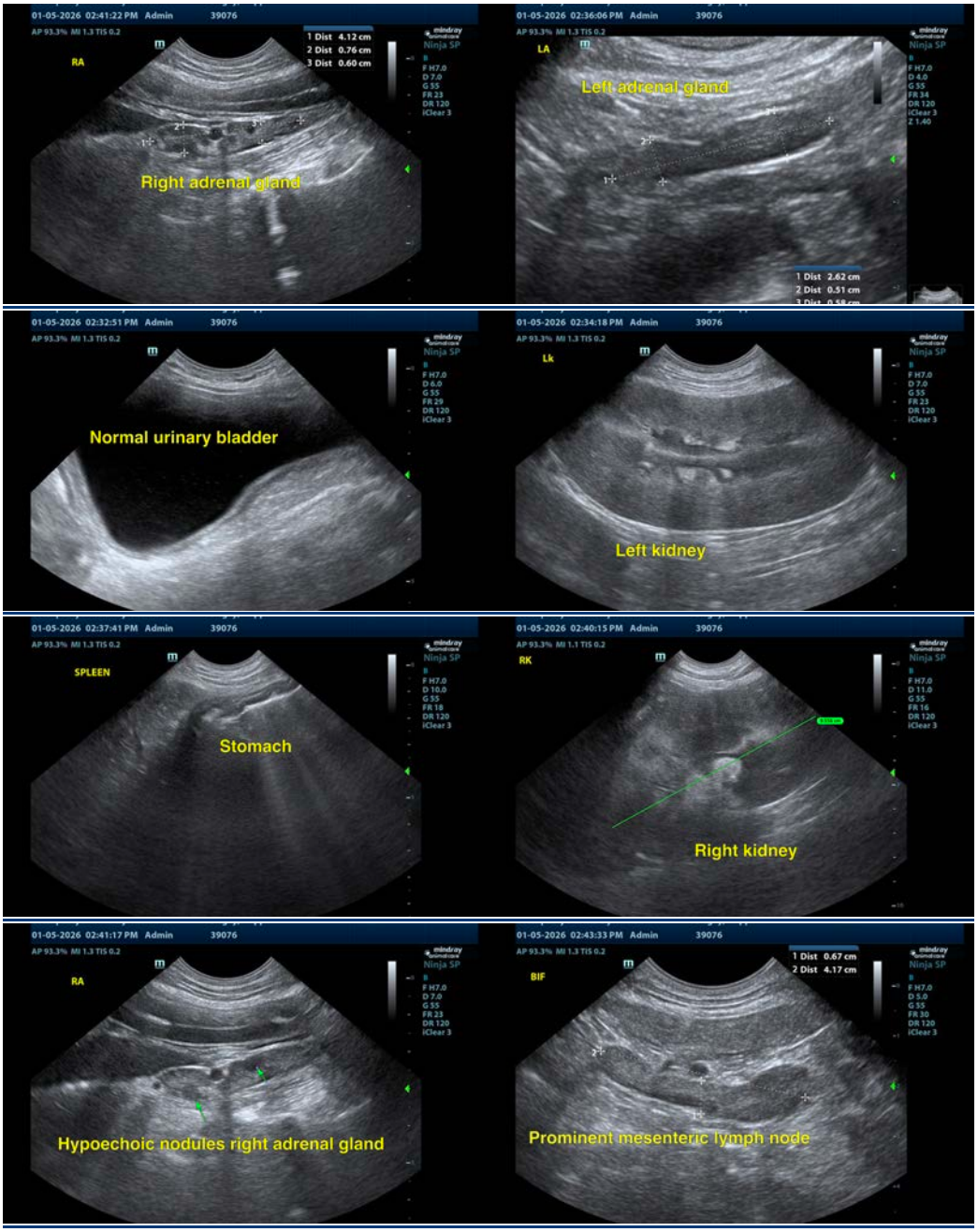

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC info@SonoPath.com