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Clinical Sonography & Telecytology
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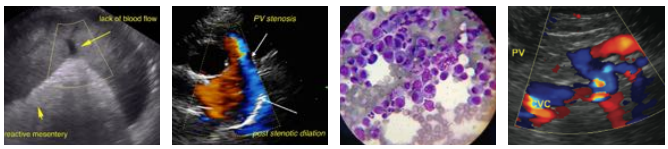

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kevin Hyman

SPECIES
Canine

BREED
Staghound

SEX
Neutered male

AGE
7 years

WEIGHT
115 lbs

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Brian Klug

HOSPITAL NAME
Sondel Famil VC

REFERRING VET
Dr. Sondel

INVOICE
42695

DATE
2/9/23

PRESENTING CLINICAL SIGNS

History: PU/PD
Mild proteinuria, normal creat/bun

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for a large volume of urine.

The left kidney is normal in size and shape and measures 7.5 cm with smooth peripheral margins. The cortex is diffusely hyperechoic (isoechoic to the spleen with normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size and shape and measures 7.4 cm with smooth peripheral margins. The cortex is diffusely hyperechoic (isoechoic to the spleen with normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.5, caudal pole 0.71). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is enlarged. The cranial border was 0.88 cm and the caudal pole was 0.91 cm (normal for this size dog would be up to 0.8 cm). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. There were hyperechoic portal markings, but was otherwise normal. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder contains a moderate volume of dependent echogenic debris with some subtle, non-dependent debris. Otherwise, the wall looked is mildly distended with a normal thickness. The cystic and common bile ducts are normal/not visible.

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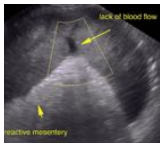
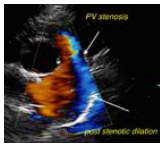
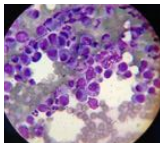
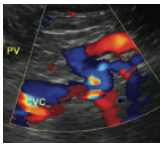

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Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The section of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Bilateral hyperechoic renal cortices.

Right sided, mild adrenomegaly.

Secondary Findings

Moderate gallbladder sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cortices of both kidneys are hyperechoic (isoechoic to the spleen) but otherwise normal in shape, size and corticomedullary distinction. This could be consistent with nephritis or other chronic renal pathology. Given the reported breed, sighthounds can have higher blood pressure resulting in proteinuria. Other testing that can be considered for proteinuria and renal pathology work up would be a blood pressure, UPC (If not already done), vector borne testing, or an SDS Page through the International Veterinary Renal Pathology Service through Texas A&M (https://vetmed.tamu.edu/ivrps/sds-page-collection-shipping-instructions/) to help further characterize the proteinuria as glomerular vs. tubular. These tests can be done prior to considering a renal biopsy. Otherwise, continued monitoring can be considered or empiric treatment with a prescription renal diet, omega 3/6 fatty acids, and ACE inhibitors or angiotensin receptor blocker therapy.

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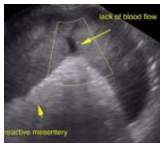
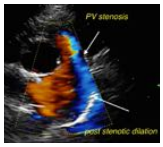
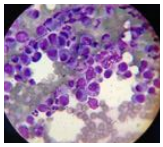
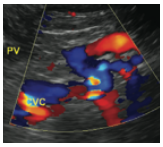

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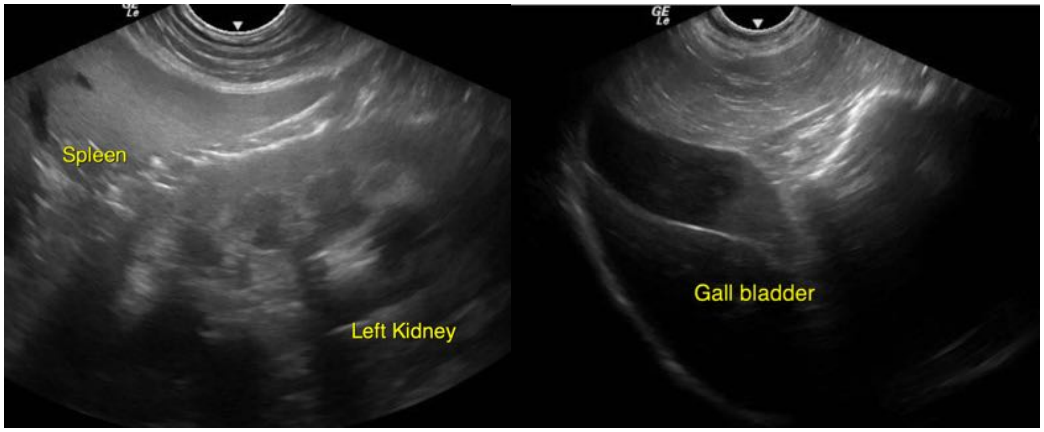
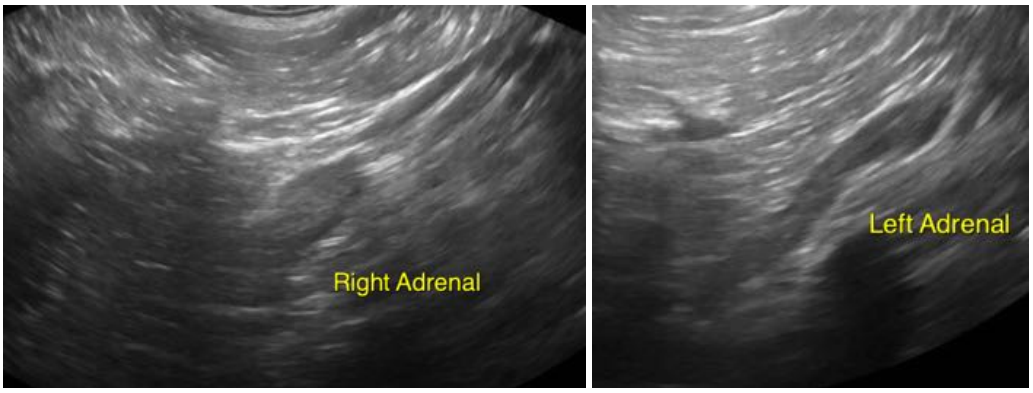
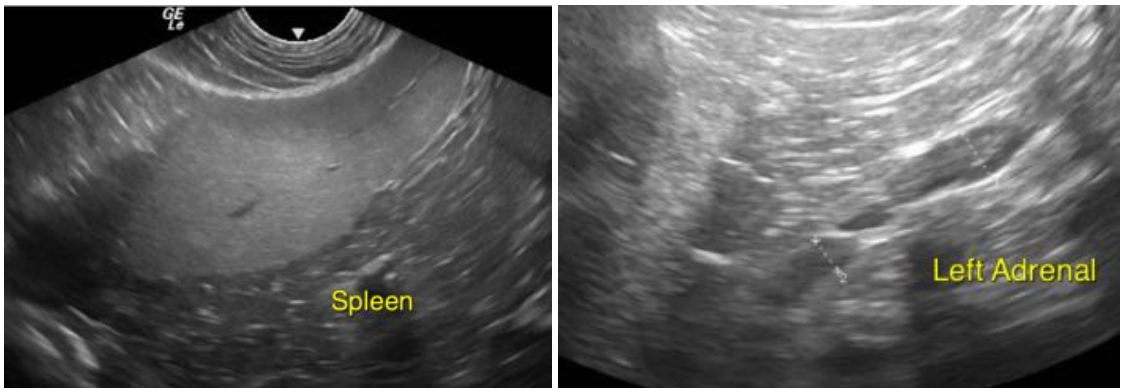
The right adrenal gland was enlarged, which could be from chronic physiologic stress, or adrenal gland hyperplasia with emerging hyperadrenocorticism which is also a consideration for the reported PUPD and proteinuria (as well as a cause of the gall bladder sludge). If there are other indications or suggestions of hyperadrenocorticism then testing should be considered.







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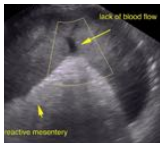
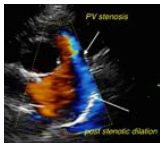
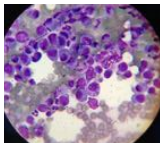
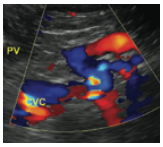

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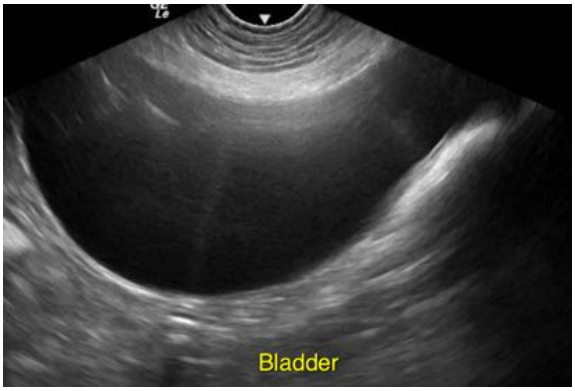

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)
info@SonoPath.com