



**PATIENT**                      **PRESENTING CLINICAL SIGNS**

Sophie Probert

History: Patient presents for abdominal ultrasound to assess kidneys and to rule out other causes for intermittent decrease in appetite and drooling. PMH: 2012 "end stage kidney" on left, right kidney dilated pelvis. Current meds: Azodyl, Galliprant, Gabapentin, Fatty Acid, Cranberry RX. History of abnormally shaped left kidney 2012.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: BUN normal at: 26, creat. normal at: 1.3, SDMA normal at: 11.7. AST 14, Potassium 6.0, Na/K ratio 25, amylase 1130, CPK 47, platelet count 494. T-4/FreeT-4: WNL. U/A: pH 7.5, protein 3+, bili 1+, urine culture (neg.)

**BREED**

Labrador Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed female

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 volume of urine.

**AGE**

14 ½ years

The left kidney is small in size and measures 2.6 cm. It is extremely misshapen and in certain fields is difficult to recognize as a kidney. This is consistent with multiple, prior renal infarcts. There is no corticomedullary distinction it is difficult to recognize normal parenchyma. There is no evidence of pyelectasia, nephroliths or hydroureter.

**WEIGHT**

63 lbs

The right kidney is normal in size and measures 6.1 cm. The contour of the kidney is mildly irregular. This is consistent with prior renal infarcts. There is mildly decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths or hydroureter.

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**Adrenal Glands**

The left adrenal gland is mildly enlarged in size at (cranial pole 0.86 cm, caudal pole 0.82 cm). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

**IMAGING PERFORMED BY**

Kelly Vazquez

The right adrenal gland is normal in size at 0.61 cm at the cranial pole and caudal pole measures 0.59 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

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**Spleen**

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

**REFERRING VET**

Dr. Mazzola

**Liver**

**INVOICE**

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The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. 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.

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The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. There is a moderate amount of dependent, hyperechoic sludge and in certain video loops it appears to shadow, but



**PATIENT**

it was difficult to visualize definitively on the sonographic exam. The cystic and common bile ducts are normal/not visible.

Sophie Probert

**SPECIES**

**Gastrointestinal Tract**

Canine

The gastric lumen is empty. The stomach wall is of normal wall thickness (0.45 cm) 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.

**BREED**

Labrador Retriever

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 are 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.

**SEX**

Spayed female

(For Cats: The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness)

**AGE**

14 ½ years

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

**WEIGHT**

63 lbs

**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.

**INTERPRETED BY**

**Peritoneum**

Jessica Midence, DVM,  
DACVIM (SAIM)

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

**IMAGING PERFORMED BY**

**ULTRASONOGRAPHIC FINDINGS**

Kelly Vazquez

**Primary Findings**

**HOSPITAL NAME**

End stage left kidney with chronic degenerative changes to the right.

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**Secondary Findings**

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Gallbladder sludge versus cholelithiasis.

Dr. Mazzola

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The appearance of the left kidney is consistent with end stage renal disease as it is very small, misshapen and there is normal parenchymal tissue to recognize. The right kidney has some signs of chronic degeneration, but they are mild and there is still some corticomedullary definition. While the right kidney measures appropriately sized, compensatory hypertrophy of this kidney would have been expected, but it is not seen. Given that the renal values are normal uremia would not be suspected.

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However, there is significant proteinuria reported so urine protein to creatinine ratio and blood pressure are recommended as significant proteinuria can contribute to poor appetite. Within the gallbladder there is a moderate amount of hyperechoic dependent sludge. There are certain images that give the impression that the sludge is shadowing and the debris was quite hyperechoic, which raises concern for cholelithiasis. Consider radiographs to evaluate for mineralization that is consistent with stones. Otherwise, Ursodiol therapy can be considered if not contraindicated in this patient.

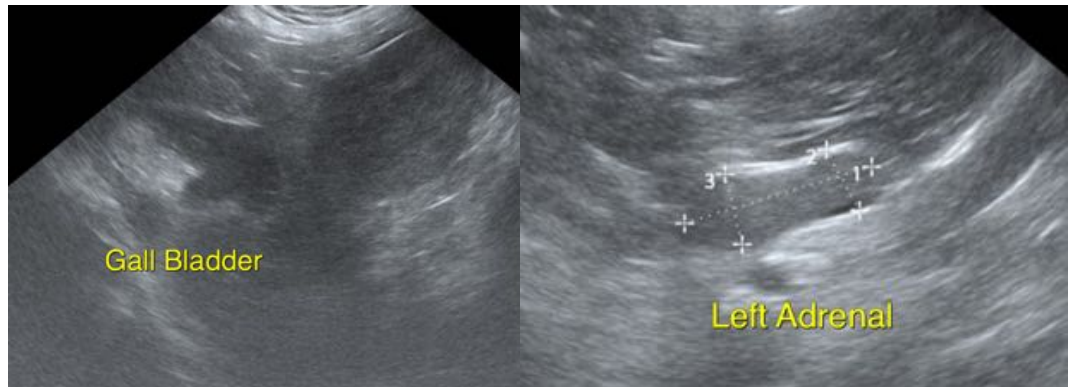
**BREED**

Labrador Retriever

The left adrenal gland is plump, but maintains normal shape. This could be from chronic physiologic stress variation of normal or emerging adrenal glands.

**SEX**

Spayed female

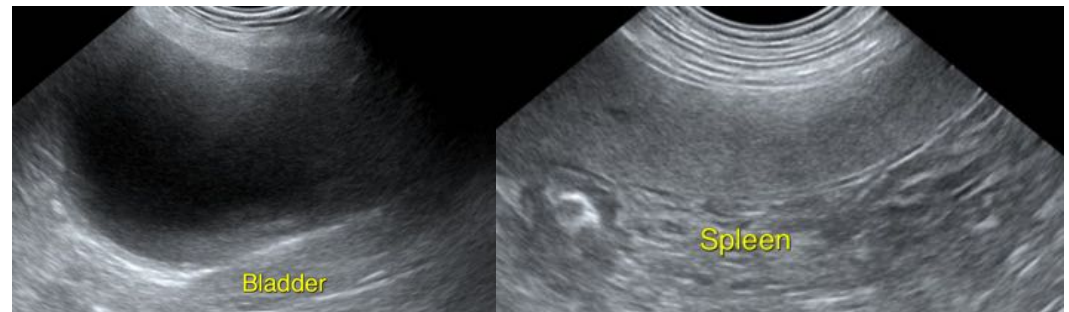


**AGE**

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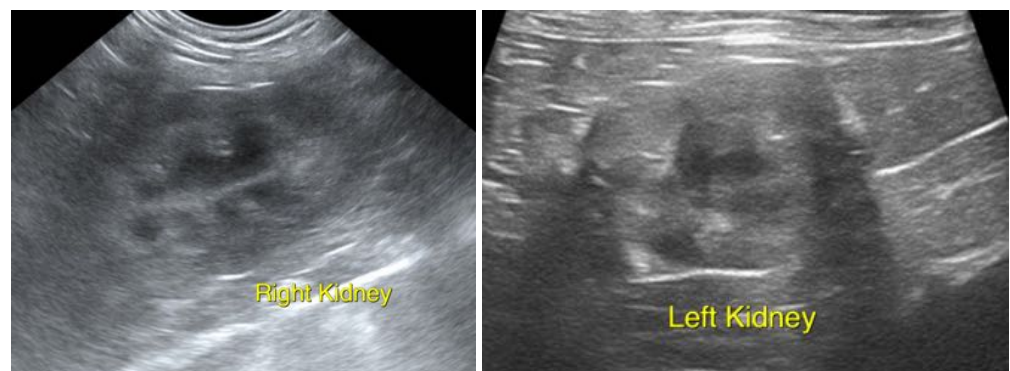
**WEIGHT**

63 lbs



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**HOSPITAL NAME**

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Dr. Mazzola

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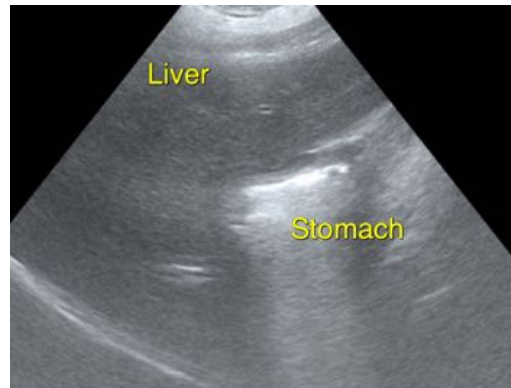
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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