

**DATE**

1/20/22

**PRESENTING CLINICAL SIGNS**

History: Chronic renal elevations.

Current Medications: RC Renal diet.

Lab Results: 8/8/21 - SDMA 18 [0-14], UA - unremarkable, USG &gt;1.050, Crea 2.0 [0.5-1.8]. 10/4/21- SDMA

20 [0-14], Renal panel - WNL. 1/11/22- SDMA 20 [0-14] Renal panel - WNL.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Torbugesic.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**PATIENT**

Mia Hicks

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

**AGE**

9/28/18

**WEIGHT**

70.4 lbs

**INTERPRETED BY**

Kathleen Sennello  
DVM, MS, Diplomate  
ACVIM (Small Animal  
Internal Medicine)

**HOSPITAL NAME**

Banfield Pet Hospital  
of White Marsh

**REFERRING VET**

Dr. Gutwillig

**INVOICE**

95429

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (7.16 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

A definitive right kidney was not visualized. Extensive intracostal views reveal the suggestion of a right kidney, but this was difficult to clearly identify.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.57 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.58 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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. The duodenum measured as normal and the jejunum measured as normal (0.29 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 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.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS:**

- Subjectively mildly reduced corticomedullary distinction in the left kidney. The significance of this is unclear as the changes are very mild.

### **SECONDARY FINDINGS:**

- Questionable right kidney. The right kidney was not able to be clearly identified suggesting it could be either intracostal and very difficult to visualize or small and atypical. Correlate findings with abdominal radiographs.

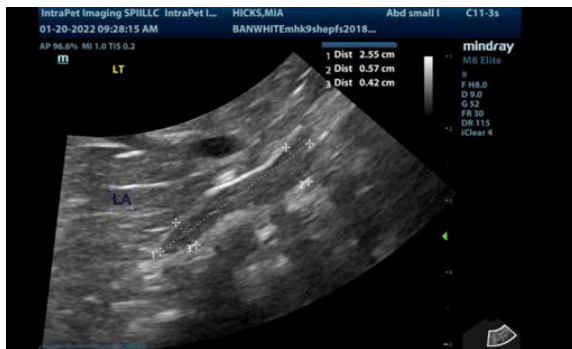
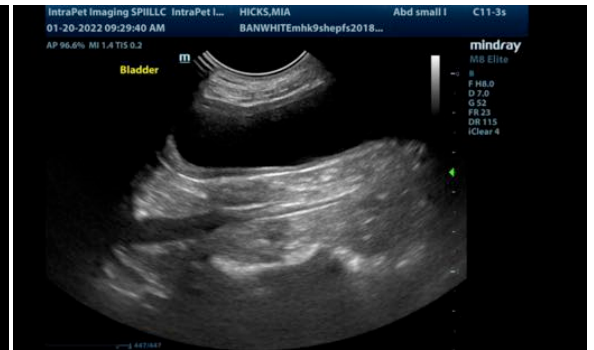
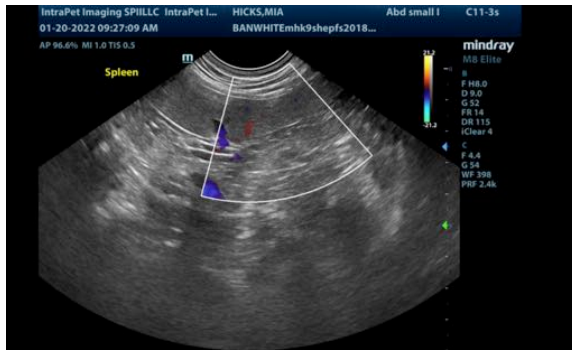
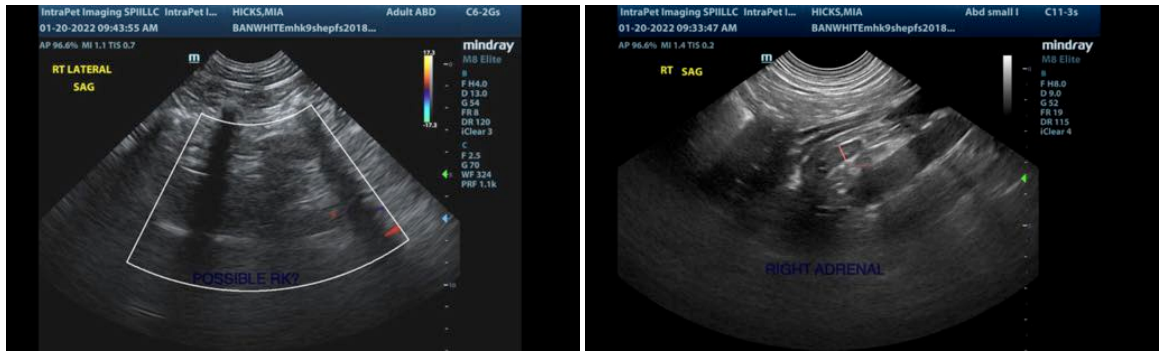
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant lesions were visualized on today's scan. Subjectively the left kidney's corticomedullary distinction seems reduced for such a young dog. Additionally I was unable to clearly see the right kidney. This could be due to its intracostal location or it could be small, atypical, etc. Correlate with abdominal radiographs. A contrast CT could definitively answer this question.

- Recommend pairing urine specific gravity with renal values to better understand what is going.
- Recommend screening for Addison's disease
- Recommend urinalysis and culture
- Recommend Leptospirosis testing
- Consider blood pressure evaluation
- Consider urine protein to creatinine ratio

The above testing will hopefully help to give a clearer picture of the status of the urinary tract and any

therapies that may be implemented. Otherwise, this could be a case of renal dysplasia, etc.



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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