

**DATE**

12/16/22

**PRESENTING CLINICAL SIGNS**

Routine lab work for NSAID monitoring on 11/14/22 showed elevated renal values. Belle also has and elevated UPC. Treated with renal support diet, welactin, and benazapril. At recheck renal values were worse. Current Medications: Galliprant 100mg QD 9/30/21 to 11/14/22 – Discontinued, Gabapentin 300mg BID 9/30/21 – Current, Welactin 11/14/22 – Current, Benazapril - 20mg BID - 11/14/22 – Current, Phos-Bind - 2000mg/ meal BID - 12/7/22 - Current

**PATIENT**

Belle Eckert

Lab Results: Creatinine 2.6 mg/dL, BUN 43 mg/dL, Phosphorus 6.8 mg/dL, Urine Protein Creatinine Ratio 8.4  
Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED**

Labrador

**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.

**SEX**

Spayed female

The left kidney has a normal shape and size (7.2 cm). Overall echogenicity is normal with adequate 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.

**AGE**

10/10/15

**WEIGHT**

99 lbs

The right kidney has a normal shape and size (7.82 cm). Overall echogenicity is normal with adequate 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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.91 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.

**HOSPITAL NAME**

Hickory VH

The right adrenal gland is normal in size measuring 0.79 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.

**REFERRING VET**

Dr. Sllcox

**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.

**INVOICE**

43184

**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. There is a small, hypoechoic nodule visualized in the periphery of the left sided liver measuring 1.1 cm. 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 is moderately dilated with fluid and irregular shadowing material most consistent with shadowing ingesta and gas. 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 layering 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 (0.47 in wall thickness) and the jejunum measured as normal (0.33). 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.

There is an anechoic cystic structure visualized medial to the spleen in the mid to cranial abdomen measuring 1.9 cm in diameter. This may be consistent with an omental cyst.

### ***Heart***

A brief view of the heart was submitted. No pericardial effusion was seen.

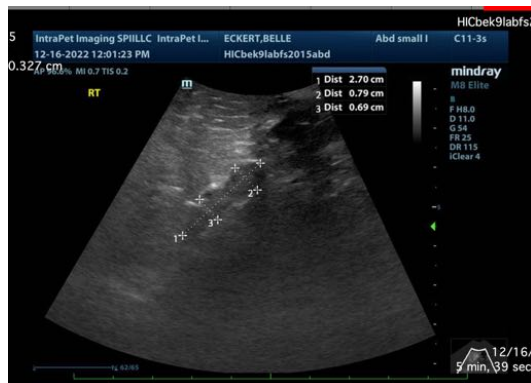
## **ULTRASONOGRAPHIC FINDINGS**

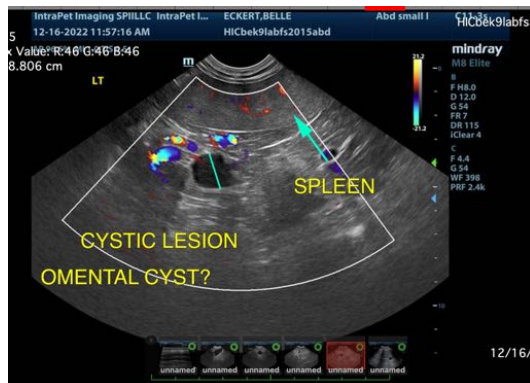
- Small, hypoechoic liver nodule. This is a subtle nodule and the appearance trends towards a benign lesion.
- Mild to moderate fluid/gastric ingesta. Correlate with feeding history if the patient was adequately fasted. Consider the possibility of delayed gastric emptying or ingested foreign material.
- Hypoechoic/cystic structure in the cranial to midabdomen. I suspect this is a benign omental cyst or may be related with the pancreas?

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

There are no focal lesions visualized associated with the kidneys to explain the azotemia reported. Although there are many types of renal changes that do not cause significant ultrasonographic lesions. I recommend blood pressure measurements, urinalysis and culture to look for any complicating factors. No masses or stones were visualized.

There is a small, hypochoic nodule visualized in the liver. I recommend monitoring. Additionally, there was a hypochoic, somewhat cystic appearing structure in the mid to cranial abdomen. This is most consistent with a benign omental cyst. I recommend to continue monitoring. Association with the pancreas cannot be ruled out.





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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