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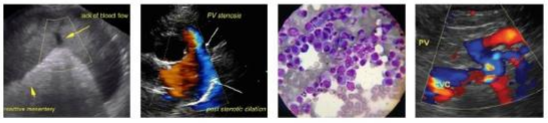

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Dudley Parker

SPECIES

Canine

BREED

Jack Russell Terrier Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

23.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Shane Sheets

INVOICE

13110

DATE

12/17/21

PRESENTING CLINICAL SIGNS

History: Referring veterinarian: Shane Sheets, DVM Patient's Name: Dudley Owner's first and last name: Ondine Parker Species: Canine Gender(altered?) N Age: 10Y Weight in #: 23.7 Breed: Jack Russell Terrier Mix History: Recent onset of reported PU/PD. Physical exam findings: Unremarkable P/e. Abnormal CBC values: Unremarkable. Abnormal Chemistry Values: Progessive elevation in ALP (644) (ALT, AST and GGT WNL). Mild elevation in Cholestrol. Elevated BUN @ 50 but CRE WNL (1.2). Abnormal UA Values: Isosthenruia @ 1.012. 3+ proteinuria with a elevated protein:CRE ratio of 6.0. Very mild elevation in urine cortisol: CRE ratio of 35. Radiograph Findings(email radiographs if available): Not performed. Reason for Ultrasound: Work up of PU/PD as well as progressive elevation in ALP, proteinuria and other findings.

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 prostate is normal in size (1.0 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.6 cm). Overall echogenicity is significantly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Pyelectasia is present (0.4 cm). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.0 cm). Overall echogenicity is hyperechoic with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Pyelectasia is present (0.34 cm). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.75 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 0.54 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 The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an irregular hypoechoic intraparenchymal lesion visualized in the caudal portion of the spleen which consists of two connected irregular masses/nodules, the first measuring approximately 1.17 cm x 2.09 cm, the second measuring 1.5 cm x 1.6 cm. Additionally, there is a very small hypoechoic focal lesion, measuring 0.26 cm.

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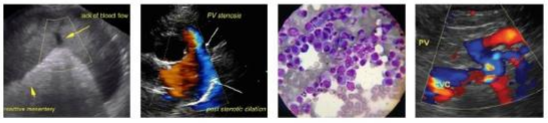

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Liver

The liver is subjectively large in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined subtle hypoechoic nodule visualized within the liver, measuring 2.51 cm x 1.75 cm. There is a similar lesion additionally, measuring 2.55 cm x 3.14 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder 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 <0.7 cm 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 (0.29 cm) and the jejunum measured as normal (0.25 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

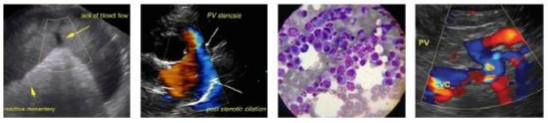
Free Abdomen

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

- Bilaterally hyperechoic kidneys with decreased corticomedullary distinction and pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left and right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Large hypoechoic intraparenchymal splenic lesions. Possible differentials include benign lesions, such as lymphoid hyperplasia, hematoma, etc. Neoplastic causes are also possible, such as hemangiosarcoma, round cell neoplasia, etc.



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- Hypoechoic prominent pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large heterogeneous liver with ill-defined hypoechoic nodules. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The appearance of these nodules trend towards a benign lesion but an underlying neoplasia cannot be excluded as a differential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal changes observed are consistent with chronic progressive renal disease. The pyelectasia could be consistent with previous or current pyelonephritis, as no obstructive process is visualized.

- Recommend blood pressure evaluation
- Recommend urine culture and urinalysis
- Per the history, this patient is significantly proteinuric. I recommend treatment for idiopathic glomerulonephritis
- Recommend screening for other disease processes contributing to the proteinuria, such as vector borne diseases.
- Recommend three-view thoracic radiographs, etc.

There are hypoechoic lesions within the splenic parenchyma. These lesions are prominent but do not distort the splenic capsule. A benign or neoplastic process is equally possible. Options moving forward include either splenectomy for therapeutic and diagnostic purposes or fine needle aspirate of the hypoechoic regions of the spleen and close continued monitoring.

The liver is large and heterogeneous with some ill-defined hypoechoic nodules. These lesions appear somewhat benign, but sampling would be necessary to know for sure. Considering the symptoms, breed, etc., early Cushing's disease could very well be likely. The adrenal glands are not prominent, but this is not always the case with Cushing's disease.

- Recommend liver function testing
- Consider fine needle aspirate of the liver
- If clinically appropriate, consider adrenal function testing (likely ACTH stimulation test as this patient has other concurrent illnesses).

The PU/PD reported could certainly be secondary to the renal disease. It is questionable if there is current Cushing's present.

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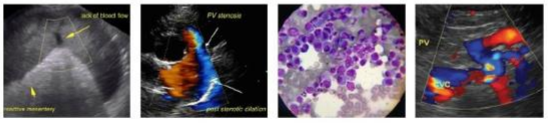

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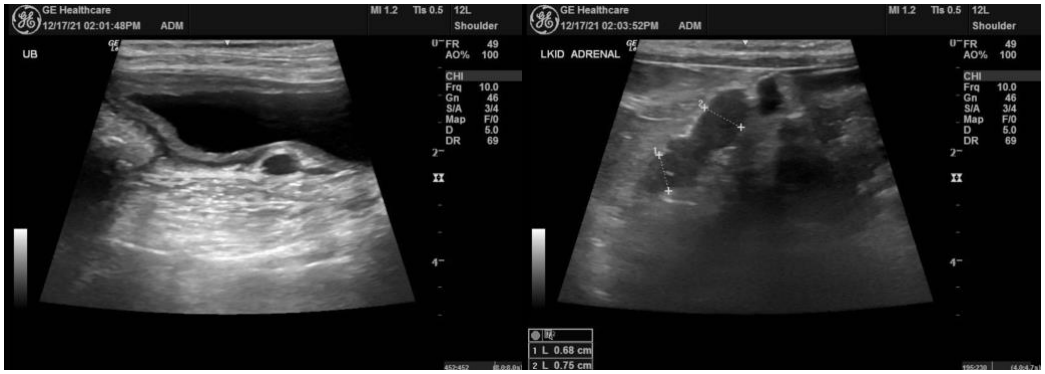

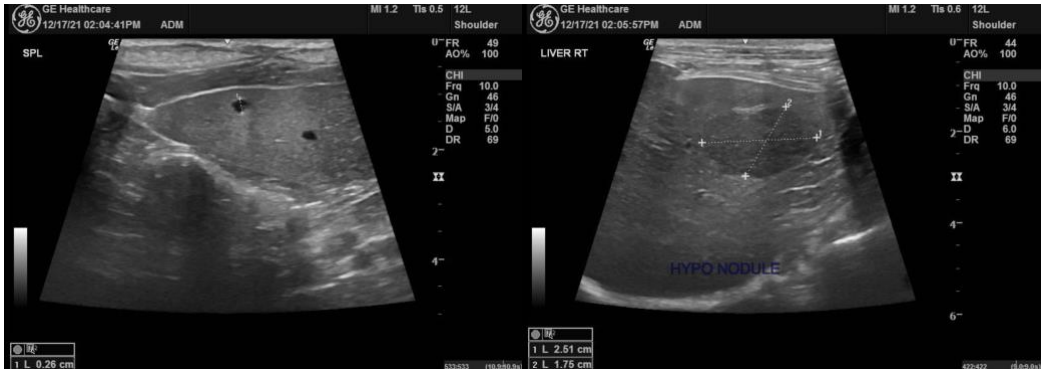

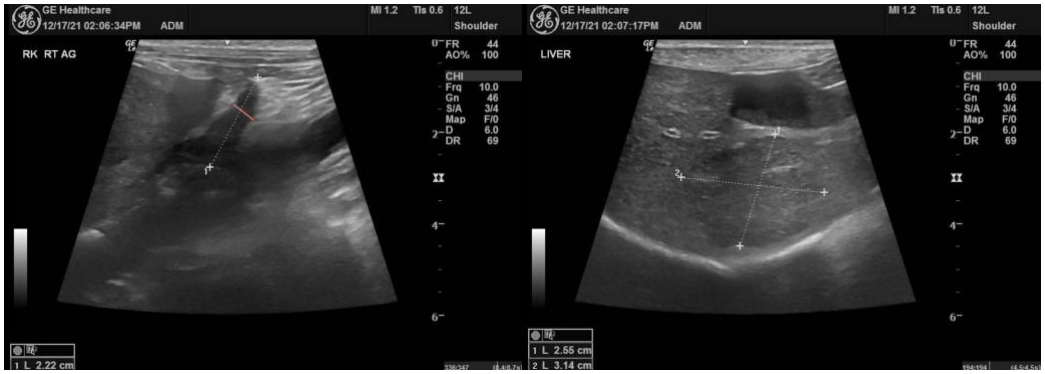

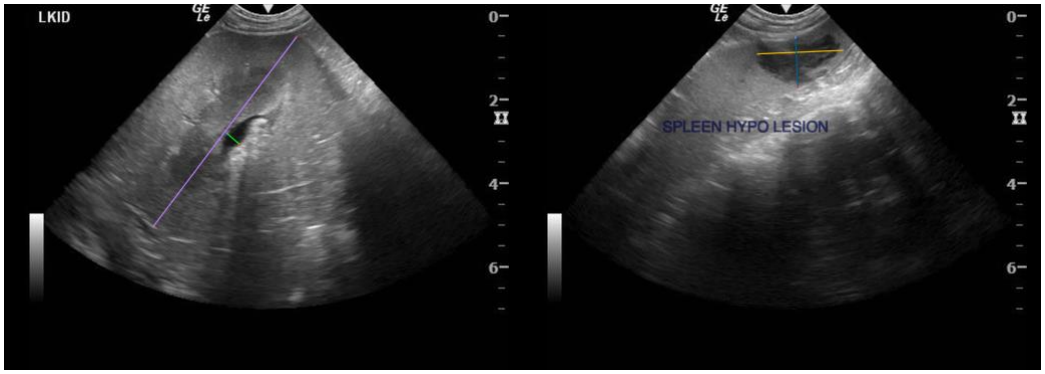

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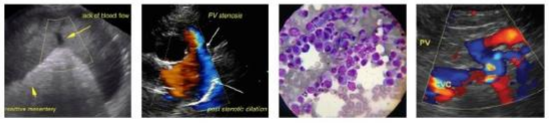

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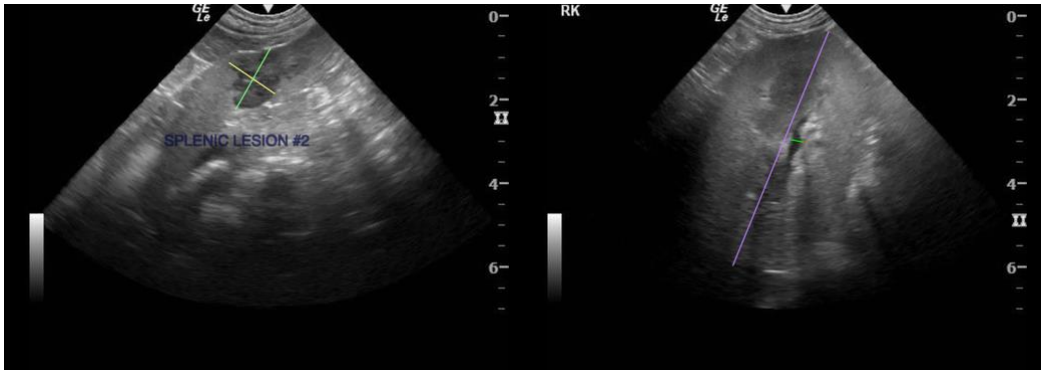

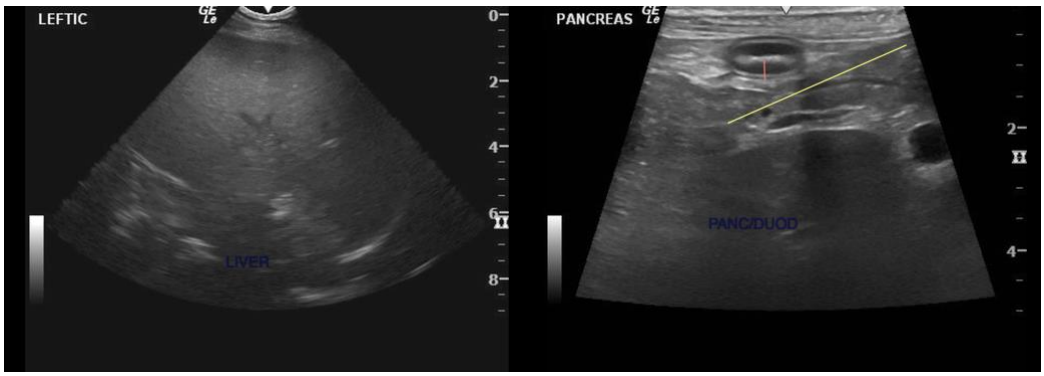

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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