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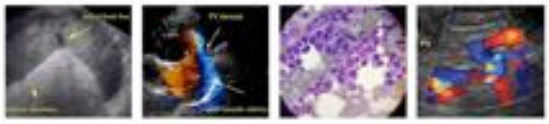

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Roxy Konanylchin

SPECIES

Canine

BREED

Saint Bernard

SEX

Intact Female

AGE

1 year

WEIGHT

110 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Incline VH

REFERRING VET

Dr. Moger

INVOICE

96066

DATE

2/14/22

PRESENTING CLINICAL SIGNS

Routine pre-anesthetic BW ran 1/25/22 for OVH - SDMA 22 (0-14), Creat 1.7 (0.5-1.5) UA ran few days later USG 1.032, no protein, mild inflammatory sediment (WBCs 3-8/HPF) Started on Amoxi/ Clav acid 937.5mg BID x 14 days Abd US recommended to R/O renal dysplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears mildly prominent and subtly irregular along the mucosal border. The area of the trigone, ureteral papillae and proximal urethra (to a depth of 2cm) appear normal and free of any evidence of mass effects or calculi. The findings are most consistent with either bacterial cystitis or lack of urine distension.

The left kidney has a normal shape and size (6.88 cm). Overall echogenicity is relatively normal with good margination and mild variability in echogenicity of the cortex. Findings could be consistent with mild dysplasia. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.91 cm). Overall echogenicity is relatively normal with good margination and mild variability in echogenicity of the cortex. Findings could be consistent with mild dysplasia. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 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 0.62 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/borderline small 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.

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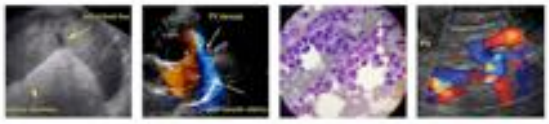

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Gastrointestinal

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

Occasional mesenteric lymph nodes appear prominent. The largest measured 0.74 cm in width. The omentum has normal echogenicity.

Other

The left and right ovaries are visualized and appear within normal limits (left ovary measures 1.72 cm, right ovary measures 1.51 cm).

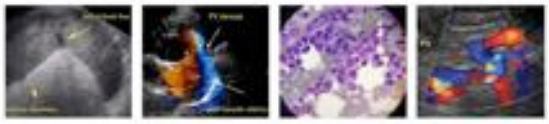
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Mildly irregular urinary bladder mucosa. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Mild variability in cortical echogenicity- significance of these changes is unclear. Could be consistent with mild dysplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys appear relative normal in size and shape. They are not shrunken or missing as you may expect for agenesis. Unfortunately dysplastic changes can vary significantly in their appearance and



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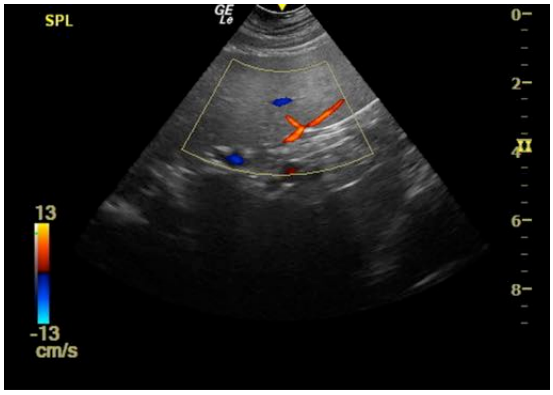
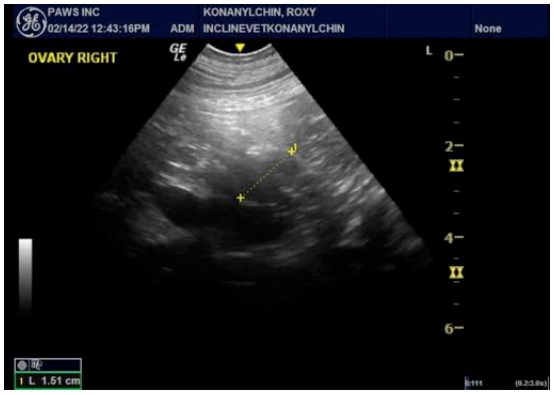
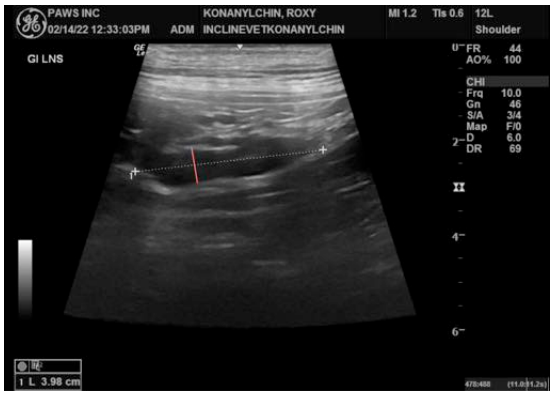
some appear somewhat normal. A biopsy would be necessary to obtain this diagnosis and this is seldom done pre-mortem due to the risk involved (and a lack of treatment options). I would consider trying to rule out all possible confounding factors and following renal function and ultrasound appearance of the kidneys over time.

- Consider blood pressure evaluation
- Recommend urinalysis and culture (once off antibiotics for 5-7 days)
- Recommend Leptospirosis testing
- Recommend screening for Addison's disease

Although the parenchyma appears fairly normal the liver was subjectively small. Correlate this with abdominal radiographs as this will provide a more accurate determination of liver size in a deeper chested dog. If there is any indication of abnormal liver function or a small liver you can consider a liver function test.







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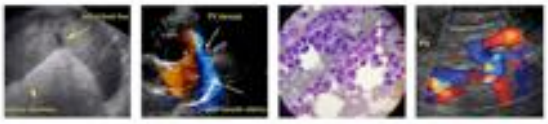

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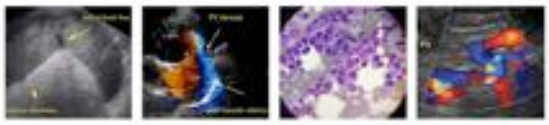

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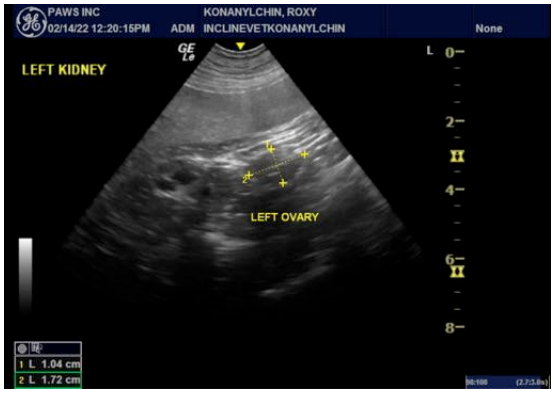

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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