

PATIENT

Georgia Brooks

PRESENTING CLINICAL SIGNS

Elevated kidney values.
Abnormal PE/Chem/CBC/UA Results: BUN 73, CREAT 3.4 SDMA 25.7. LYME AND LEPTO NEG

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Goldendoodle

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 is normal in size (4.3cm) but irregular in shape, with pyelectasia at 0.40cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

54 yrs

The right kidney has a normal shape and size (4.39cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

56

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45cm 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 is visualized.

INTERPRETED BY

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

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

IMAGING PERFORMED BY

JK

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.

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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.

REFERRING VET

Dr. Martens

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

INVOICE

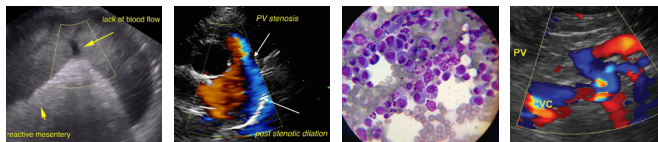
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The stomach is moderately dilated with fluid. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

DATE

2/8/2023

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 jejunum measured as normal



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(0.22cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

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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.

BREED

Goldendoodle

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.

SEX

Spayed Female

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

AGE

54 yrs

- Decreased corticomedullary distinction in both kidneys with an irregular dysplastic appearing left kidney and unilateral pyelectasia - Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. The left kidney appears somewhat dysplastic. The right kidney appears more normal but is hyperechoic and abnormal.

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- Moderate fluid distention of the stomach - Findings are most consistent with lack of appropriate fasting. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or a partial pyloric outflow tract obstruction (none observed).

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney appears irregular in shape with decreased corticomedullary distinction and pyelectasia. This is consistent with mildly dysplastic kidney. Additionally, the right kidney is hyperechoic with mildly reduced corticomedullary distinction and appropriate for the age of this pet. These findings would be most consistent with renal dysplasia or previous renal injury.

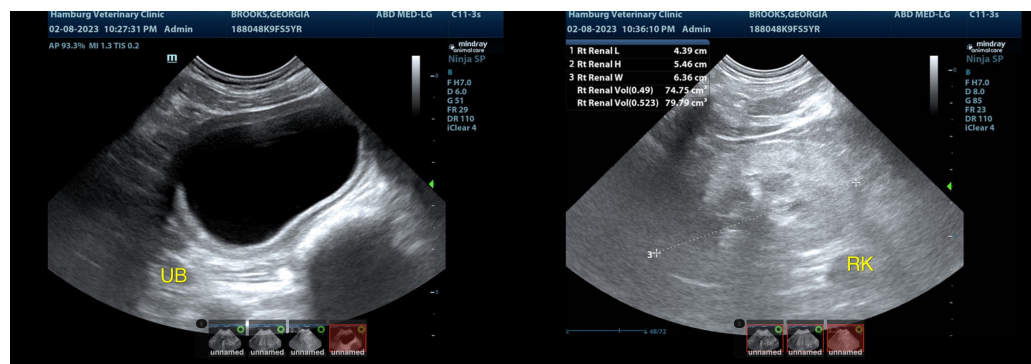
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JK

Both kidneys appear abnormal on today's scan with the left kidney being more irregular and having pyelectasia. Recommended blood pressure, urinalysis, and culture as well as a urine protein to creatinine ratio. Findings are suggestive of previous renal injury.

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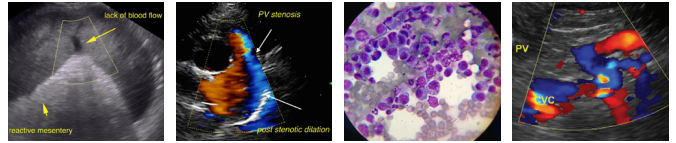
Dr. Martens

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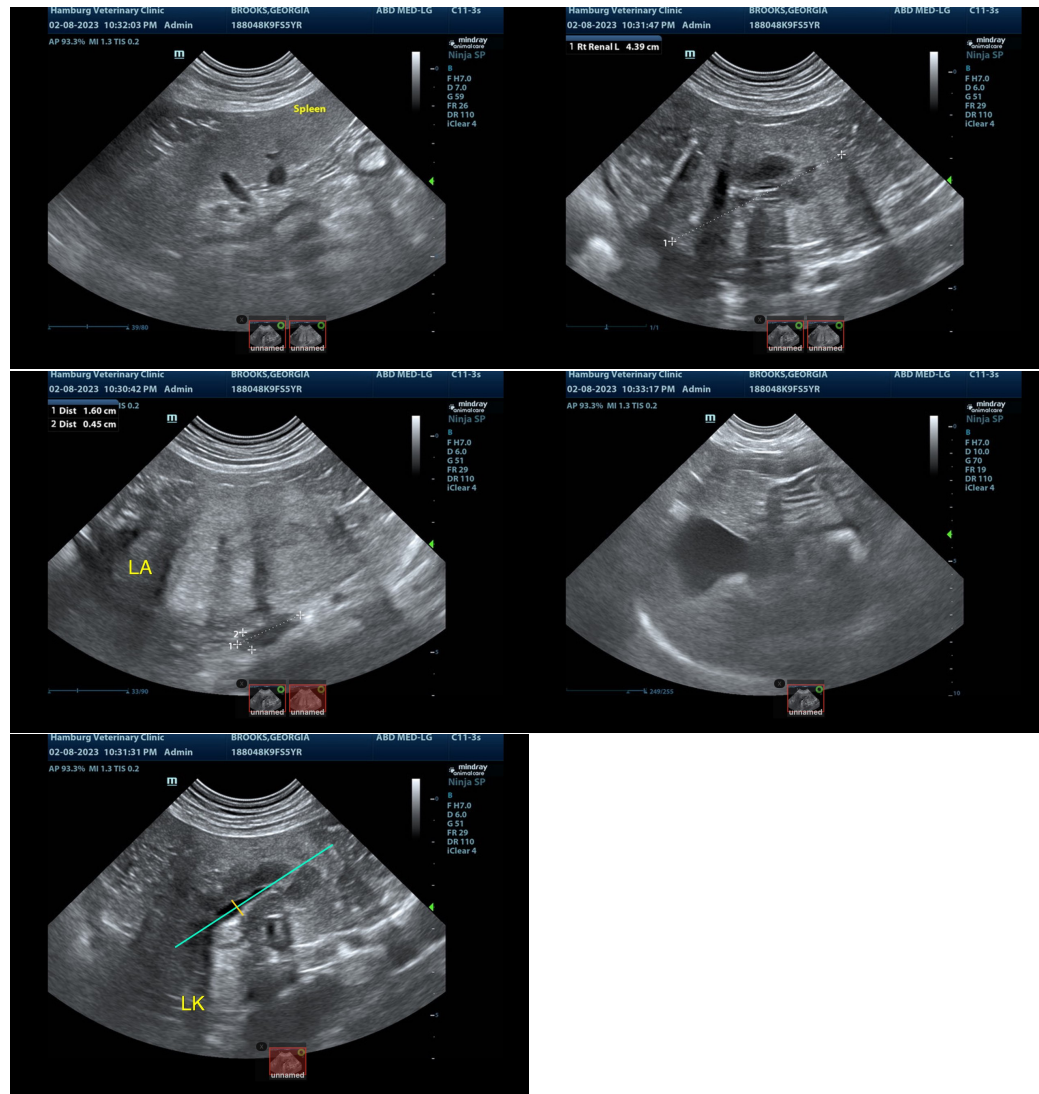
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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