

**PATIENT PRESENTING CLINICAL SIGNS**

Everett Ellis AUS to examine kidneys. CBC - WNL Chem - ALT 124 (r/o shock, chronic active hepatitis, other); BUN 62; Creat 4.1 (r/o AKI, CKD, renal dysplasia, other) Patient has free access to outside unsupervised.

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Male Intact

**AGE**

3y3m

**WEIGHT**

38 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Pine Creek Veterinary  
Clinic

**REFERRING VET**

Dr Dayna Mills DVM

**INVOICE**

10064

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**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 large in size (3.61cm in the sagittal view) but has a regular shape with smooth external margins. The parenchyma is hyperechoic and heterogenous, but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.33cm). 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.97cm) with mild pyelectasia measuring 0.29cm. 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.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.49cm 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.

The right adrenal gland is normal in size measuring 0.46cm 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 is visualized.

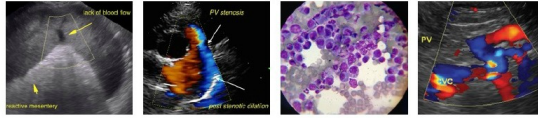
**Spleen**

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 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.



**PATIENT** *Gastrointestinal*

Everett Ellis 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.

**SPECIES**

Canine

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.)

**BREED**

Border Collie

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

**SEX**

Male Intact

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.

**AGE**

3y3m

*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.

**WEIGHT**

38 Pounds

*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.

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**ULTRASONOGRAPHIC FINDINGS**

- Large hyperechoic prostate - Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Bilaterally hyperechoic kidneys with decreased corticomedullary distinction and right sided mild pyelectasia. Possible differentials could include glomerulonephritis, interstitial nephritis, amyloid, pyelonephritis, some toxin exposures, etc. Recommend a urinalysis and culture based on the mild right sided pyelectasia visualized.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

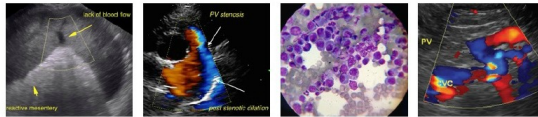
Both kidneys appear hyperechoic with significantly reduced corticomedullary distinction. These changes are likely consistent with chronic progressive renal disease/ damage, which could be associated with congenital disease or acquired secondary to infections, inflammations, toxicities, etc. Recommend screening for leptospirosis. Additionally, consider a blood pressure, urinalysis, and culture. If hypertension is present or evidence of significant proteinuria, recommend medical management for these issues. Additionally, I would consider a baseline cortisol. Although, Addison's is very unlikely, it is an important disease to rule out in this situation. Depending on the presentation of this patient, there could be chronic disease with an acute exacerbation, in which case supportive care could be helpful. If it's truly chronic progressive disease, then response to therapy may be limited. If evidence of inflammation or infection is present, consider the possibility of prostatitis as a compounding factor and consider neutering once the patient is stabilized and evidence of active infection is gone.

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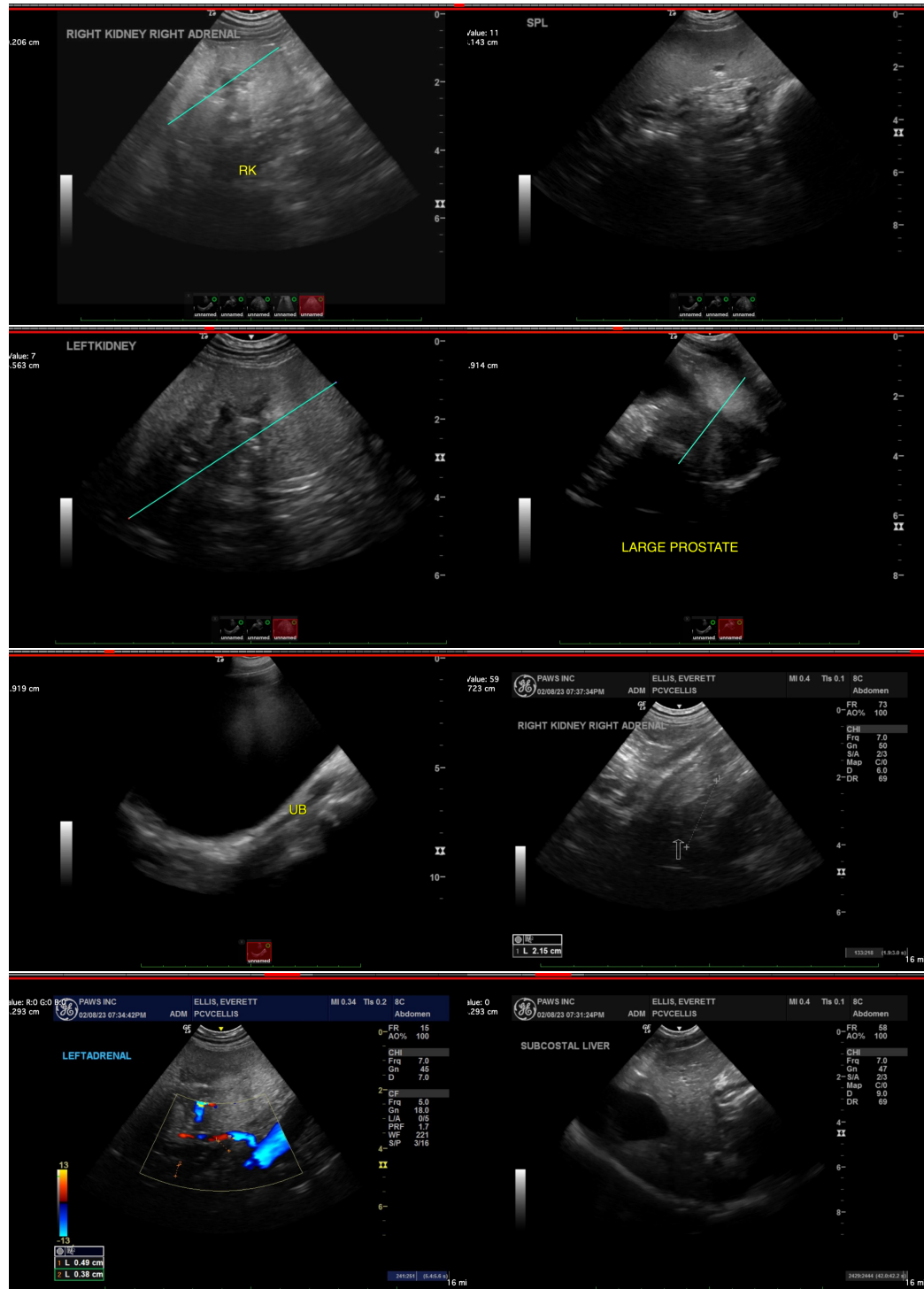
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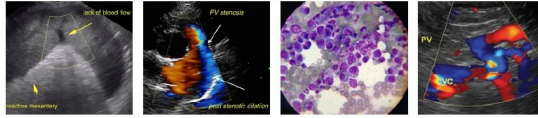
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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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