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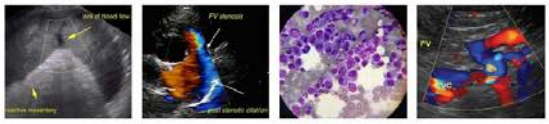

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Maggie Humphrey

SPECIES

Canine

BREED

Bloodhound

SEX

Spayed Female

AGE

1 Year 9 Months

WEIGHT

40 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

LuxPetVet

REFERRING VET

Dr. Kristin Kee

INVOICE

46130

DATE

3/22/23

PRESENTING CLINICAL SIGNS

Preoperative blood work for dentistry revealed azotemia. Further work-up pursued revealed bacterial cystitis and isosthenuria. Patient just finished short course of antibiotic for bacterial cystitis and recheck urinalysis and culture submitted (awaiting results). No abnormal urination habits now or ever before. No previous history urinary related. EDUD appropriately and no C/S/V/D reported. Previous blood work performed 7/2021 at ER clinic prior to sedation for further workup after dog bite wounds to face was all WNL. Aside from bilateral entropion and unilateral third eyelid gland prolapse, remainder of PE WNL.

Abnormal PE/Chem/CBC/UA Results: 3/1/23: BUN 46mg/dL (7-25), CREA 1.7mg/dL (0.3-1.4), USG 1.014, UPC 0.3, pyuria, hematuria, bacteriuria (3+ rods, Klebsiella). ***BP 148mmHg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.34 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The left kidney is hyperechoic and irregular with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. The left kidney measured 7.12 cm. Pyelectasia noted at 0.50 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is hyperechoic and irregular with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Pyelectasia noted at 0.36 cm. 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 0.46 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 0.50 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.

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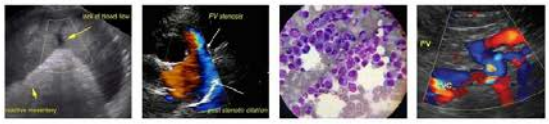

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Liver

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.

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

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. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.42 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 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

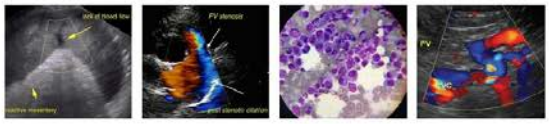
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is an occasional prominent mesenteric lymph node. One such lymph node measures 0.79 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular urinary bladder wall – 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.
- Hyperechoic, irregular kidneys with severely reduced corticomedullary distinction – The abnormal architecture visualized in this young of a dog is most consistent with congenital renal dysplasia +/- pyelonephritis.
- Prominent mesenteric lymph node – This is likely incidental in a young dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are most consistent with congenital renal dysplasia. Your workup and evaluation were very appropriate. General management will be the same as for a chronic renal failure case, ideally with a renal diet, controlling any present hypertension, infection, etc. Some of these



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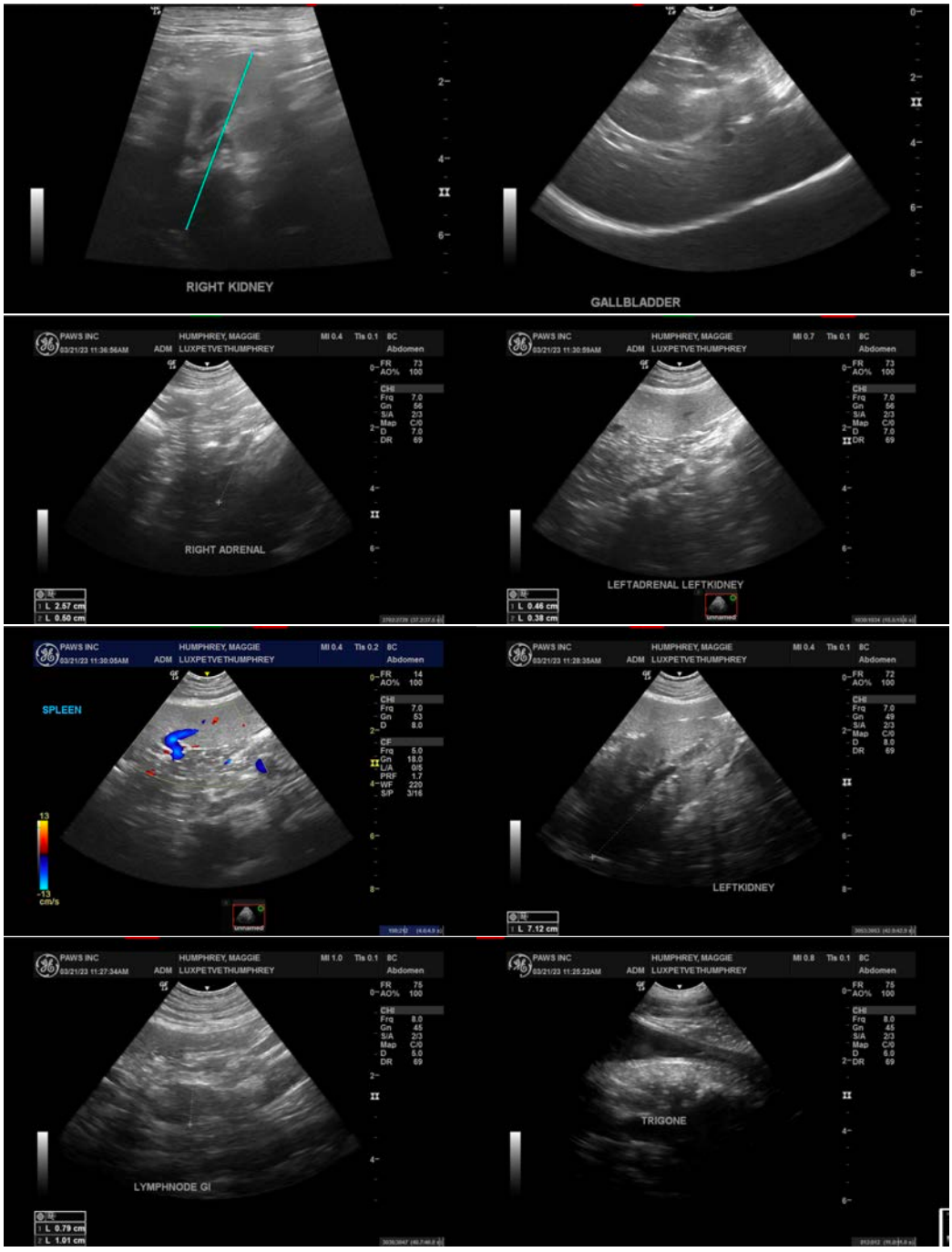
can progress relatively slowly, and many of these dogs have very high tolerances for azotemia. I would also consider a baseline cortisol just on the very odd chance that a cortisol deficiency is also present.



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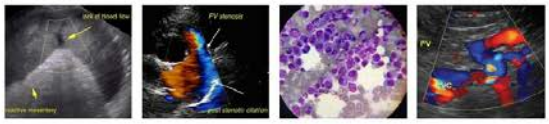

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com