



PATIENT

Duke Scherer

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

76 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Kingston Animal
Hospital

REFERRING VET

Dr. Turner

INVOICE

74131

DATE

4/1/26

PRESENTING CLINICAL SIGNS

Increased kidney enzymes, anemia, poss pyelonephritis

Current meds: Gabapentin, Tramadol, did Amoxi/ Baytril

Abnormal PE/Chem/CBC/UA Results: HCT 37, Neuts 11K, SDMA 15, Creat 1.9, BUN 76 U/A: suspect rods/ cocci

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 (1.63 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 (6.46 cm) with mild pyelectasia at 0.25 cm. 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.

The right kidney has a normal shape and size (6.32 cm). 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 cm at the cranial pole and 0.45 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 large and irregular in shape, measuring 1.2 cm at the cranial pole and 0.51 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 abnormal in appearance in that there is a poorly defined hyperechoic nodule at the cranial pole measuring approximately 1.28 cm x 1.79 cm (previous measurement 1.24 cm x 1.09 cm). No definitive evidence of vascular invasion visualized.

Spleen

The spleen is subjectively normal in size (2.04 cm), 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible



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portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall is slightly prominent, with intact wall layering, measuring at 0.40 cm (up to 1.0 cm in some areas). 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 0.44 cm. Jejunum wall measures 0.39 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 area of 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

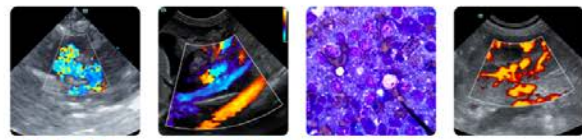
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. The mesentery is mildly hyperechoic around the stomach.

PRIMARY FINDINGS

- Mild age related changes visualized associated with both kidneys and mild left-sided pyelectasia – Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Areas of mildly thickened gastric wall with intact wall layering- The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Hyperechoic nodule at the cranial pole of the right adrenal gland – This appears slightly larger than on the previous exam. The cranial margin is difficult to clearly visualize to rule out any evidence of vascular invasion.

SECONDARY FINDINGS

- Mildly heterogeneous liver – In the absence of liver enzyme elevations this could be consistent with mild remodeling.



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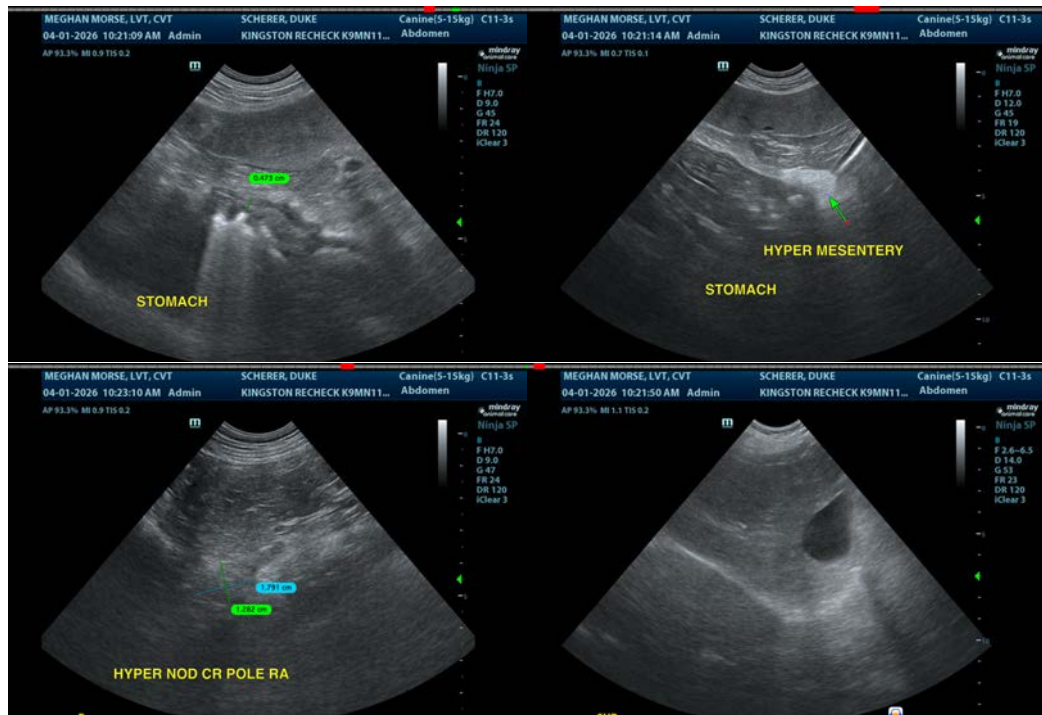
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Generally, both kidneys appear similar to the previous exam with mild age related changes noted and very mild pyelectasia associated with the left kidney. Unfortunately, the ultrasonographic appearance of the kidneys does not always correlate with renal function. Recommend a blood pressure, urinalysis, culture +/- urine protein to creatinine ratio as a baseline, and treatment for pyelonephritis if clinically appropriate.

Overall, there is significantly less inflammation in the abdomen, and there is no free fluid noted on today's exam. Additionally, the severe thickening in the region of the pylorus/gastric wall is not evident on today's exam. The gastric wall is prominent, but wall layering appears intact. There is a scant amount of hyperechoic mesentery around the stomach, possibly consistent with some mild persistent gastritis.

The hyperechoic nodule in the cranial pole of the right adrenal gland appears slightly larger but has not increased in size significantly. The cranial margins are difficult to clearly make out. If surgical intervention would be considered, recommend a contrast CT scan to ensure there is no evidence of vascular invasion. Otherwise, continued monitoring with ultrasound is warranted. If symptoms consistent with Cushing's are present, consider adrenal function testing. If hypertension is present, recommend measuring catecholamine levels, looking for a possible pheochromocytoma.





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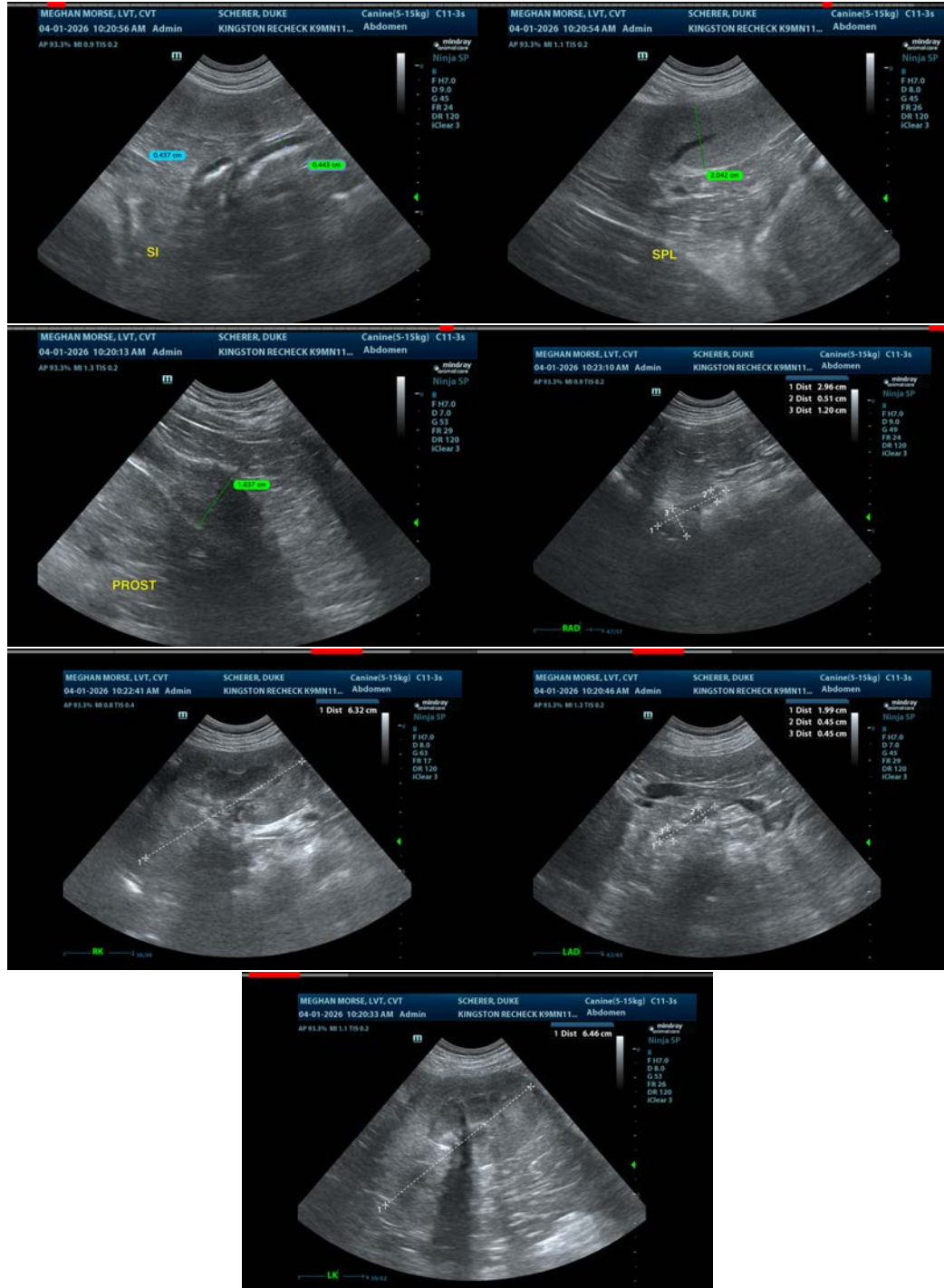
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com