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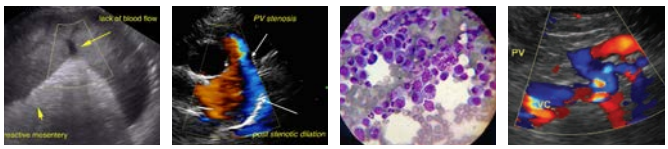

PATIENT

Remy Guevara

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

2 Years 8 Months

WEIGHT

Not Given

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

38925

DATE

6/21/22

PRESENTING CLINICAL SIGNS

Elevated kidney values. Current meds: Trazodone and Gabapentin this am. DT administered for u/s. Abnormal PE/Chem/CBC/UA Results: Creat 1.9, BUN 23, SDMA 21, Hgb 21.4, Hct 56.6, Eos 1985, USG 1.033, Protein 2+, UPC 0.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally to mildly distended with anechoic urine. The Bladder wall appears diffusely thickened and slightly irregular, measuring 0.77 cm. The area of the trigone, ureteral papillae and proximal urethra appear normal with no evidence of a mass effect or calculi. Findings are most consistent with cystitis or lack of urine distention.

The prostate is normal in size (0.94 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 (5.04 cm). It is irregular in shape with small shadowing, non-obstructive nephroliths, and it is hyperechoic in echogenicity with decreased corticomedullary distinction and mild pyelectasia at 0.25 cm. Additionally, there is a small cystic structure measuring 0.56 cm. There is no evidence of perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.06 cm). It is irregular in shape with small shadowing, non-obstructive nephroliths, and it is hyperechoic in echogenicity with decreased corticomedullary distinction and mild pyelectasia at 0.25 cm. There is no evidence of perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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 0.64 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 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

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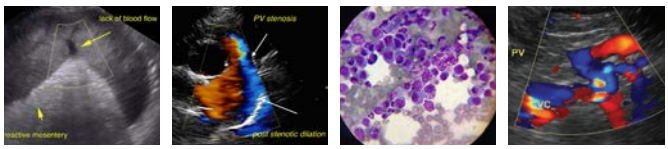

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Gastrointestinal

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. Duodenum wall measured 0.45 cm. Jejunum wall measured 0.31 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, 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

- Irregular hyperechoic kidneys with decreased corticomedullary distinction – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Minimally distended urinary bladder with thickened irregular 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys appear irregular and hyperechoic with decreased corticomedullary distinction. The irregular areas have some shadowing nephroliths/mineralizations and mild pyelectasia. These findings are most consistent with renal dysplasia, although abnormal architecture due to previous injury is possible. Recommend blood pressure evaluation, urinalysis, culture, and urine protein to creatinine ratio. Additionally, consider ruling out Addison's disease with a baseline cortisol or ACTH stimulation test.

The urinary bladder wall and mucosa appear slightly irregular and thickened. This may be due to lack of urine distention, but a urinalysis and culture would help to rule out possible cystitis.

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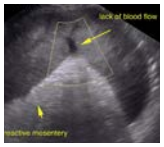
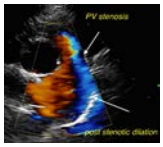
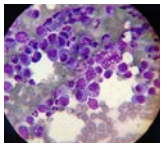
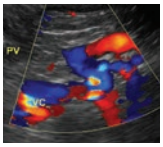

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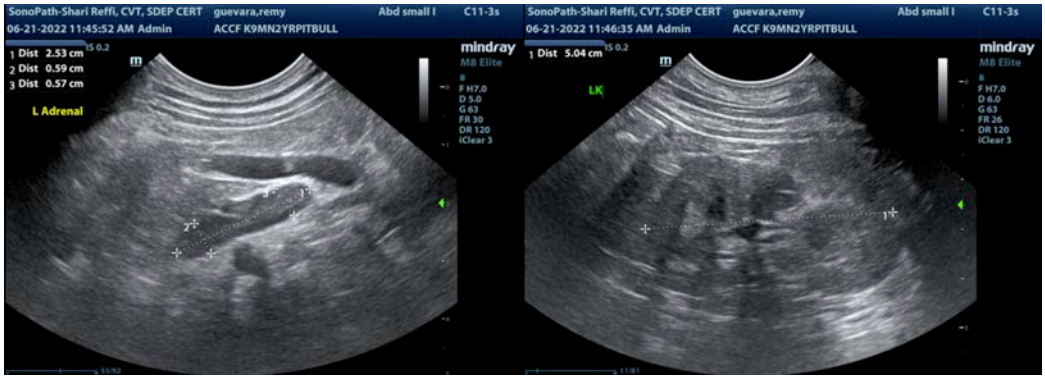

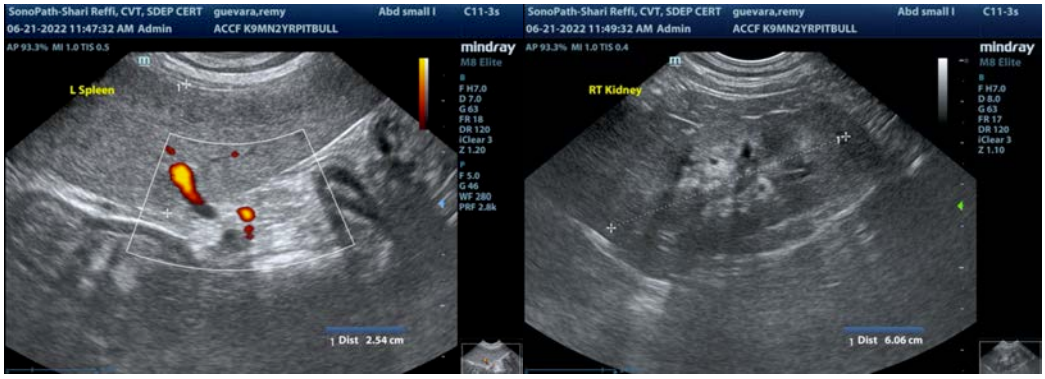

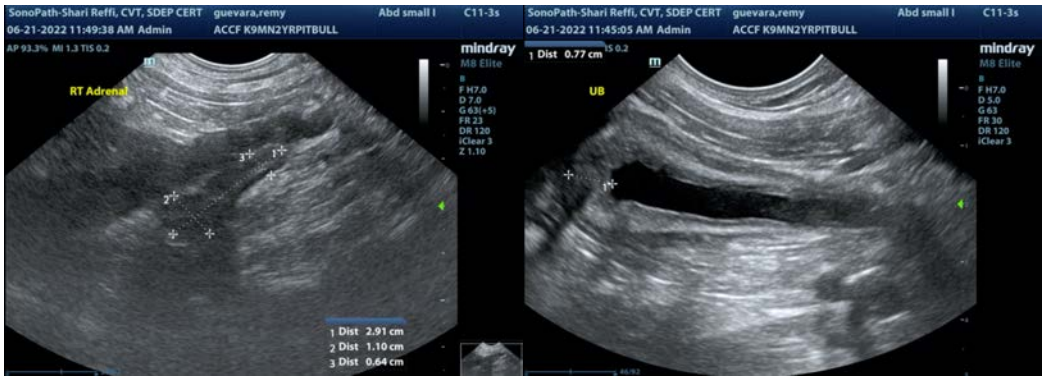

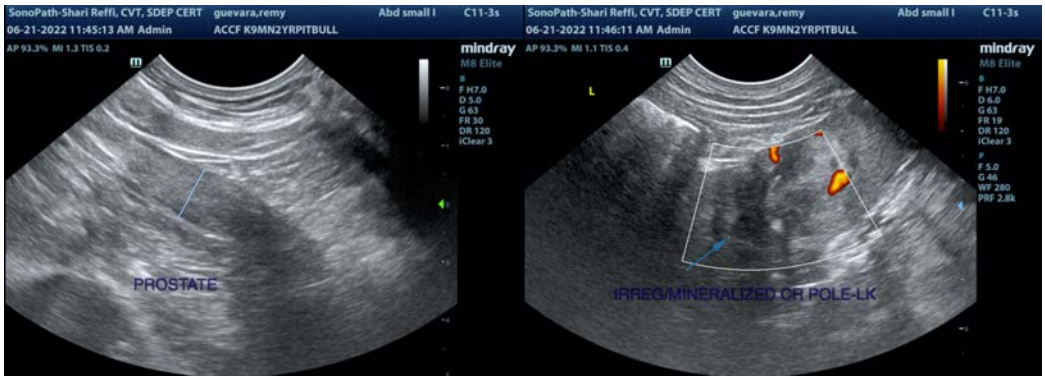

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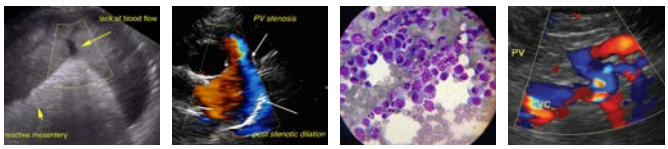

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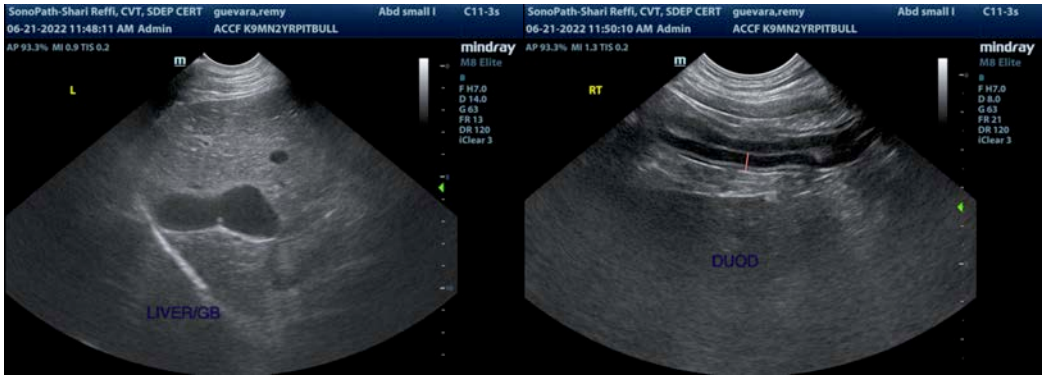

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com