

**PATIENT PRESENTING CLINICAL SIGNS**

Rocki French

**SPECIES**

Canine

**BREED**

Golden Retriever

History: 8/23/2020: CBC: Slight decreased hemogram values not inconsistent with age. Slight increased lymphocytes. Chemistry screen: Slight decreased total protein. Increased calcium and phosphorus. BUN increased and creatinine upper end of normal. Corrected calcium increased beyond calcium value. Urinalysis free catch: Decreased specific gravity. A: Concern for renal values and patient is hyposthenuric. Hyperphosphatemia likely from age. DDX: Hyperparathyroidism, congenital renal disease, other. P: Recommend SD MA test. Abdominal ultrasound and ultrasound of thyroid. Suspect this is some kind of congenital renal disease such as ectopic ureter, polycystic kidney disease or agenesis of one or both kidneys. Still cannot rule out something like diabetes insipidus or other metabolic disease. Concerned about patient's low weight and just does not seem to be thriving. Coat is not healthy looking. 9/13 Has improved and doing much better since last entry 8/23

**SEX**

Intact Female

**AGE**

19 weeks

**WEIGHT**

22.6 Pounds

**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 left kidney has an irregular, lobulated shape and is normal/large in size (3.86 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. The patient has moderate pyelectasia at 0.53 cm. A small cyst was noted and measured 0.3 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has an irregular, lobulated shape and is normal/large in size (4.0 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. The patient has pyelectasia that measured 0.37 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

South Reno VH

**REFERRING VET**

Dr. Schmitt

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.29 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 0.31 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.

**INVOICE**

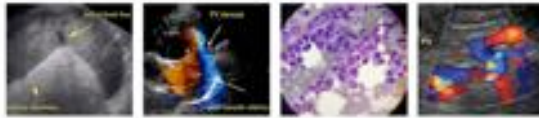
91797

**DATE**

9/14/21

**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.



**PATIENT** *Liver*

Rocki French 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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***Gastrointestinal***

Golden Retriever 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.

**SEX**

Intact Female

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 (0.42 cm) and the jejunum measured as normal (0.34 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**AGE**

19 weeks

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.

**WEIGHT**

22.6 Pounds

***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.

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***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenomegaly present and measured 0.24 cm, 0.31 cm and 0.51 cm. The omentum is of normal uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- Misshapen kidneys with loss of corticomedullary distinction and bilateral pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The findings are most consistent with a congenital abnormality.

**REFERRING VET**

Dr. Schmitt

**SECONDARY FINDINGS:**

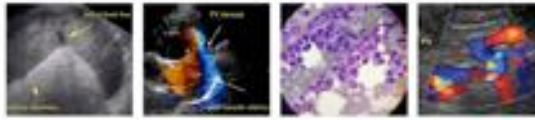
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is likely normal in this age of dog.

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**PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Rocki French

I am concerned that the renal changes likely represent a congenital problem as all architecture is extremely abnormal. Biopsy of the kidney would be necessary to definitively determine this and it is not necessarily recommended as it does not change the treatment protocol. I recommend alerting the breeder if there is one.

**SPECIES**

Canine

I recommend urinalysis and culture along with blood pressure evaluation. Consult a veterinary nutritionist about protein modification in a growing puppy. Consider running an ionized calcium and a PTH level. A phosphate binder may be needed as this puppy can be at risk for developing clinical renal secondary hyperparathyroidism (rubber jaw). I recommend ACTH stimulation test to rule out concurrent congenital Addison's disease.

**BREED**

Golden Retriever

**SEX**

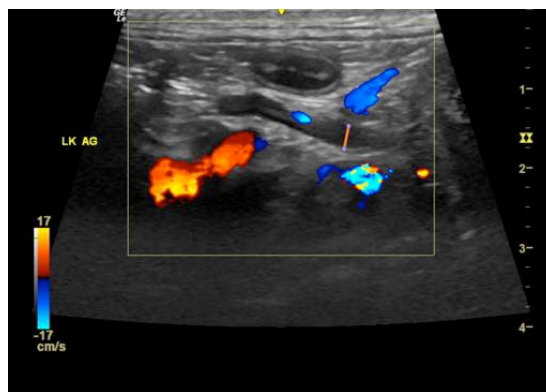
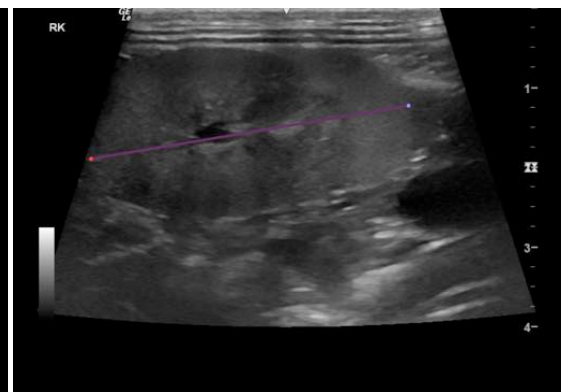
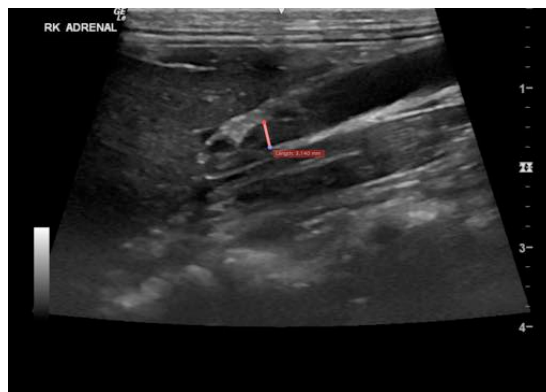
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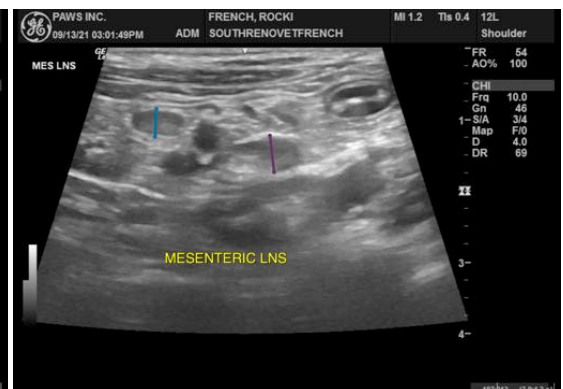
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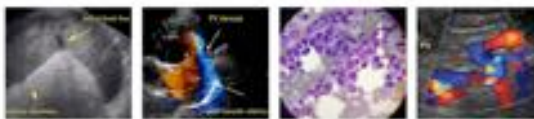
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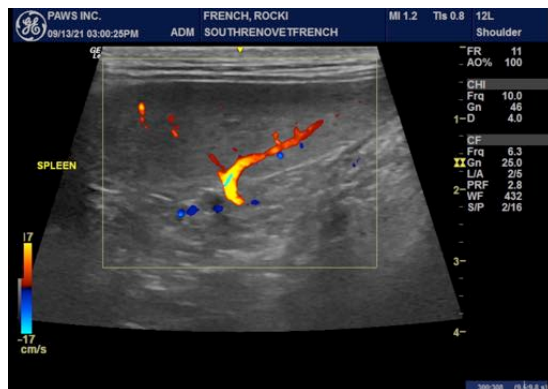
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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