

**DATE PRESENTING CLINICAL SIGNS**

9/2/21 Abnormal labs showing elevated kidney values and decreased function.

PATIENT Current Medications: Credelio and Interceptor 50-100lbs.

Welactin per weight.

Mojo Bode Lab Results: SDMA 15 (0-14) Crea 2 (0.5-1.5) BUN 38 (9-31), uspg 1.021.

Date of Previous IntraPet Ultrasound: No previous

Sedation: oral given, further sedation not needed

SPECIES Stat Report: not requested

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Labrador Retriever

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.

SEX

Intact Female

The left kidney has a normal shape and size (6.53 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

7/8/20

WEIGHT

55.6 Pounds

The right kidney has a normal shape and size (6.04 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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.

HOSPITAL NAME

Happy Tails VH

The right adrenal gland is normal in size measuring 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 normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Calpeno

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.

INVOICE

25162

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.

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. Jejunum wall measured 0.33 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 a mild mesenteric lymphadenopathy, measuring 0.61, 0.54 cm. 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.

Other

Normal uterus and ovaries visualized.

ULTRASONOGRAPHIC FINDINGS

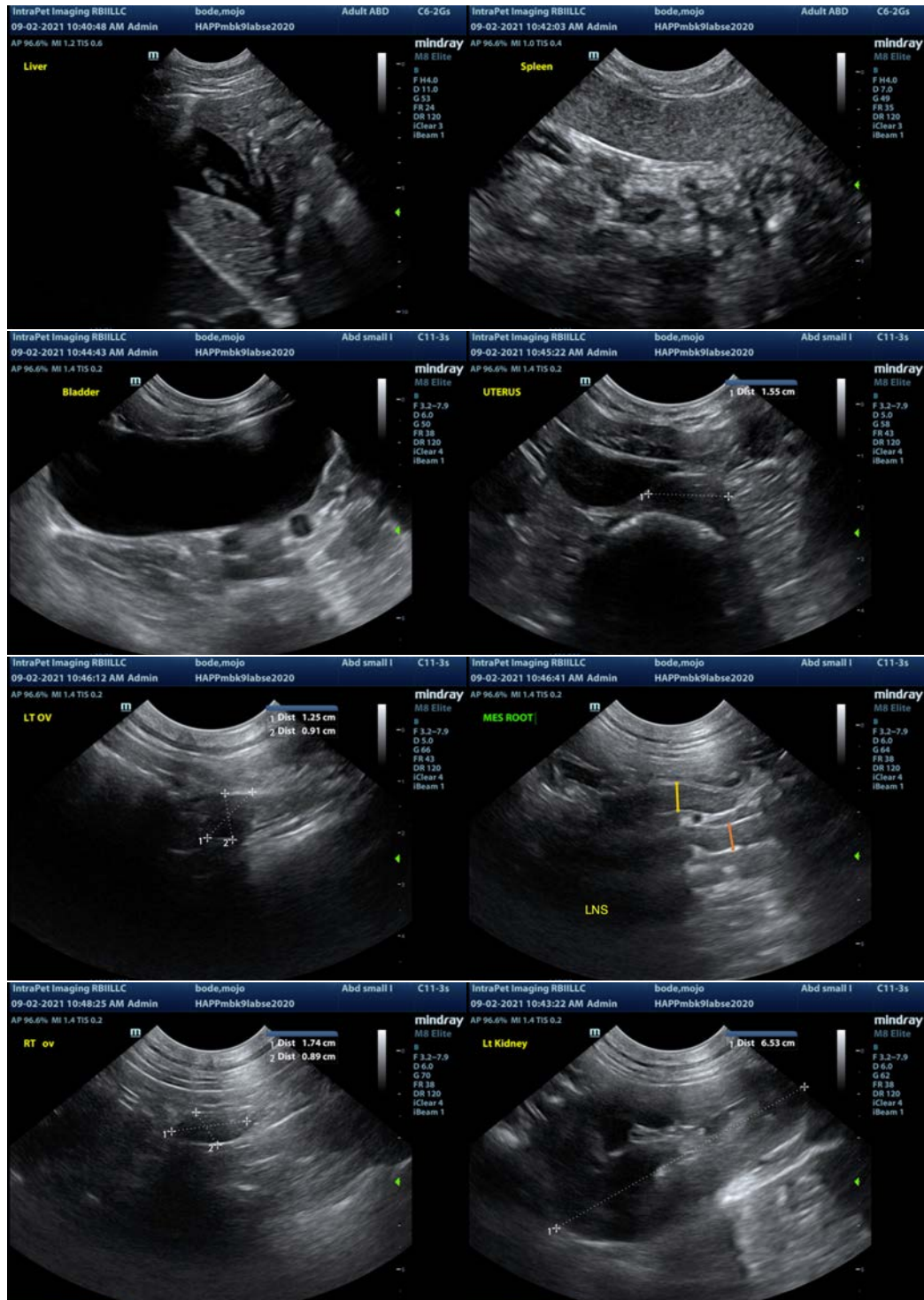
- Mildly reduced corticomedullary distinction both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is a normal finding in many young dogs.

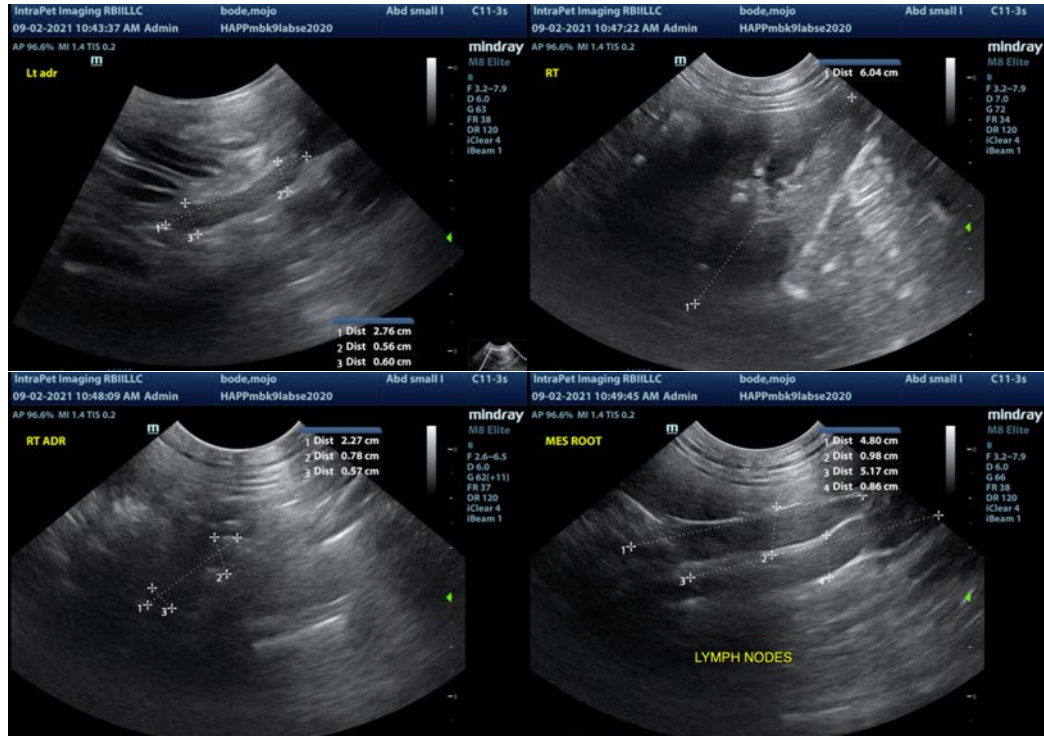
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic changes involving the kidneys were relatively mild and non-specific. There was no evidence of calculi obstruction or focal lesions. Based on age, some form of congenital renal dysfunction seems most likely, but most causes of kidney disease cannot be definitively diagnosed by ultrasound alone. Consider:

- Close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc..
- Urinalysis/culture to look for underlying infection
- Blood pressure evaluation
- Urine protein:creatinine ratio to look for proteinuria
- PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history
- An ACTH stimulation test is recommended to screen for Addison's disease
- Recommend OHE with fluid support. No NSAIDS.

If all of this testing is normal, then I would likely recommend a modified protein diet (either renal diet or senior diet) and close monitoring of renal values.





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.

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