



PATIENT

Dexter Nichols

PRESENTING CLINICAL SIGNS

Pu/Pd since 2/8/22, E/D norm. No V/D. Proteinuria. CBC/CHEM: WNL
Abnormal PE/Chem/CBC/UA Results: UPC 2/9/22: 2.3 UPS 3/3/22: 1.0

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Great Dane

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

SEX

Neutered Male

The left kidney is within normal limits in size (8.39 cm) for the patient's weight and the capsule is smooth. The definition of the corticomedullary junction is exaggerated by a hyperechoic band present along the medulla, as well as an overall hyperechogenicity of the medulla and pelvis. Very small, punctate, mineralizations of the diverticulae and pelvis are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

AGE

7 Years

The right kidney is within normal limits in size (8.66 cm) for the patient's weight and the capsule is smooth. Changes are similar to the left kidney.

Adrenal Glands

WEIGHT

135 Pounds

The left adrenal gland measures 0.71 cm at the cranial pole. The caudal pole measures 0.44 cm, although the latter measurement is underestimated based on gas in the surrounding GI tract. The length is 2.47 cm. No abnormalities are noted in the gland's echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

The right adrenal gland measures 0.71 cm at the cranial pole. The caudal pole is mildly enlarged at 0.79 cm. It measures 3.70 cm in length. The caudal pole is mildly enlarged, however, no abnormalities are noted in the gland's echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

IMAGING PERFORMED BY

Dr. Travis Cerf

The portion of the spleen visualized is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

HOSPITAL NAME

Veterinary Center of
Hardyston

Liver

REFERRING VET

Dr. Travis Cerf

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. There are no obvious signs of hepatomegaly, but there is a mild, diffuse, coarse or granular echotexture. No obvious abnormalities are observed with the hepatic veins, however, the walls of the portal veins are more prominent (hyperechoic) than usual. Differential diagnoses for the latter include the accumulation of fat with or without presence of inflammation. A reactive hepatopathy could explain the mild, diffuse granular echotexture.

INVOICE

36494

The gall bladder wall appears to be within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.

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Gastrointestinal

An in depth evaluation of the stomach is not possible, however, no abnormalities are noted from what is visualized.

SPECIES

Canine

The small intestinal wall thickness is within normal limits and there is no evidence of dilation. The definition of the wall layers is preserved. The duodenum wall measures 0.52 cm. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

BREED

Great Dane

Pancreas

Both the left and right limbs of the pancreas have a coarse echotexture and are mildly heterogeneous. These changes are most likely due to nodular hyperplasia and areas of fibrosis. The changes are considered age related and possibly secondary to previous episodes of pancreatitis, respectively. There are no signs of active pancreatitis.

SEX

Neutered Male

Other

AGE

7 Years

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

135 Pounds

- No abnormalities noted with the urinary bladder to explain the proteinuria.
- Very mild degenerative changes of both kidneys, which are suggestive of age related degeneration, however, both pyelonephritis and glomerulonephritis cannot be excluded, despite the absence of sonographic signs. Further diagnostics are recommended prior to pursuing expensive diagnostic tests for hyperadrenocorticism as both these disease processes may also cause pu/pd and proteinuria.
- Mildly enlarged caudal pole of the right adrenal gland. There are no obvious signs of an adenoma or mass and no abnormalities noted in the surrounding vasculature of either gland. Pituitary dependent hyperadrenocorticism cannot be excluded, particularly in light of the pu/pd and proteinuria. Therefore, a low-dose dexamethasone suppression test or an ACTH stimulation test is suggested.
- The subtle hepatic changes may be due to a reactive hepatopathy, and are not considered clinically significant at this time.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity is recommended to exclude a subclinical urinary tract infection and the positive urine protein/creatinine ratio, despite the absence of abnormalities of the urinary bladder on today's ultrasound. This will also help exclude the possibility of pyelonephritis.

INVOICE

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Although the renal changes are mild, and highly suggestive of age related degeneration, glomerulonephritis (GN) and pyelonephritis cannot be excluded based on absence of sonographic signs. Causes of GN include leptospirosis, tick borne diseases and heartworm disease, and the appropriate tests are suggested to exclude an underlying cause.

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A baseline SDMA is also recommended. The creatinine should be <1.4 mg/dL, providing Dexter is not overly muscular.

An arterial blood pressure is also recommended to exclude hypertension.

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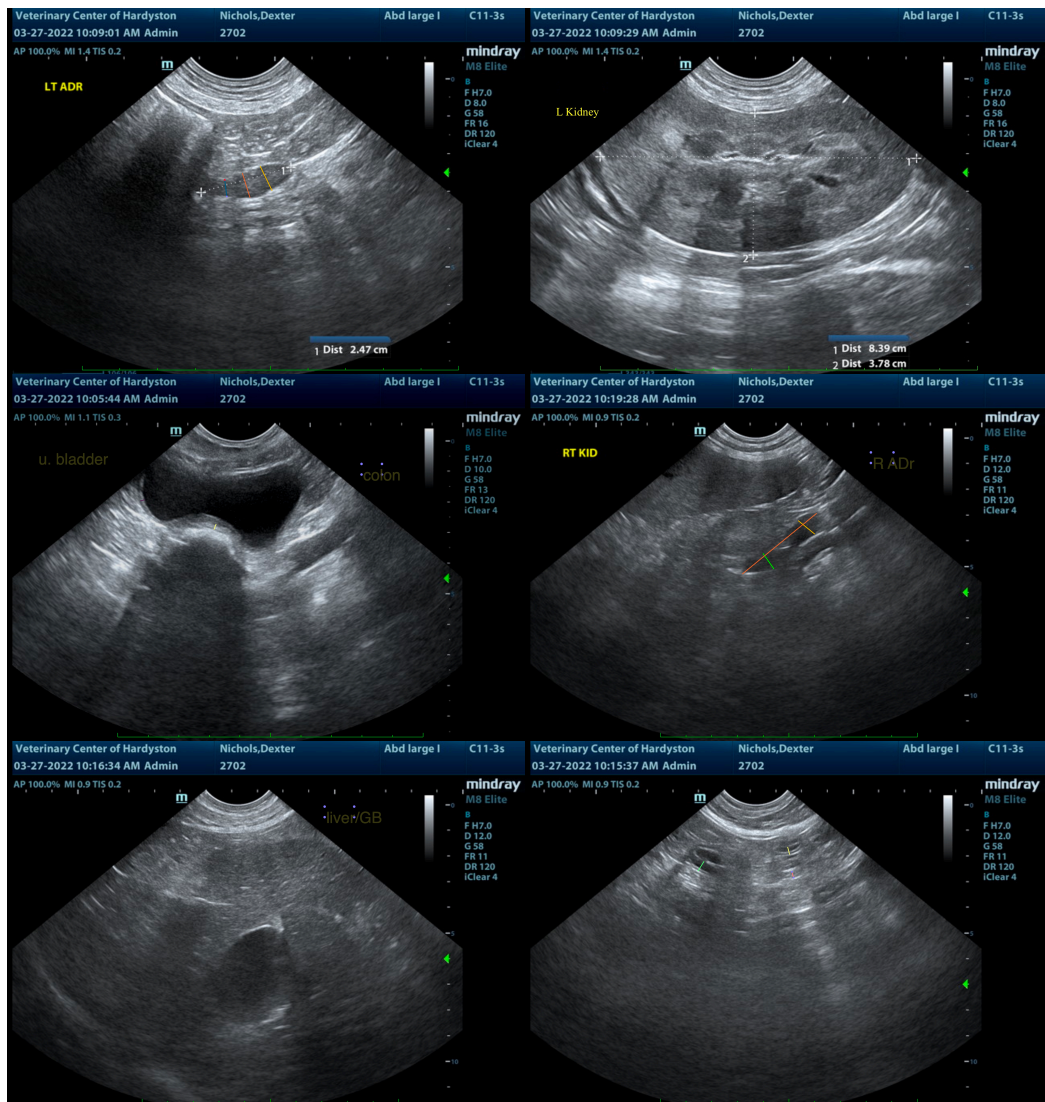
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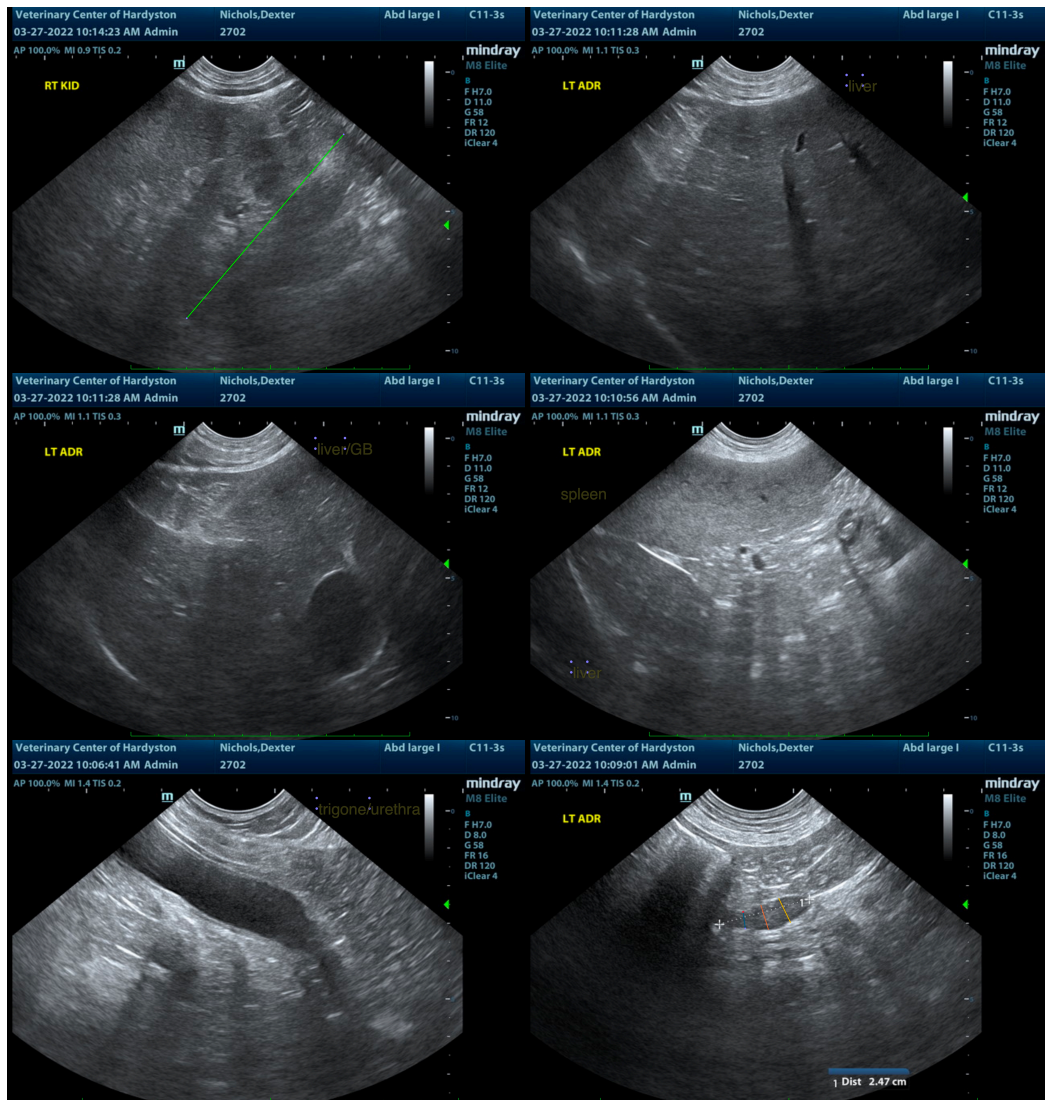
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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