

PATIENT PRESENTING CLINICAL SIGNS

Laydee Condit x1mo hx of decreased appetite, intermittent vomiting, and decreased energy. Primary Question/Differential to Be Answered in This Exam Wanting to evaluate kidneys for pyelonephritis, stone, etc., or find out if any tumors are present, vs. idiopathic CKD.

SPECIES Abnormal PE/Chem/CBC/UA Results: SDMA 19, crea 1.9, BUN 46 Albumin 2.1, alb:glob ratio 13
Canine Cholesterol 399 lipase 340 USG: 1.019 3+ proteinuria 2+ blood/hemoglobinuria, 6-10 RBCs occasional struvite crystals platelets markedly decreased (10,000-30,000 per uL) on blood film, but clumps noted so may be falsely decreased rest of CBC wnl, other than mildly increased MCV

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

The urinary bladder was mildly distended in size, yet subjective normal tone. Urinary bladder walls were sonographically normal without evidence of inflammatory neoplastic criteria. Primarily anechoic urine present with very mild non-dependent particulate sediment, which may indicate mild cellular debris/protein, crystalline debris, or less likely mild mucus. Urethra was normal in structure and tone to a depth of 3.0 cm.

AGE

10 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT

32 kgs

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia present in both kidneys. The right kidney measured 6.9 cm. The left kidney measured 7.4 cm. Pinpoint areas of medullary mineral were present.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 0.79 cm at the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

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Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-dependent yet non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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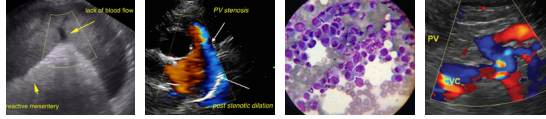
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DATE

3/1/22

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without



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signs of ileus, obstruction or foreign material. Some degree of mild gastric stasis may be considered if documented NPO.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

PRIMARY FINDINGS

- Mildly distended yet overtly normal urinary bladder with minor non-dependent particulate sediment
- Sonographically unremarkable proximal urethra – no evidence of proximal urethral urine dilation.
- Mild chronic renal changes with bilateral pyelectasia

SECONDARY FINDINGS

- Mild gallbladder debris (non-mucocele) – likely incidental. Potentially suggestive of mild non-clinical cholestasis.
- Gastric ingesta – non-specific, suspect post-prandial presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in the bilateral kidneys was mild and may be secondary to pelvic scarring or mild chronic renal changes. Overt evidence of pyelonephritis was not present, yet technically cannot be definitively excluded. No evidence of obstructive renal calculi. Full urinary workup including urine culture, sensitivity and baseline UPC on sterile urine sample, given the proteinuria and potential inflammatory cells, is recommended.

Screening baseline blood pressure recommended. Early CKD therapy warranted pending further renal diagnostics. As needed continued gastrointestinal support and/or conservative therapy for potential low-grade gastroenteritis recommended. Although considered unlikely, given the patient's vague clinical signs and mild azotemia, resting cortisol to rule out unlikely occult Addison's disease could be considered.



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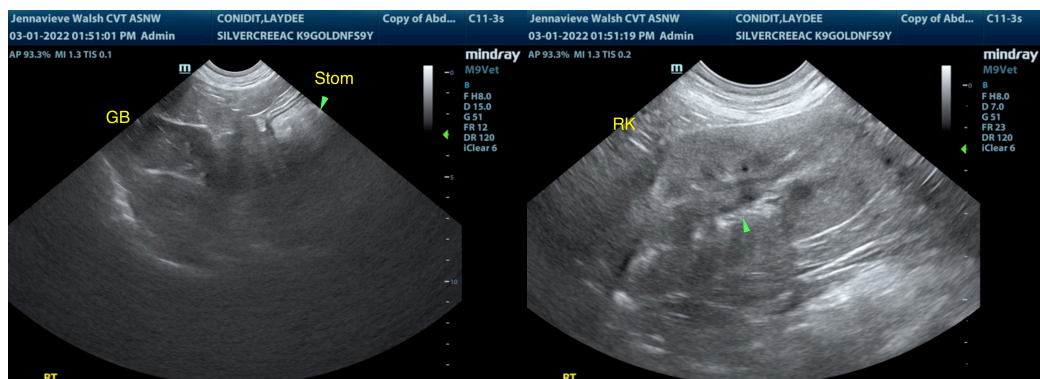
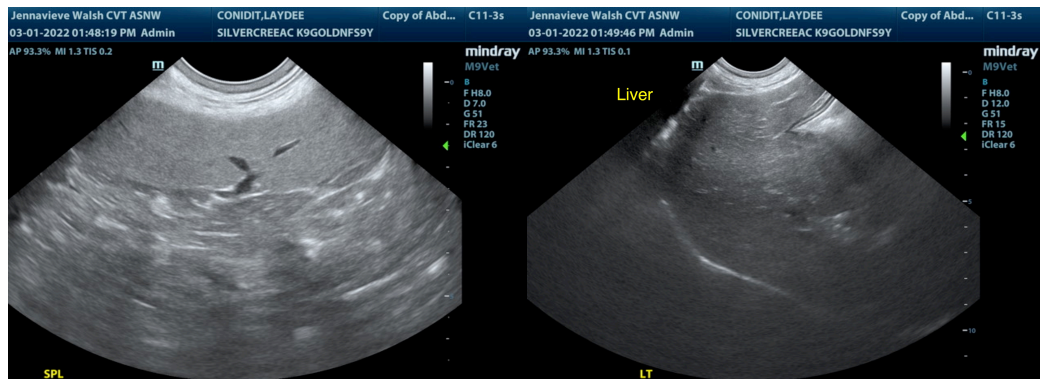
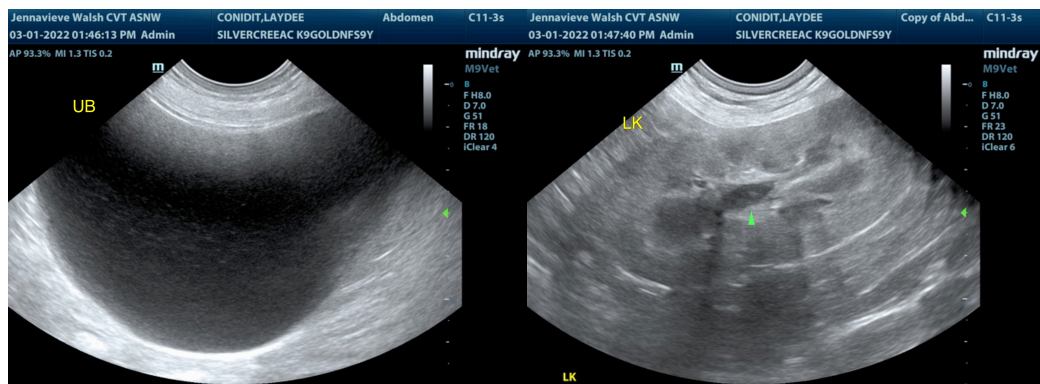
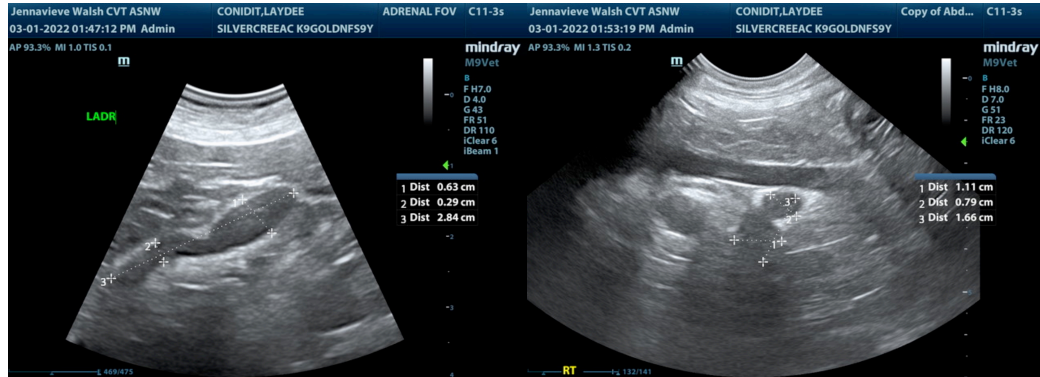
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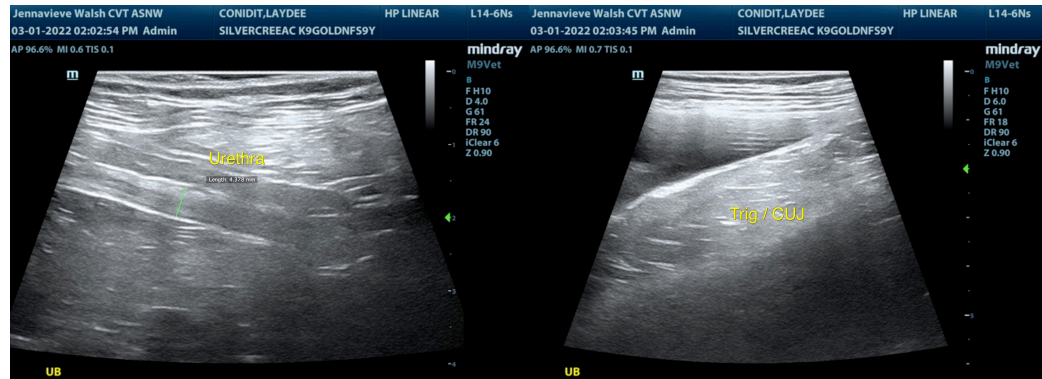
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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