

**PATIENT**

Eddy McNellis

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

12 years

WEIGHT

19.5 pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Urbanik

INVOICE

10221ag

DATE

03/23/2022

PRESENTING CLINICAL SIGNS

History: Patient History (required): Chronic soft stool with mucus and occasional blood. Hx of CKD, has been on metronidazole, probiotic and k/d diet Relevant Exam/labs/imaging results/treatments:UA: USG: 1.017, Thrombocytosis, mild azotemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Echogenic to nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. Multiple corticomedullary variably sized thinly walled cysts containing anechoic fluid were noted with areas of bilateral nonobstructive medullary mineral. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.4 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was normal measuring 0.85 cm in diameter. Focal nonobstructive probable prostatic urethral mineral was noted.

Adrenal Glands

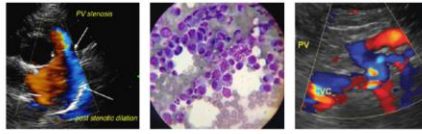
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.46 cm width in the cranial pole and 0.58 cm width in the caudal pole. The right adrenal gland measured 0.59 cm width in the cranial pole and 0.49 cm width in the caudal pole.

Spleen

The spleen exhibited normal size and contour with mild parenchymal heterogeneity. Intermittent to non-expansive discrete hypoechoic splenic nodules were noted, an example measuring 0.6 cm in diameter. The nodules are nonspecific and may indicate focal areas of lymphoid hyperplasia, hematopoiesis, splenitis, previous infarcts or small hematomas with neoplasia possible yet thought less likely.

Liver

The liver exhibited mild to moderate enlargement, symmetrical to rounded hepatic contour with intermittent small uniform hyperechoic well demarcated parenchymal nodules as well as thinly walled hepatic parenchymal cysts containing anechoic fluid. The gallbladder was non-distended in size with thin walls and moderate nondependent yet nonorganized gallbladder debris with suspected areas of concurrent mucus noted between the nondependent debris and the luminal wall. No evidence of gallbladder or peripheral inflammation. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.52 cm in width.

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. The duodenum wall measured 0.57 cm in width. The jejunum wall measured 0.37 cm in width.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment with focal nonobstructive residual prostatic urethral mineral.
- Probable mild chronic colitis, sonographically unremarkable small bowel.
- Marked chronic degenerative renal changes exhibiting polycystic corticomedullary changes and medullary mineral.
- Nonspecific splenic nodules.
- Hepatomegaly exhibiting parenchymal remodeling with intermittent likely benign parenchymal nodules and cysts-nodules are suggestive of lipogranulomas or nodular to regenerative hyperplasia.
- Moderate gallbladder debris-possible early noninflamed gallbladder mucocele.
- Pancreatic remodeling-suspect age-related pancreatic changes, potential for low grade to chronic pancreatitis possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

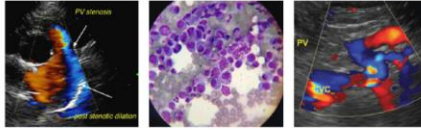
A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment of the pancreas as well as to rule out concurrent small intestinal disease, however the diarrhea pattern with occasional blood is suggestive of colitis.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

If possible, a novel protein or limited antigen renal diet with continued as needed empirical therapy for colitis including high colony count probiotics and broad spectrum deworming i.e. Panacur 50 mg/kg PO BID for a least 5 consecutive days would be reasonable.

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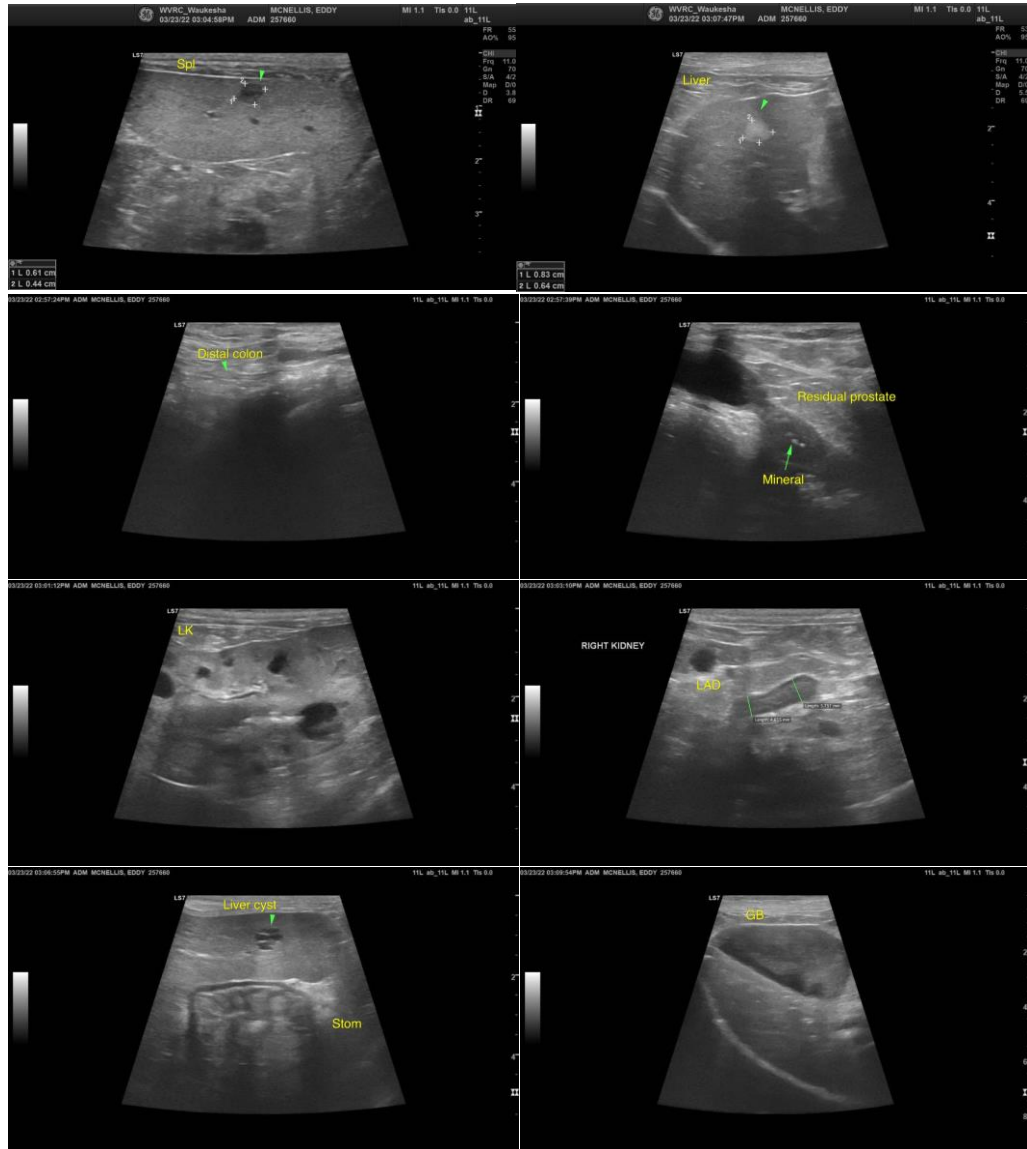
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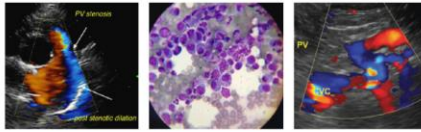
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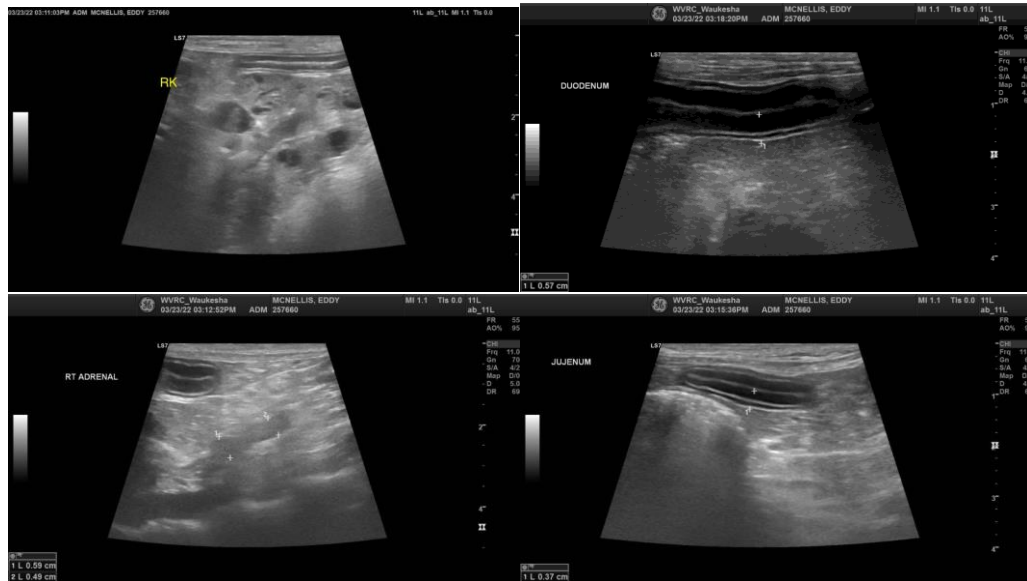
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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