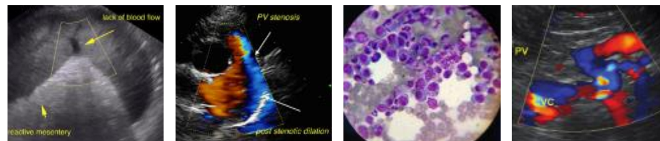

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1-800-838-4268 info@sonopath.com

PATIENT

Bandit Ohlmann

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Intact Male

AGE

10 Years

WEIGHT

30 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Saum Hadi

INVOICE

37514

DATE

5/7/22

PRESENTING CLINICAL SIGNS

P's annual routine lab work revealed a mild to moderate increase in BUN (56 mg/dL) in November. Creatinine high normal (1.5 mg/dL), SDMA mildly increased (16 ug/dL). UA adequately concentrated (1.050). P was on a high protein diet and was switched to a normal protein diet. Diving in P's history, a mildly increased BUN was seen for years. P's BUN was monitored closely the last 6 months and has been steadily increasing (last on 4/10: 99 mg/dL). Creatinine mildly increased to 1.7 mg/dL on 4/10. Early morning urine sample continues to be adequately concentrated (last: 1.040 on 4/10). P in last few months has exhibited mild lethargy and intermittent (weekly) vomiting. Weight stable around 30 pounds last 6 months.
Abnormal PE/Chem/CBC/UA Results: 11/21: Creatinine: 1.5 mg/dL, BUN: 56 mg/dL, USG: 1.050. Fecal OP/giardia negative. 4/10/21: Creatinine 1.7 mg/dL, BUN: 99 mg/dL, USG: 1.040. Repeat CBC, Chem, UA pending. Urine culture/Pt/PTT pending as well. Starting P on prophylactic deworming (5 days of fenbendazole).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment, which may indicate minor cellular debris/protein or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The prostate was enlarged in size (5.2 cm x 3.8 cm) with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm. The right kidney measured 4.8 cm.

The area of the aortic trifurcation was free of pathology.

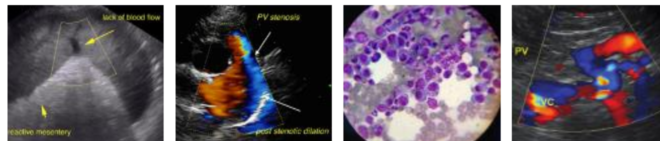
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm at the cranial pole and 0.68 cm at the caudal pole.

The right adrenal gland was indistinctly visualized, yet without overt pathology, subjectively measuring 0.45 cm.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.



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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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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. Gastric body wall measured 0.35 cm.

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. Jejunum wall measured 0.40 cm.

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

Pancreas

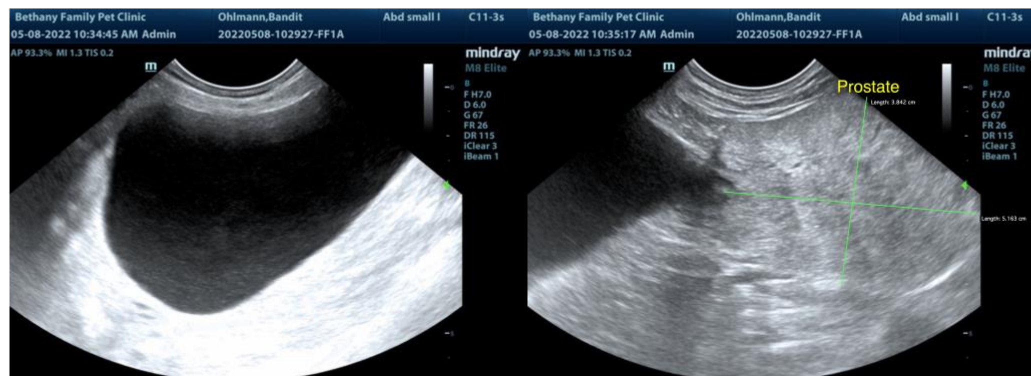
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Benign prostatic hyperplasia – minor potential for prostatitis, yet thought unlikely.
- Minor urinary bladder sediment
- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending recheck bloodwork and urine culture and sensitivity, early CRD therapy such as renal diet could be considered. Given normal urinary concentration, and without evidence of significant renal pathology, continued monitoring of BUN and Creatinine levels at this stage would be reasonable. Gastroprotectant protocol such as Omeprazole at 1 mg/kg PO SID could be considered. Recheck sonogram to assess for progressive gastrointestinal disease or kidney disease recommended if persistent/progressive azotemia or gastrointestinal signs.



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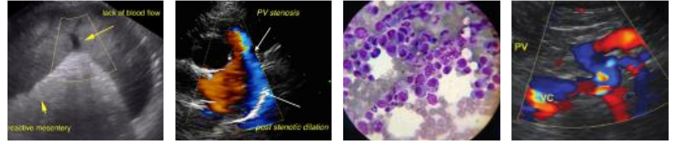

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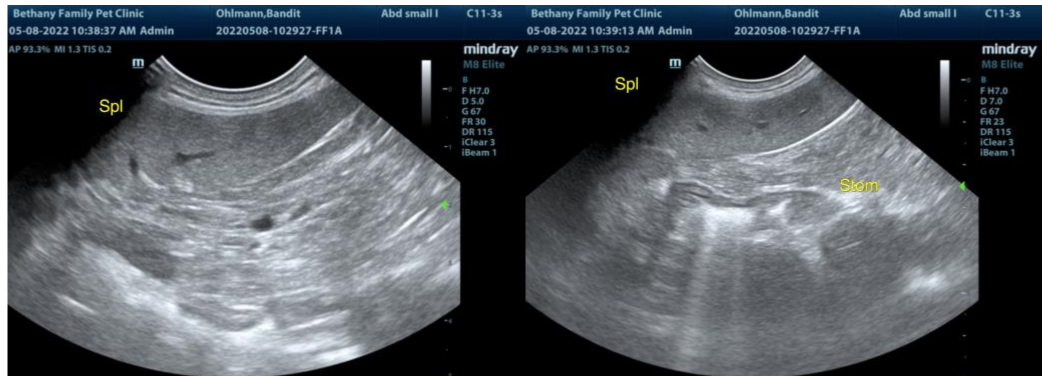

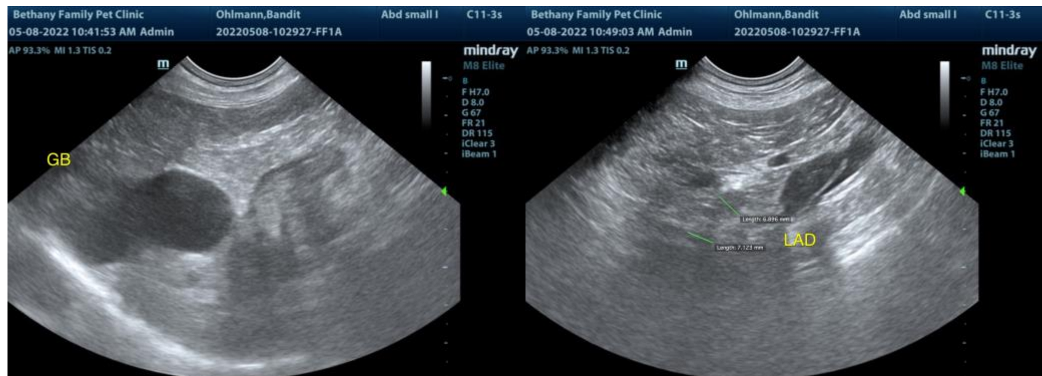

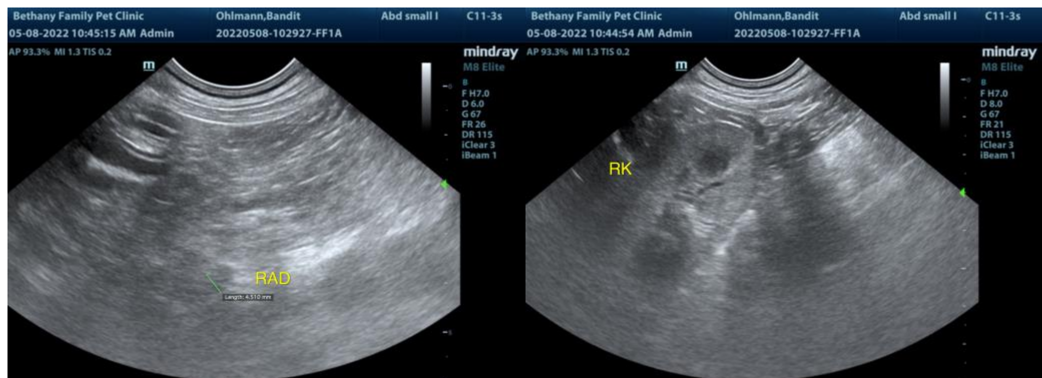

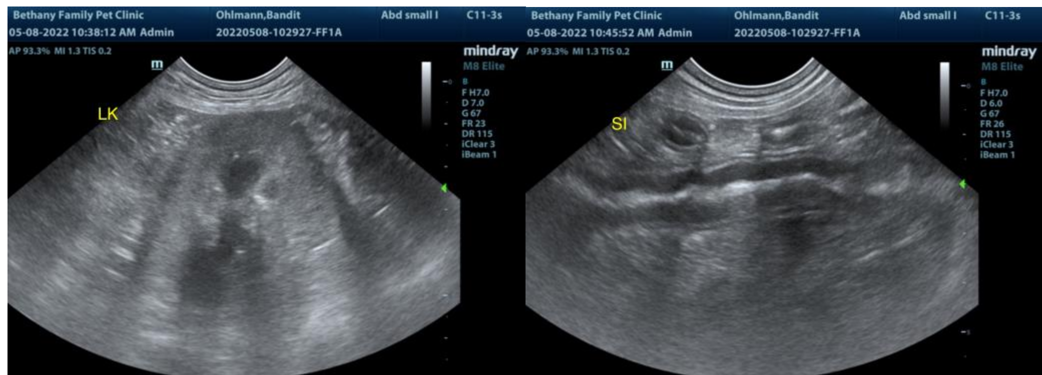

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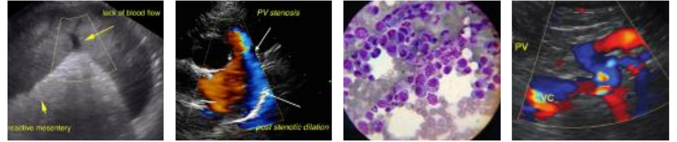

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com