

PATIENT PRESENTING CLINICAL SIGNS

Doris Sullivan

Doris is a young basset hound who from young puppyhood, has been chronically PU/PD with frequent urinary tract infections and dilute urine. She also has chronic soft stools and issues with inappetence and vomiting. A previous ultrasound was suspicious for renal dysplasia (small kidneys, loss of corticomedullary distinction, moderate pelvic dilation). A recent flare-up of symptoms lead to a UA that showed mild microalbuminuria and elevated WBCs with isosthenuria, and a creatinine of 1.5 (usually hovers around high-normal to slightly elevated), though an aerobic culture of the urine was negative for growth. O feels that she is recently more uncomfortable in the abdomen and that her appetite is worsening. P does have a very hooded vulva and always has a full bladder on physical exam, but doesn't show signs of abdominal pain on palpitation. Only on Simparica Trio; O recently requested amoxicillin for empirical treatment of a suspect UTI, but was not continued due to the culture being negative.

SPECIES

Canine

BREED

Basset Hound

SEX

Abnormal PE/Chem/CBC/UA Results: Creat 1.5 and BUN 44 with USG 1.015 on 8/13/22. SMDA 15.3 in May.

FI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

Urinary System

10mo

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. No evidence of congenital abnormality was noted.

WEIGHT

40lb

Subnormal size and asymmetrical margination was present in the kidneys. Cortical hypertrophy with mild non-uniform increased cortex echogenicity was present with increased renal medullary echogenicity. Marked loss of corticomedullary border demarcation was observed. Mild bilateral pyelectasia was present without left or right hydronephrosis. The left kidney measured 5.8 cm in length. The right kidney measured 3.9 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.62 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.40 cm width at the cranial pole.

HOSPITAL NAME

VCA Hanson Animal Hospital

Spleen

REFERRING VET

Dr. Serbin

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.

INVOICE

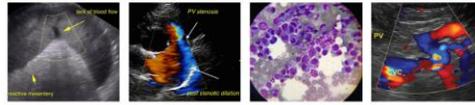
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Liver

DATE

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were

08/29/2022



PATIENT

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.

Doris Sullivan

Gastrointestinal

SPECIES

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. The gastric body wall measured 0.44 cm in width.

Canine

BREED

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 0.50 cm in width. The jejunum wall measured 0.36 cm in width.

Basset Hound

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

SEX

Pancreas

FI

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.

AGE

Free Abdomen

10mo

No omental masses, lymphadenopathy or peritoneal effusion was present.

WEIGHT

A solitary mildly prominent to enlarged mid abdominal mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.72 cm in diameter.

40lb

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

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

- Bilateral renal dysplasia with mild pyelectasia
- Mild gastritis pattern with possible mild gastric hypomotility, unremarkable small bowel and colon
- Sonographically unremarkable urinary bladder-no evidence of structural or congenital abnormality

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

The bilateral kidneys are most consistent with progressive congenital renal dysplasia. Potential for underlying chronic nephritis is possible yet considered less likely. A renal biopsy would be required for definitive diagnosis yet may negatively impact renal function. The bilateral pyelectasia is suspected to be secondary to dysplastic changes and potential pelvic scarring given the negative urine C/S. Continued monitoring of urine C/S is advised going forward. Baseline UPC is recommended.

VCA Hanson Animal Hospital

REFERRING VET

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Empirical therapy for CKD including renal diet would be reasonable with serial monitoring of BUN/CREAT.

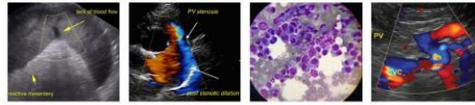
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A guarded long term prognosis is indicated given the sonographic appearance of the bilateral kidneys.

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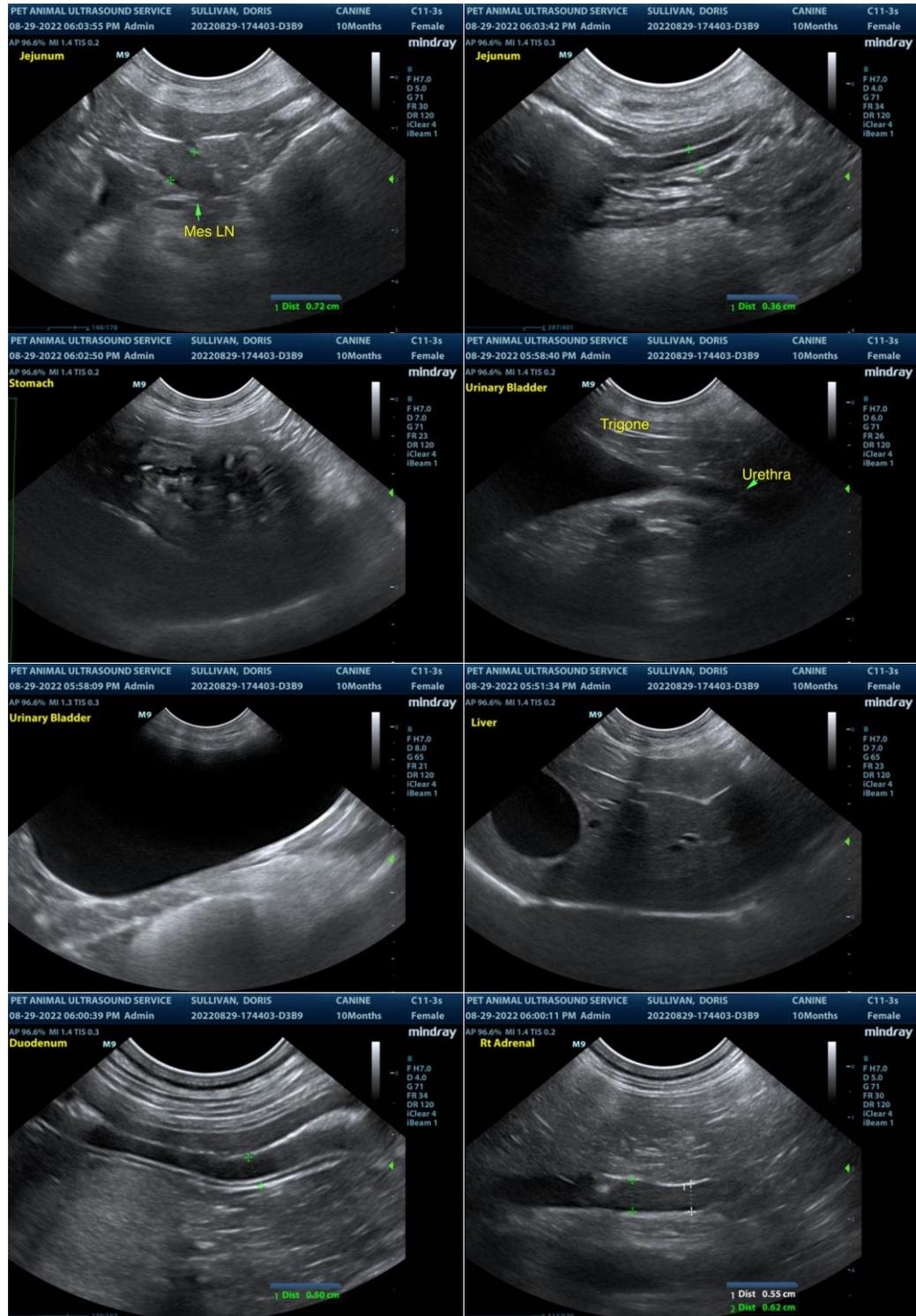
Dr. Serbin

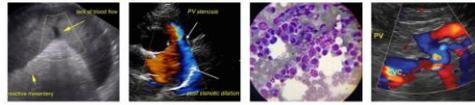
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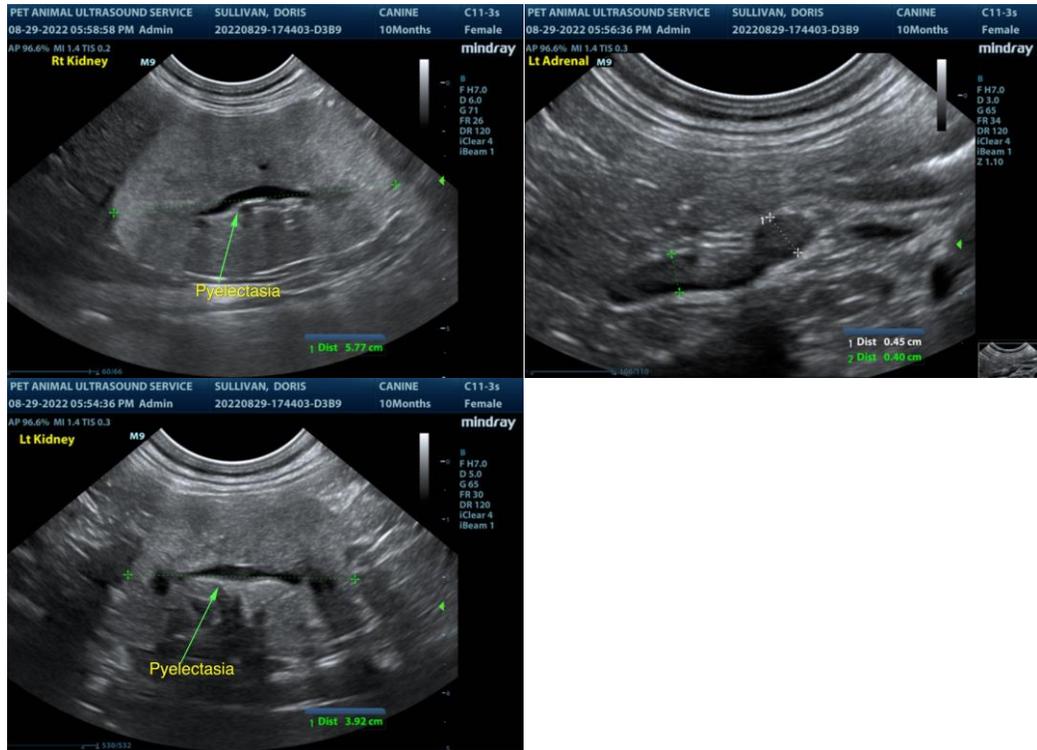
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

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 info@SonoPath.com

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