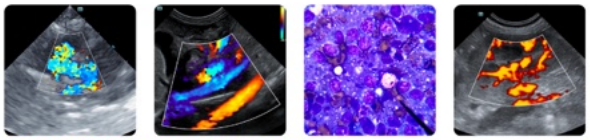

PATIENT

Jani Lane Kulis

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

14 years

WEIGHT

27.6 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton AC

REFERRING VET

Dr. Shane Stafford

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PRESENTING CLINICAL SIGNS

- Patient presented for second opinion on splenomegaly, hepatomegaly and suspected Lyme nephritis. Patient last quant C6 level was 175. Had a history of Protein losing nephropathy prior to this but after C6 elevation patient had full labs done and showed and azotemia. Patient was on enalapril but the owner discontinue it recently. Patient is having a hard time with the kidney prescription food. Finally the patient was on doxycycline and then minocycline but due to the inappetence and GI signs the owner stopped the medication.
- Chronic Kidney disease, proteinuria, weight loss and muscle atrophy, history of inappetence, lethargy, and vomiting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.3 cm, right measured 5.0 cm), increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia (left worse than right), and an irregular capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

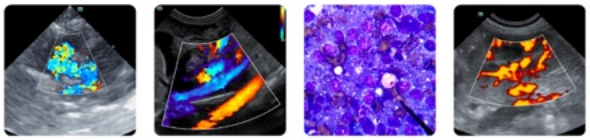
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.48 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.9 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease.

Although the pyelectasia is most likely associated with the chronic kidney changes, underlying low grade pyelonephritis should still be considered.

Further assessment would be urine culture.

Management of the renal disease and proteinuria would be to continue with the renal diet, use of an ace inhibitor or receptor blocker, Omega 3 fatty acid supplementation and adding enteric phosphate binders when needed.

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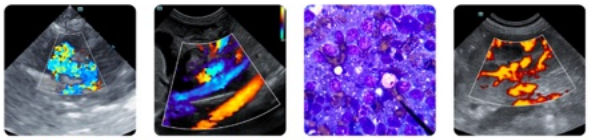

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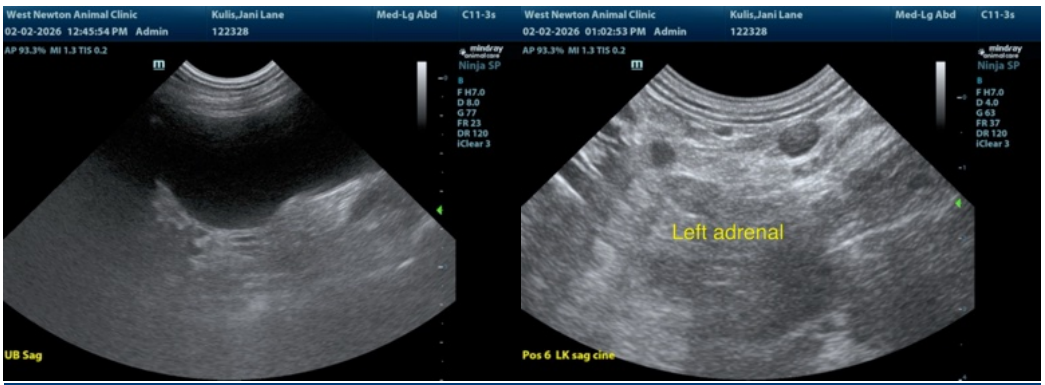

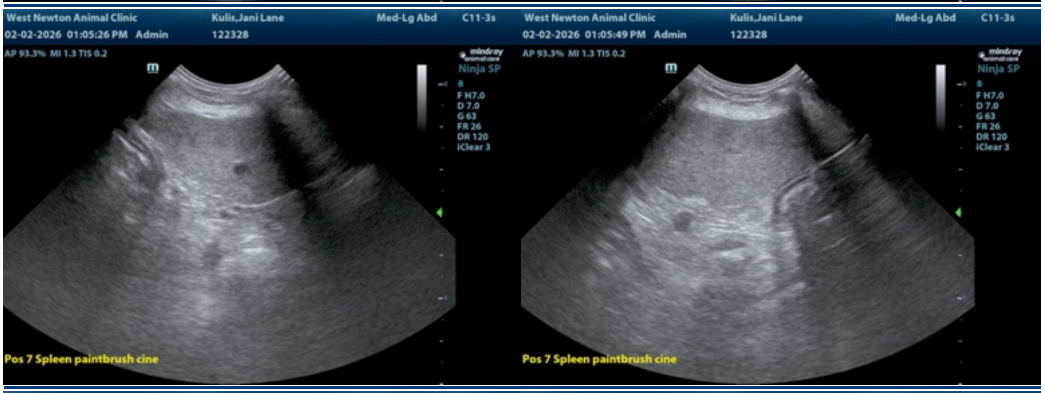

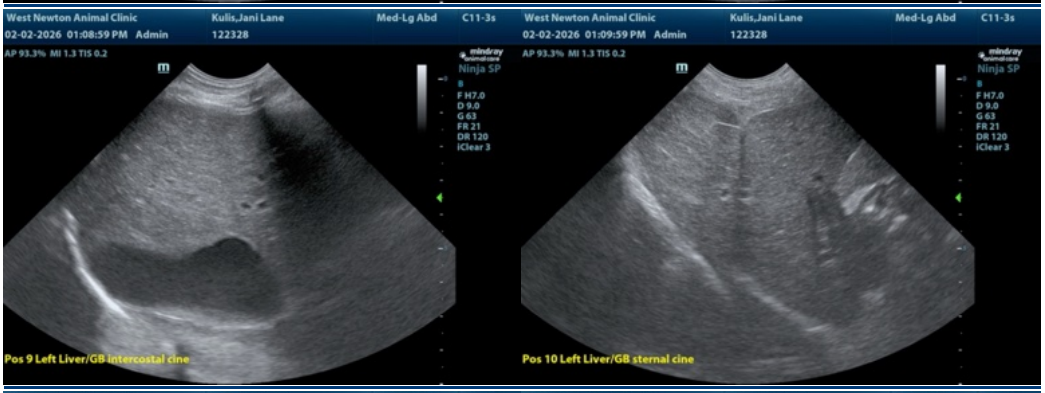

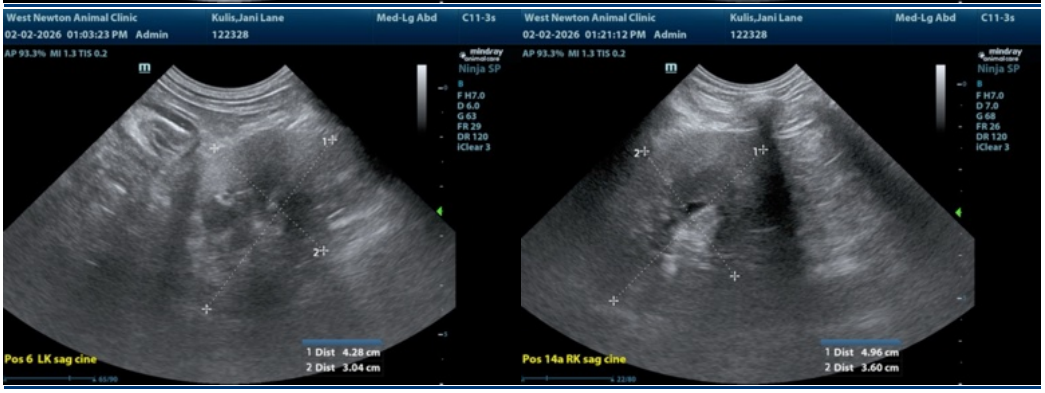

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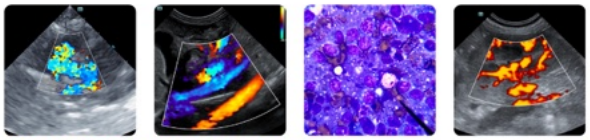

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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