



PATIENT

Hongo Rixton

SPECIES

Canine

BREED

DLH

SEX

Neutered Male

AGE

10years

WEIGHT

4.9kg

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Beatties Pet Hospital
Stoney Creek

REFERRING VET

Dr. Mellish

INVOICE

10196

DATE

01/25/22

PRESENTING CLINICAL SIGNS

History: admitted for renomegaly, azotemia and anemia
Abnormal PE/Chem/CBC/UA Results: SDMA 22 HIGH 0-14 µg/dL CREA 651 HIGH 71-212 µmol/L
UREA 38.3 HIGH 5.7-12.9 mmol/L RBC 3.79 LOW 6.54-12.20 x10¹²/L RETIC-HGB 25.8 HIGH
13.2-20.8 pg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone is normal.

The left kidney is severely enlarged (6.90 cm in length); with an irregular shape. Numerous varying-sized multi-septated cysts are observed throughout the organ, causing complete obliteration of the normal renal architecture. Moderate to severe pyelectasia is present (0.78 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. A scant amount of subcapsular fluid is visualized.

The right kidney is severely enlarged (7.07 cm in length); with an irregular shape. Numerous varying-sized multi-septated cysts are observed throughout the organ, causing complete obliteration of the normal renal architecture. Moderate to severe pyelectasia is present (0.95 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. A scant amount of subcapsular fluid is visualized.

Adrenal Glands

The left adrenal gland is normal size (0.50 cm length; 0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.71 cm length; 0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours. A 3.60 cm irregular cystic lesion is observed deep on the right side, adjacent to the diaphragm. In addition, a 0.93 cm cyst is observed on the left. The remaining hepatic parenchyma is relatively homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small



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intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Polycystic kidney disease with pyelectasia bilaterally.
- Hepatic cysts, likely benign.
- Bowel pattern consistent with inflammatory bowel disease. However, there is some potential for emerging lymphoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity.
- UPC (if proteinuria is present).
- Baseline blood pressure measurement.
- Supportive care, with IV fluid diuresis, gastric protectants, antiemetics (if needed), and broad-spectrum antibiotic therapy (while awaiting urine culture and sensitivity results).
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if IV fluid diuresis is to be pursued.
- Serial monitoring of the patient's renal values is recommended to assess for progression.

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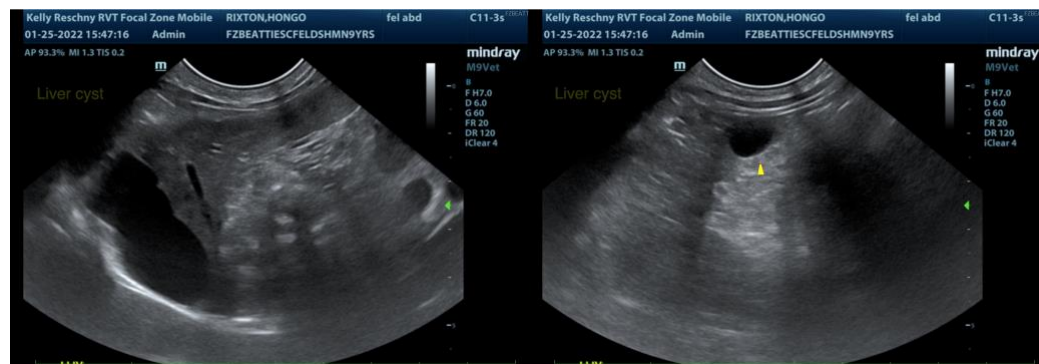
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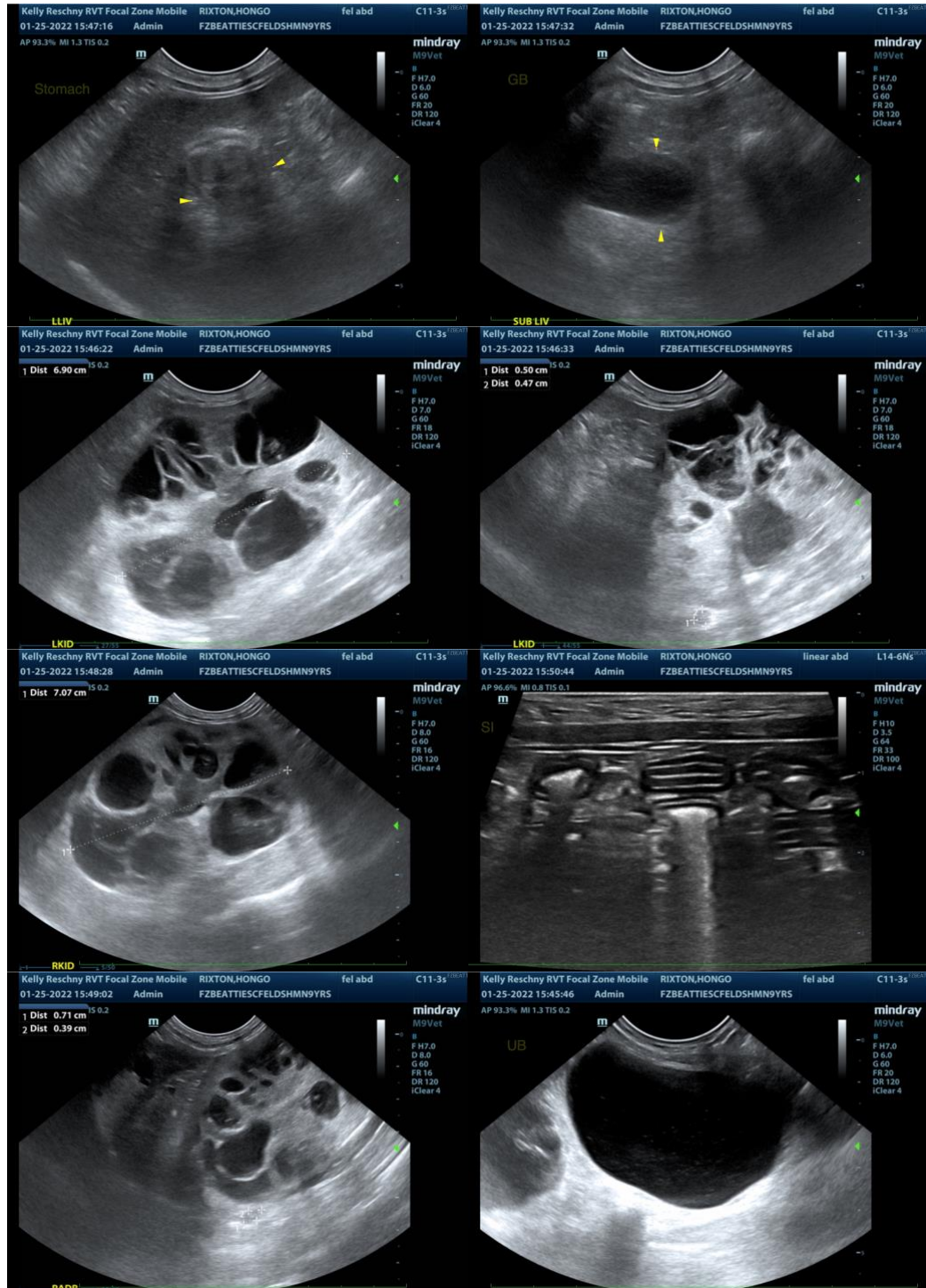
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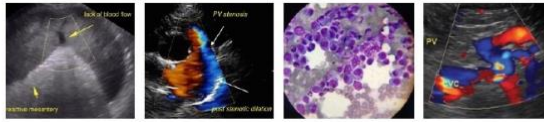
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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