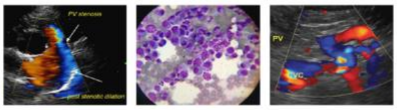


PATIENT

Lola atapoor

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

12 years

WEIGHT

12 years, 6 mos

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomoc Mobile Veterinary Ultrasound

HOSPITAL NAME

Banfield Leesburg

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10199

DATE

1/26/22

PRESENTING CLINICAL SIGNS

History: No changes in E/D/U/D. P has recently had elevated kidney values on routine checks of BW due to being on CHF meds. Values worsened (between 12/30/21 to 1/18/22) despite being taken fully off of enalapril. CHF/ruptured chordae tendinae initially diagnosed 12/24/2020, P had recheck with CVCA 12/21/2022 and heart disease has remained stable. Cardiology recommends AUS/urine culture to check for alternative cause as to kidney elevations. P is on home-cooked diet (has been long-term) of rabbit/grains/veggies and will not eat RX kidney diet. Previously: On 3/9/21 CVCA recommended to decrease enalapril for P which did temporarily improve kidney values when rechecked a month later. Current medications include Gabapentin which is given for discomfort from chronic IVDD, Levothyroxine, Ursodiol for historical GB early mucocele, Pimobendan, and Convenia as owner feels like helps with chronic upper respiratory signs and skin.

Abnormal PE/Chem/CBC/UA Results: 1/18/22: SDMA 31, CHOL 372, BUN 35, CREA 2.1 12/30/21: SDMA 27, CHOL 393, BUN 32 CREA 1.8 10/9/21: CHOL 336, BUN 22, CREA 1.6. CBC WNL 8/6/21: BUN 25, CREA 1.5 7/21/21: BUN 25, CREA 1.5, SNAP4DX WNL 3/29/21: BUN 30, CREA 1.5, SDMA 17 3/9/21: BUN 44, CREA 1.8, SDMA 17

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Urinary bladder sand/tiny calculi are observed within the bladder and proximal urethral lumen. The region of the trigone is normal.

The left kidney is normal in size (2.86 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few tiny nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (2.89 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci, +/- pinpoint nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.48 cm at caudal pole) (1.52 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

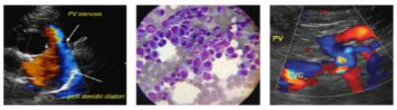
The right adrenal gland is normal size (0.57 cm at cranial pole) (0.35 cm at caudal pole) (1.76 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.96 cm in width at the level of the hilus) 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 swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance with a few ill-defined



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hyperechoic nodules throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is distended. The wall is normal in thickness. A moderate amount of echogenic debris/sludge is observed within the lumen, some of which is gravity dependent, some of which is suspended and some of which is adhered to the luminal wall. The cystic and common bile ducts are normal/not seen.

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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

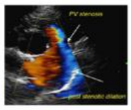
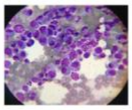
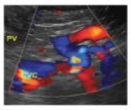
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral mild degenerative renal changes with dystrophic mineralization and suspected tiny nonobstructive nephrolithiasis.
- Urinary bladder sand/tiny calculi.
- The hyperechoic hepatic nodules likely represent a benign process (i.e, regenerative nodular hyperplasia) with low potential for emerging neoplasia. The diffuse hepatic parenchymal changes are most consistent with a benign age-related process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the azotemia, a urine culture and sensitivity, UPC (If proteinuria is present), and baseline blood pressure measurement are recommended, along with serial monitoring of the renal values to assess for progression.
- Consider a recheck ultrasound in 2-3 months to assess for progression of the urinary sand/calculi. If calculi are still present at that time, a cystotomy with stone removal, analysis and culture can be considered, depending on the patient's cardiac and renal status.

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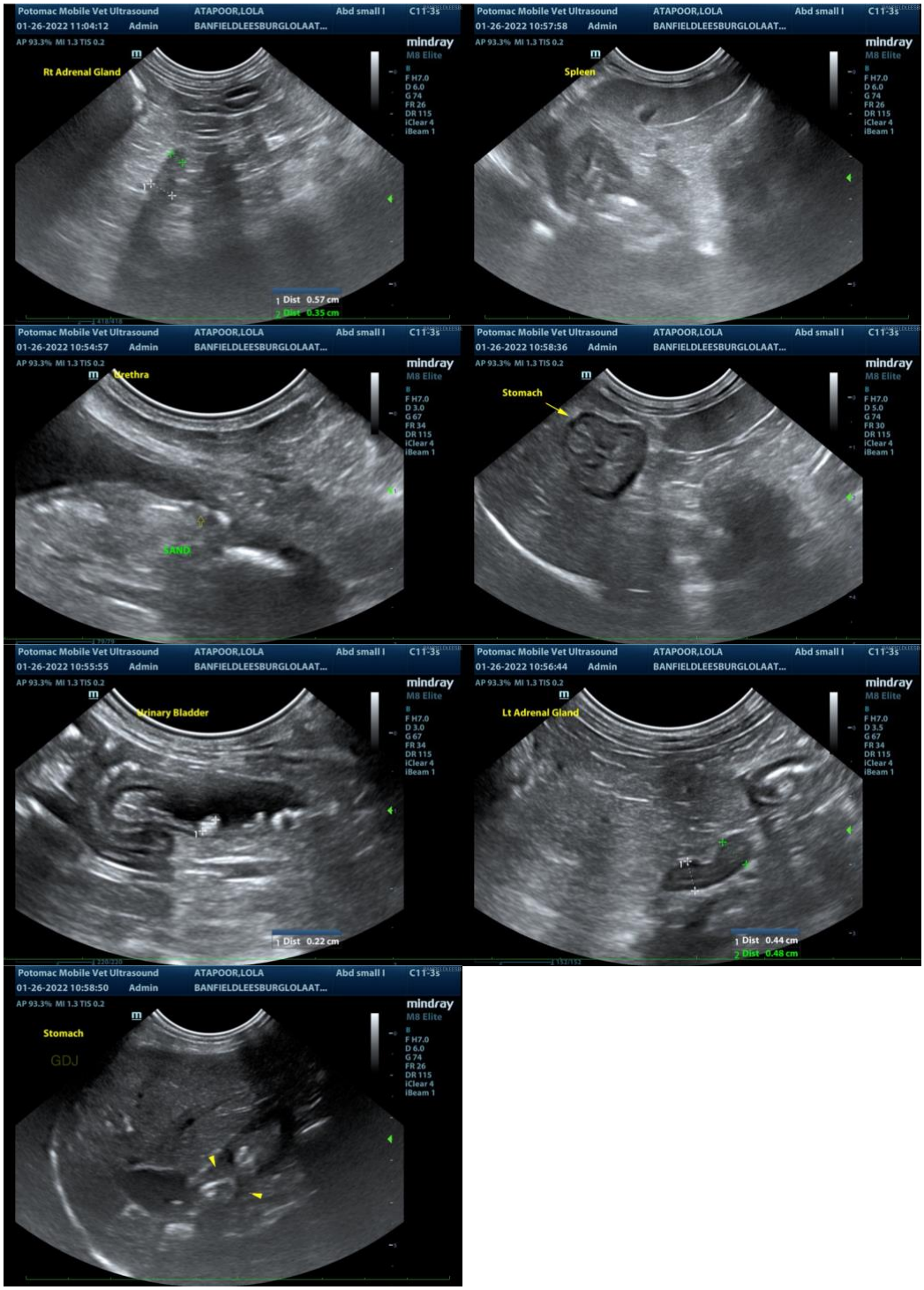

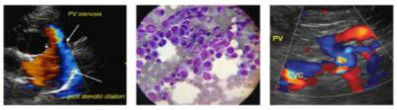

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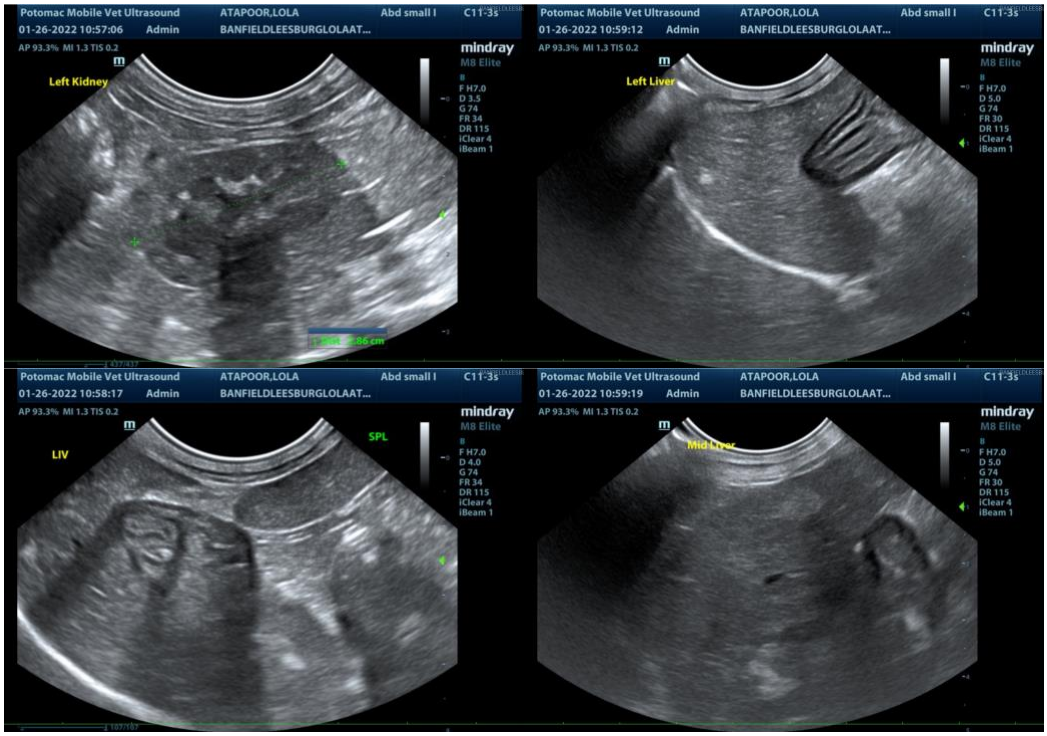

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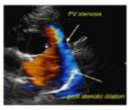
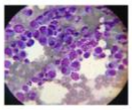
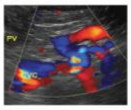

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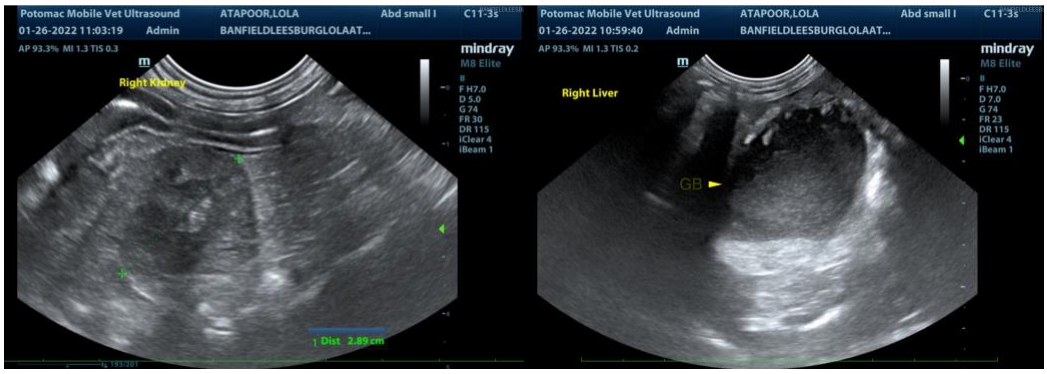

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com