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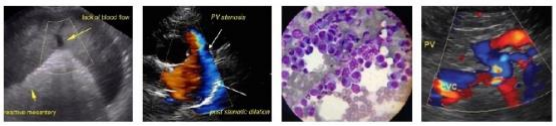


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Shelby Shaw

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Intact Female

AGE

16 wks

WEIGHT

6.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Norwich Veterinary Clinic

REFERRING VET

Dr. Kungl

INVOICE

10228

DATE

1/28/22

PRESENTING CLINICAL SIGNS

History: Has never had a great appetite. Always remained very lean for a puppy. Have had to switch diets regularly to keep her eating anything. Very painful for vaccines so last month was given 2 days of Metacam for pain post vaccine. After that her appetite really declined. Vomited once that owner noted.

Abnormal PE/Chem/CBC/UA Results: Extremely elevated kidney enzymes, SDMA 39, Creatinine 400 +, urea elevated. Some liver enzyme elevation ALP. Anemia. U/A sp grav 1.004, pyuria and rods present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderated to large amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is small in size (3.14 cm in length); with an irregular shape. The cortex is variably thickened and mildly heterogenous. There is moderate to severe loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.21 cm in the longitudinal plane). A few foci of mineralization are observed. Caliectasis is present. The left ureter is dilated (0.61 cm proximally). The distal ureter is not definitively visualized. Renal vasculature is normal.

The right kidney is small in size (3.38 cm in length); with an irregular shape. The cortex is variably thickened and mildly heterogenous. There is moderate to severe loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.76 cm in the longitudinal plane.) The left ureter is dilated (0.76 cm proximally). The ureter appears to taper to a normal diameter approximately 2 cm distal to the renal pelvis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.42 cm at caudal pole) (2.50 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.

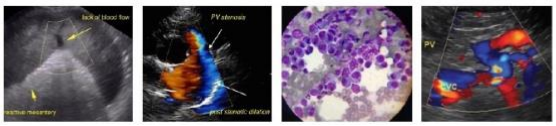
The right adrenal gland is normal size (0.51 cm at cranial pole) (0.35 cm at caudal pole) (2.25 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.80 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is 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. One to two prominent mesenteric lymph nodes are visualized, the largest measuring 2.64 cm in length.

Other

The uterine body is visible (0.60 cm in width). No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes are most concerning for renal dysplasia. The cause of the bilateral hydroureters is not clear from this study. Possible differentials include bilateral ureteral strictures, bilateral ureteroliths, ectopic ureters, other.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- The abdominal lymphadenopathy is likely secondary to immunologic immaturity and/or reactive change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity, baseline blood pressure measurement +/- UPC, are recommended.
- Supportive care for acute on chronic renal failure is recommended including fluid diuresis, gastric protectants, +/- antiemetics and pain medications as needed. Broad-spectrum antibiotic therapy is also recommended while awaiting urine culture and sensitivity results.
- A contrast abdominal CT scan may provide more information regarding the cause of the bilateral hydroureters. However, the benefits of contrast CT must be weighed against the risk of potential nephrotoxicity associated with the contrast agent.
- Unfortunately, the prognosis for this patient is considered guarded.

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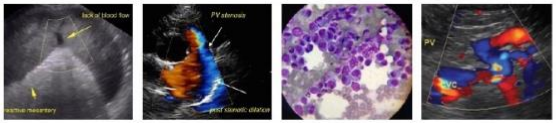

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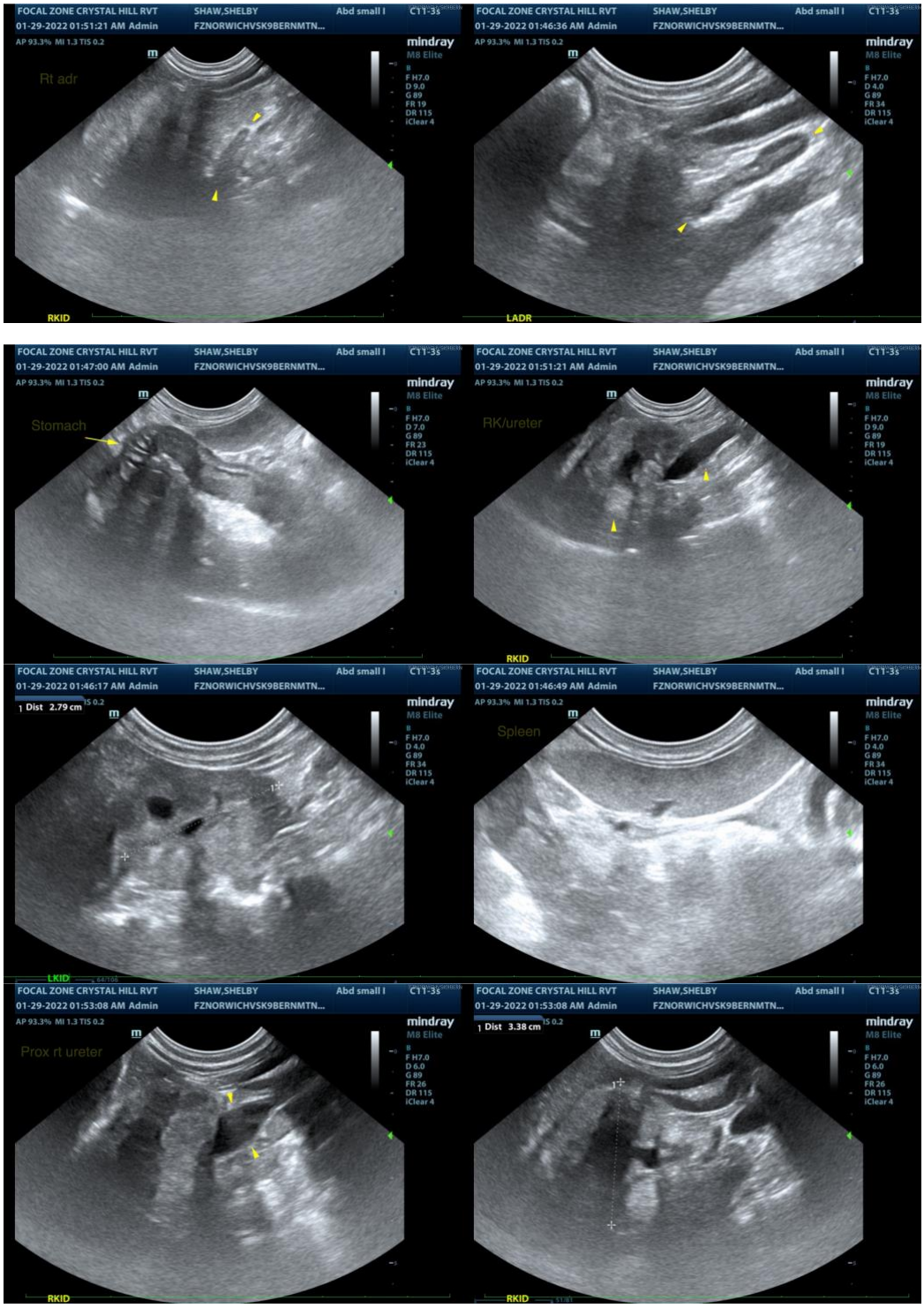

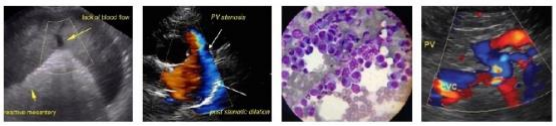

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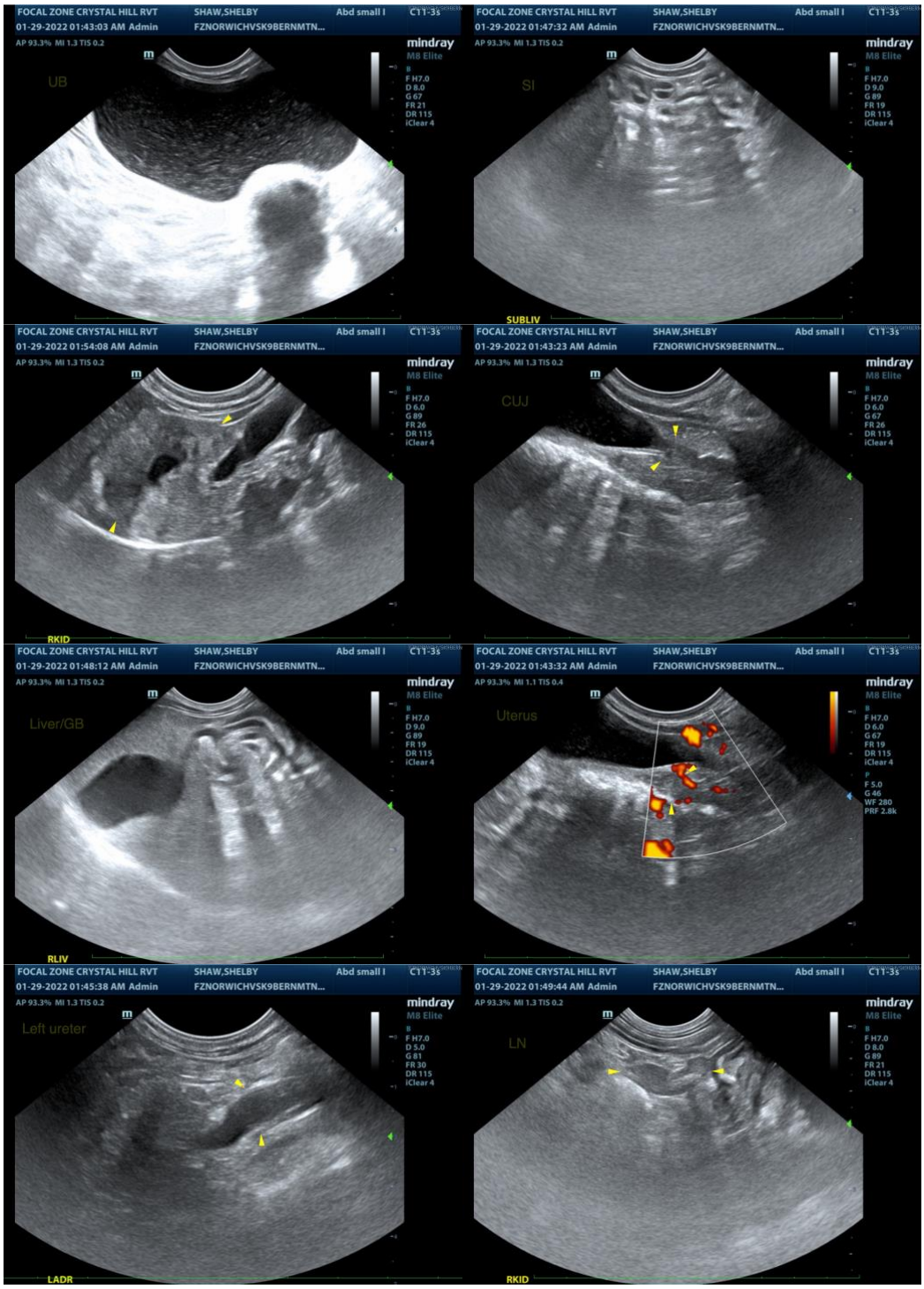

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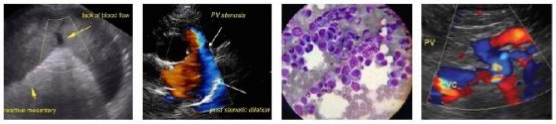

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

com