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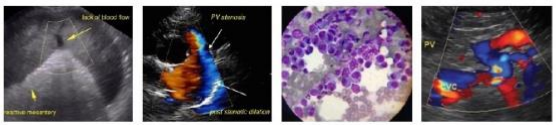

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Daiki Hachitori

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

4 years

WEIGHT

3.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. McSpadden

INVOICE

10252

DATE

2/2/22

PRESENTING CLINICAL SIGNS

History: elevated renal values and UPC, not eating well, no known toxin, doesn't seem to be infection
meds: famotidine, cerenia, mirtazapine

Abnormal PE/Chem/CBC/UA Results: SDMA 71 (0-14), creat 455 (44-133), urea 61.2 (3.2-11), phos 3.2 (0.8-2), ca 1.5 (2.2-2.8), TP 41 (55-75), Alb 16 (27-39) lepto neg, 4DX neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended. A scant 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 prostate is normal in size (0.67 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (3.74 cm in length); with a slightly irregular shape. The cortex is diffusely thickened and irregular. There is a moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.74 cm in length); with a slightly irregular shape. The cortex is diffusely thickened and irregular. There is a moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.41 cm at caudal pole) (1.53 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 (0.96 cm at cranial pole) (0.39 cm at caudal pole) (1.20 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 (0.73 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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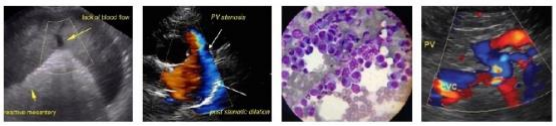

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. 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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral non-specific chronic nephropathy. Differentials include idiopathic protein-losing nephropathy (PLN), mild renal dysplasia, prior renal insult (i.e., toxin or infection), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity and baseline blood pressure measurement are recommended if not already performed.
- Three-view thoracic radiographs should also be considered to assess for occult disease in the chest that could potentially result in a protein-losing nephropathy.
- Consider the following treatments for PLN.

1. Angiotensin II receptor blocker (e.g., telmisartan)
2. Antithrombotic (e.g., clopidogrel at 2.5 mg/kg PO q 24 hours)
3. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
4. Prescription renal diet
5. Serial blood pressure monitoring
6. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease

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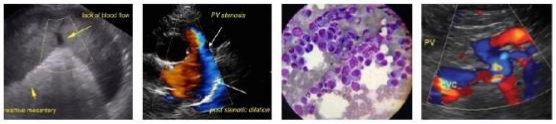

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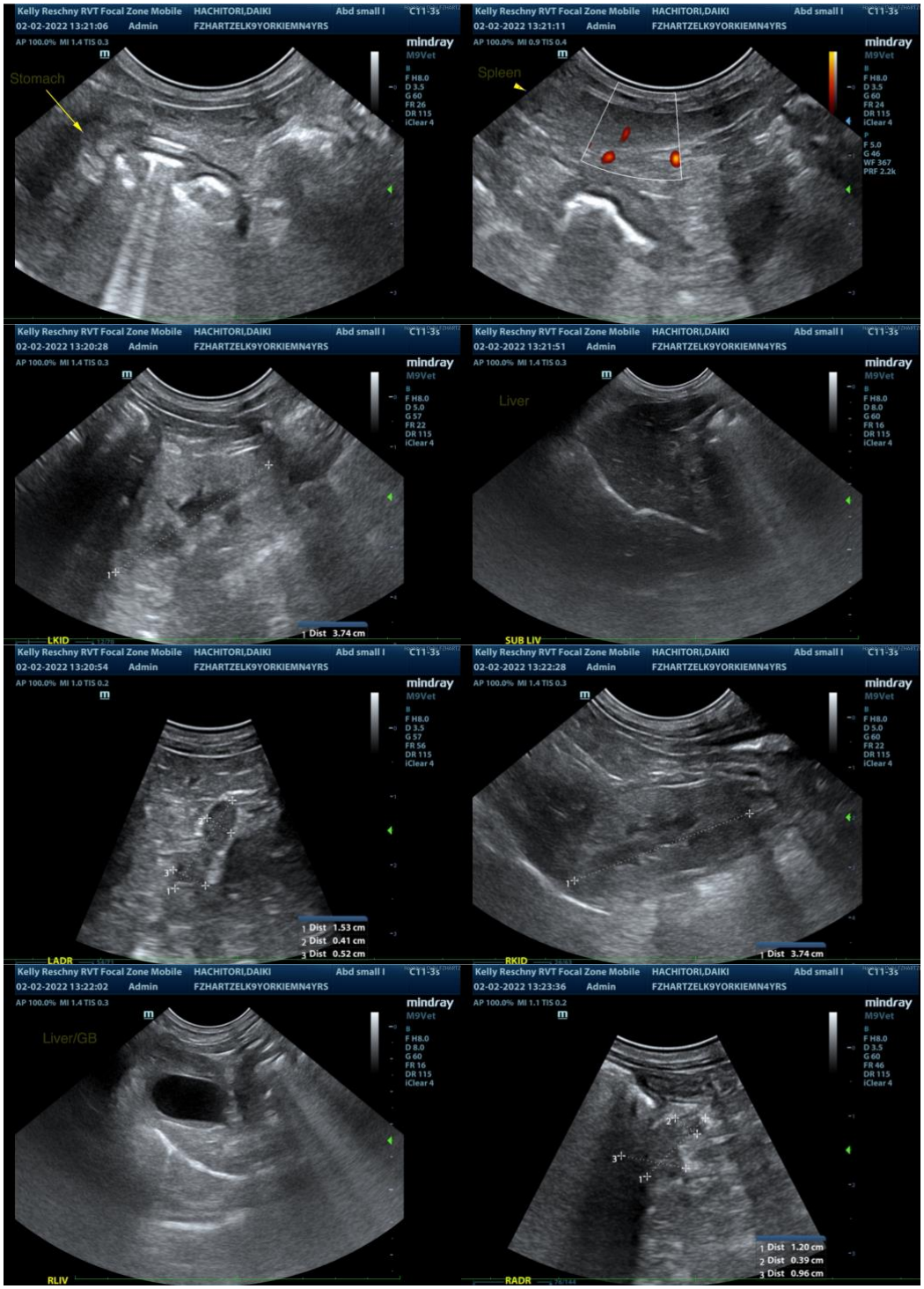

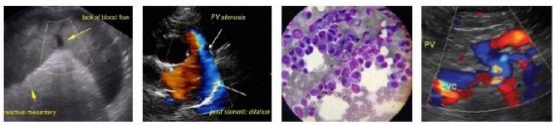

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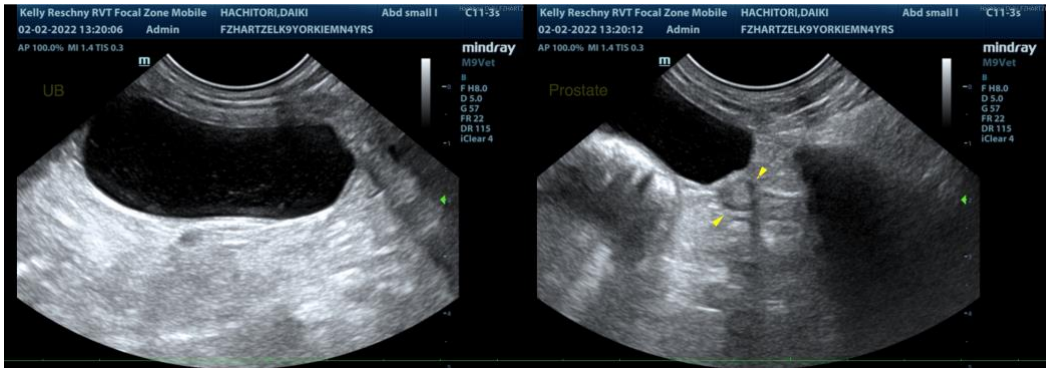

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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