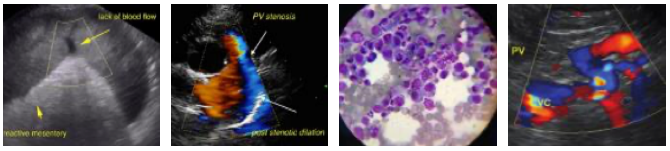
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sasha Gander

SPECIES
Canine

BREED
German Shepherd

SEX
Female, spayed

AGE
2 Yrs.

WEIGHT
52 lbs.

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

IMAGING PERFORMED BY
Brian Klug

HOSPITAL NAME
Sondel Family VC

REFERRING VET
Dr. Frankenthal

INVOICE
14438

DATE
1/16/23

PRESENTING CLINICAL SIGNS

History: has been PU/PD since she was a puppy. at her OVH last Feb, had GI biopsies done for chronic GI issues and came back with IBD. o came in since she's been losing weight and feels that she's uncomfortable in her abdomen - CBC/Chem came back with high creat at 1.4 and elevated SDMA at 15.4, o brought in first AM urine and USG was 1.025. GI panel was wnl. discussed concern that she has kidney disease and learned at that time about her severe PU/PD that's bee ongoing since she was a puppy. discussed with o concern that she could have renal dysplasia in addition to the IBD. recommended starting with abdominal ultrasound and lepto PCR testing and then consider referral to internist for further work-up pending findings
Abnormal PE/Chem/CBC/UA Results: see hx. rest of BW was unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.75 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is poor corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.82 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.66 cm at caudal pole) (xxx 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 (0.61 cm at cranial pole) (0.64 cm at caudal pole) (xxx 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.

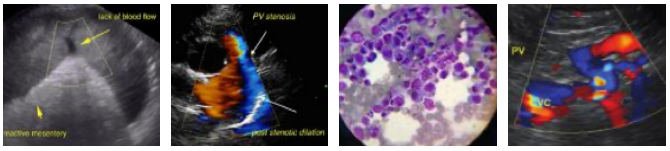
Spleen

The spleen is normal in size (1.24 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. 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/not seen.

Gastrointestinal



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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. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

Trace free fluid is observed. A few prominent jejunal lymph nodes are visualized, the largest measuring 1.29 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral, chronic nephropathy. Given the patient's age, top differentials include prior insult (i.e., toxicity, infection) and renal dysplasia.
- Trace ascites.

Secondary Findings:

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the borderline azotemia, consider the following:

1. Urine culture and sensitivity.
2. UPC (if proteinuria is present in the absence of infection).
3. Baseline blood pressure measurement.
4. Transition to a prescription renal diet, if the patient will tolerate it and if it does not interfere with the patient's inflammatory bowel disease management. A nutritional consultation may be warranted to manage both conditions.
5. Serial monitoring (i.e., every 2-3 months) of the patient's renal values is recommended to assess for progressive disease.

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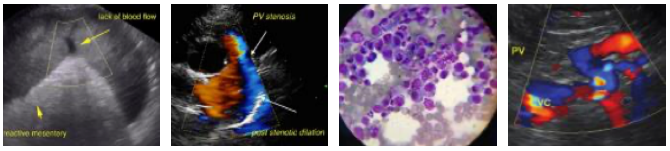

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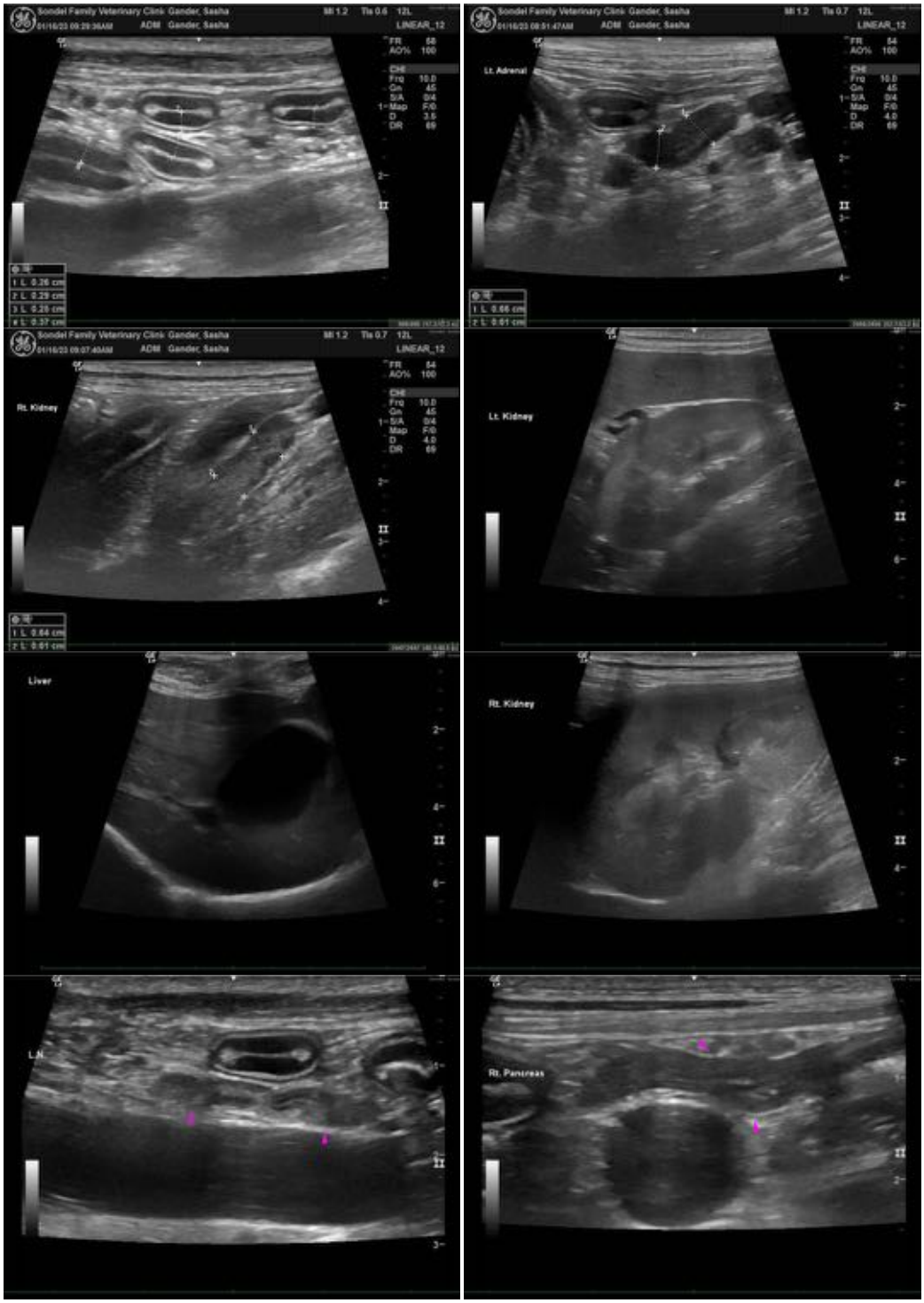

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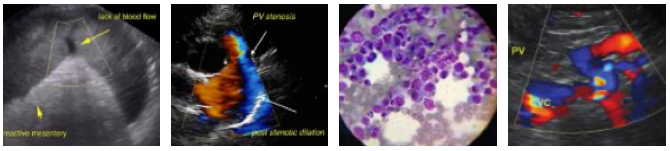

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com