**PATIENT**Nova Klongland
31863F**SPECIES**

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

10 years

WEIGHT

11.7 kg

INTERPRETED BYAndrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Vet Spec
Dr. McDaniel**INVOICE**

11861

DATE

10.20.22

PRESENTING CLINICAL SIGNS

History: Patient has been hospitalized for azotemia and an aortic thrombus found on ultrasound on 10/18. Azotemia has continued to worsen.

Abnormal PE/Chem/CBC/UA Results: 10/19/22 @ 8:30p: Crea 3.3, BUN 30

**This study was limited to the urinary system. There is a potential for pathology in organs that were not visualized.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** 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 (4.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.32 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. The mesentery effacing the serosal surface of the kidney is mildly hyperechoic. Trace retroperitoneal fluid is observed.

The **right kidney** is normal size (4.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. The mesentery effacing the serosal surface of the kidney is mildly hyperechoic. Trace retroperitoneal fluid is observed.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The medial iliac **lymph nodes** are visualized (left: 2.41 x 0.78 cm) (right 2.97 x 0.63). The nodes are normal in shape and echogenicity.

Other

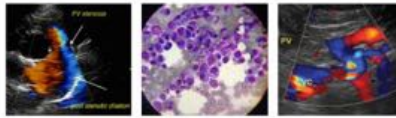
A thrombus is observed in the abdominal aorta, extending from the level of the right renal artery to the aortic trifurcation/ileac arteries.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Large aortic thrombus. Changes are similar to the previous sonogram.
- Bilateral pyelectasia, more pronounced in the left kidney, with bilateral cranial retroperitonitis. Both the pyelectasia (now also evident on the right side) and the retroperitonitis appear to have slightly worsened compared to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the azotemia continues to worsen despite aggressive IV fluid diuresis, consider referral for hemodialysis.



PATIENT

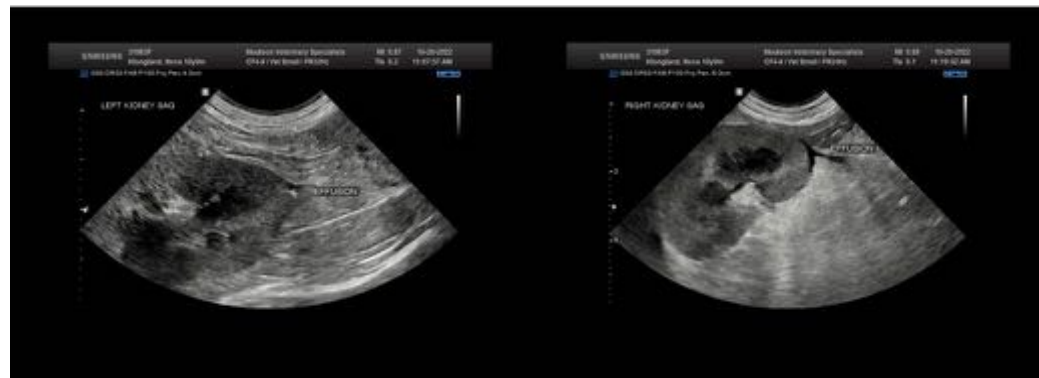
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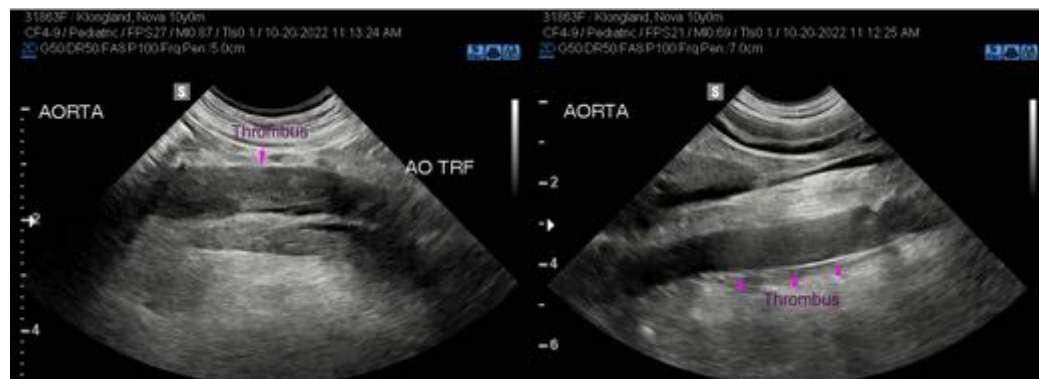
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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