



PATIENT PRESENTING CLINICAL SIGNS

Azi Krech
History: Recent hx urinary accidents, responsive to empiric courses of clavamox, recur after cessation of antibiotic (2 rounds). Hx mild azotemia. Presents for urinary ultrasound primarily, and collection of urine sample.

SPECIES

Canine
Abnormal PE/Chem/CBC/UA Results: On presentation today for AUS, marked weight loss noted (8 pounds over 3 months). CBC/chem 17/lytes performed today in house: Non-regen anemia at 28% with normocytosis and hemoglobinemia BUN 33 Creat 2.8 (marginal elevation relative to historical creats in the low 2's) USG: 1015 U-culture pending

BREED

Dalmation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female
The urinary bladder is moderately distended with anechoic urine. The wall is mildly thickened (up to 0.53 cm) and irregular. Mineralized foci are seen within the dorsal wall. Luminal contents are mostly anechoic. No cystic calculi are seen. The region of the trigone appears normal.

AGE

11 Years
No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

WEIGHT

35.1 Pounds
The left kidney presented normal in size (3.79 cm in length); with an irregular. The cortex is variably thickened and there is poor corticomedullary distinction. A 2.37 cm area of proliferative tissue is observed at the lateral aspect. Moderate pyelectasia is present (0.53 cm) in the longitudinal plane. Several nephroliths are visualized.

INTERPRETED BY

The right kidney is difficult to visualize due to rib artifact but is subjectively normal in size with an irregular shape. The cortex is variable thickened with proliferative tissue at the caudal pole. There is poor corticomedullary distinction. Nephroliths are suspected. Pyelectasia is suspected.

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Adrenal Glands

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.45 cm at caudal pole); 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.

Lee Gregory

HOSPITAL NAME

The caudal pole of the right adrenal gland is visualized and is normal in size (0.69 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

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Spleen

The spleen is normal in size (2.02 cm 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.

Marc Ouelette

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No focal distinct lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

13933

DATE

10/21/21



PATIENT

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The gall bladder lumen is moderately distended. The wall is hyperechoic to mineralized and somewhat irregular. An aggregation of adherent echogenic debris observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

Gastrointestinal

The gastric lumen is mildly distended with fluid and 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.

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Pancreas

The body of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SEX

Spayed Female

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

AGE

11 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

35.1 Pounds

Primary Findings

- Bilaterally irregular/abnormal kidneys with non-obstructive nephroliths, pyelectasia and proliferative cortical tissue, which may be secondary to hyperplasia, inflammation or neoplastic infiltration.
- The urinary bladder wall changes are suggestive of cystitis with mineralization within the wall.

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Internal Medicine)

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely.
- The gallbladder wall changes are suggestive of cholecystitis. It should be noted that gallbladder wall mineralization has been associated with biliary adenocarcinoma in rare instances.

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Lee Gregory

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Supportive care for acute on chronic renal failure is recommended, including fluid therapy as needed, gastric protectants and empirical broad spectrum antibiotic therapy (i.e., fluoroquinolone) while awaiting urine culture and sensitivity results.
- A UPC is also recommended if proteinuria is present. A baseline blood pressure measurement should be obtained.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if fluid therapy is to be initiated.

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- Consider a fine needle aspirate of the proliferative renal tissue if clotting status and blood pressure are normal. This would help further determine if inflammatory or infiltrative disease is present.

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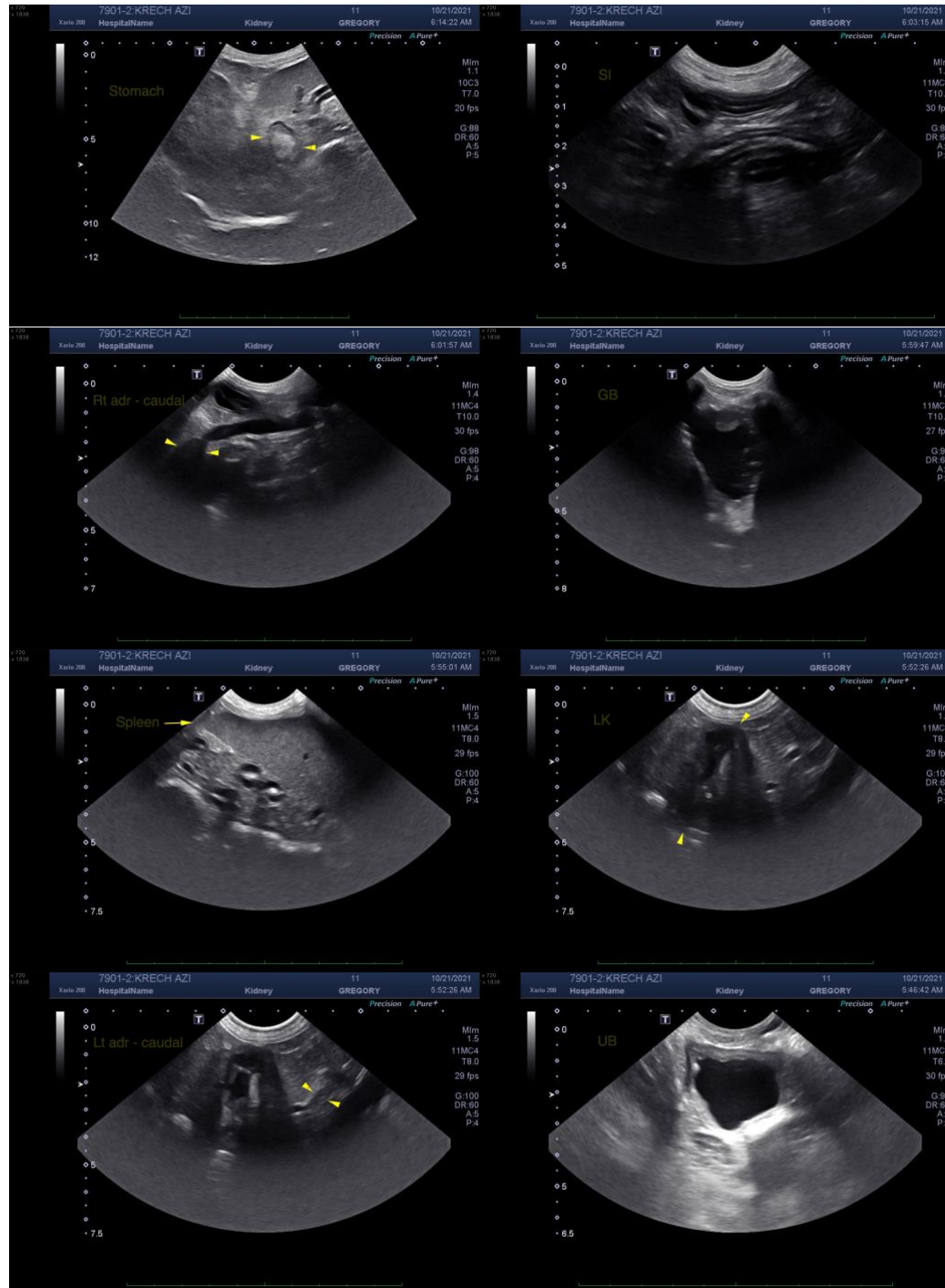
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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