



PATIENT PRESENTING CLINICAL SIGNS

Ali Marchand

History: Ali have been diagnosed with stage 2 kidney disease and has been on Fortekor since April this year. She has been getting Fortekor for her proteinuria but our last urine analysis the proteinuria have gotten worse. She is on kidney food and Fortekor during all this time currently on Fortekor 5mg

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Golden Retriever

Urinary System

SEX

Spayed Female

The urinary bladder is distended. The wall in the region of the apex is mildly thickened (up to 0.38 cm) and irregular. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

5 Years

The left kidney presented normal size (6.72 cm in length); with an irregular shape. The cortex is variably thickened and hyperechoic and there is poor corticomedullary distinction. There is loss of the renal medullary architecture. Mild pyelectasia is present (0.31 cm in the longitudinal plane). There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal.

WEIGHT

36.2 kg

The right kidney presented normal size (5.66 cm in length); with an irregular shape. The cortex is variably thickened and hyperechoic and there is poor corticomedullary distinction. There is loss of the renal medullary architecture. Mild pyelectasia is present (0.24 cm in the longitudinal plane). There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

IMAGING

PERFORMED BY

Kelly Reshny, RVT

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.80 cm at caudal pole) (2.33 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.

HOSPITAL NAME

Hespeler AH

The right adrenal gland is normal size (1.47 cm at cranial pole) (0.83 cm at caudal pole) (2.64 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

REFERRING VET

Dr. Bhinder

The spleen is normal in size (1.82 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.

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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

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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 is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Canine

BREED

Gastrointestinal

Golden Retriever

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

SEX

Spayed Female

AGE

5 Years

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.

WEIGHT

36.2 kg

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

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

- Bilateral nephropathy with mild pyelectasia. Given the patients' age, renal dysplasia is a consideration. Another possibility is prior renal insult (i.e., toxin or infection).
- The bladder wall changes are suggestive of cystitis. Correlation with clinical findings is recommended.

IMAGING PERFORMED BY

Kelly Reshny, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Hespeler AH

- Given the recent increase in UPC, a urine culture and sensitivity are recommended to rule out infection as a complicating factor.
- If there is no evidence of infection, consider the following additional diagnostics/ treatments:

REFERRING VET

Dr. Bhinder

1. Angiotensin receptor blocker
2. Omega-3 fatty acids supplementation at 60-65 mg per kg per day of EPA and DHA combined
3. Prescription renal diet
4. Blood pressure measurement

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- Serial monitoring of the patients' renal values, UPC and blood pressure is recommended to monitor for progression of disease and to assess for drug side effects.

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REFERRING VET

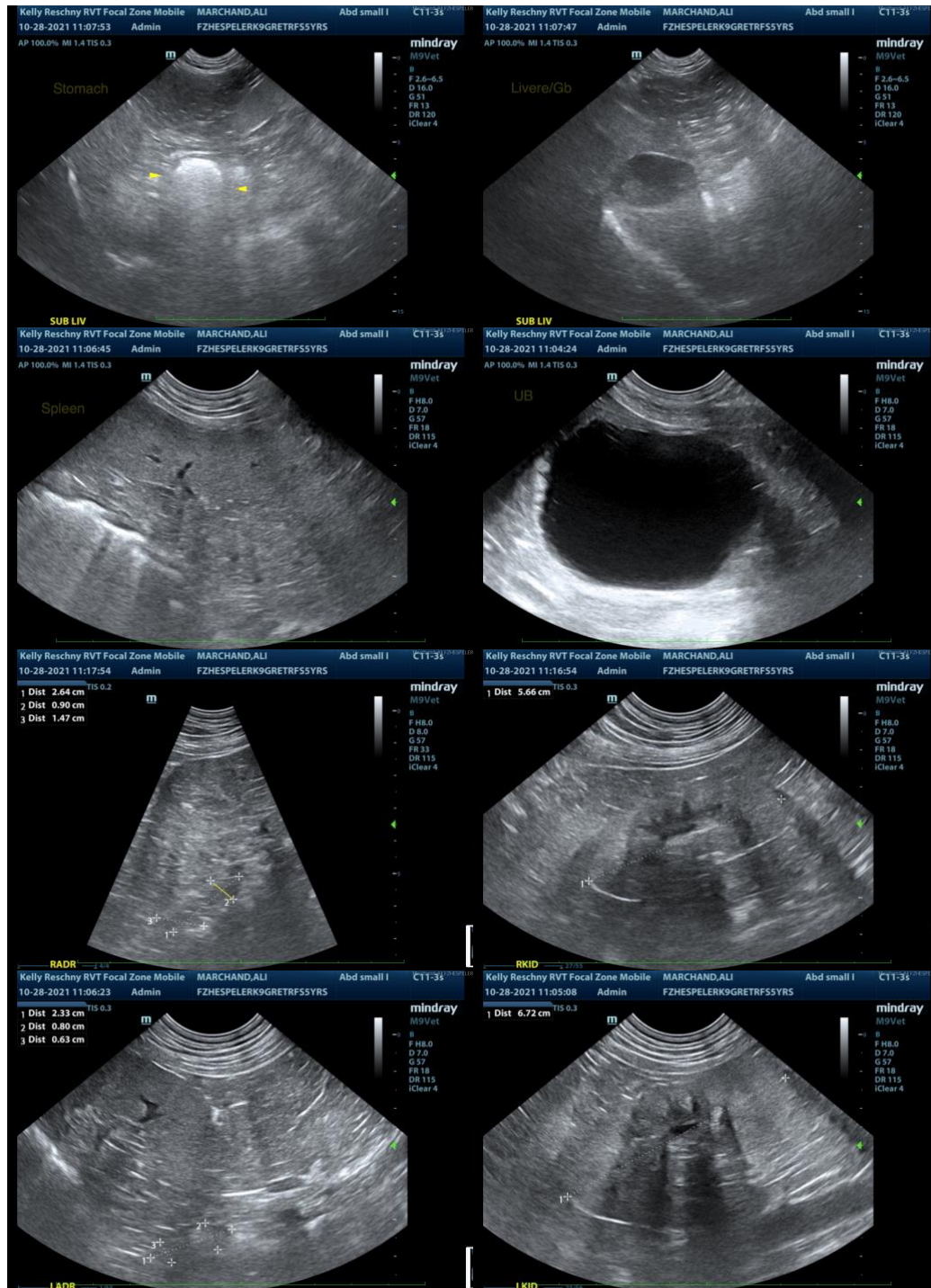
Dr. Bhinder

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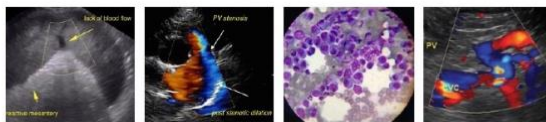
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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.

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