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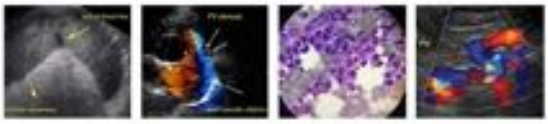

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Navi Hunton

SPECIES

Canine

BREED

Papillon mix

SEX

Female, spayed

AGE

11 Years

WEIGHT

3.8 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Roundhill AH

REFERRING VET

Dr. Carl Kelly

INVOICE

12531

DATE

11/15/21

PRESENTING CLINICAL SIGNS

History: Navi Cho Cho Hunton Abdominal Ultrasound 11 year old Papillon female, spayed possible epileptic 3.80kg UPC indicates severe proteinuria. IDEXX showed low albumin, possible azotemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. 1-2 small cortical cysts are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.22 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.43 cm at caudal pole) (1.69 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 caudal pole of the right adrenal gland is visualized and is normal size (0.32 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

Spleen

The spleen is normal in size (1.26 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic to mineralized mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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 disease is noted.

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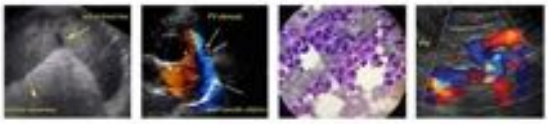

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Pancreas

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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral chronic nephropathy. Given the clinical history, a protein-losing nephropathy is suspected.

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 less likely.
- Gallbladder debris, non-mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Although the majority of protein-losing nephropathy cases are idiopathic, an underlying cause should be sought. Therefore, consider the following:
  1. Three-view thoracic radiographs to assess for occult neoplasia.
  2. Infectious disease testing (i.e., tick borne, Leptospirosis, heartworm).
- Other diagnostic and therapeutic considerations include the following:
  - Angiotensin II receptor blocker (e.g., Telmisartan)
  - Antithrombotic (e.g., Clopidogrel at 2.5 mg/kg PO q 24 hours)
  - Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
  - Prescription renal diet
  - Baseline blood pressure measurement with serial monitoring thereafter
  - Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease

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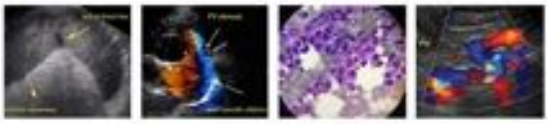

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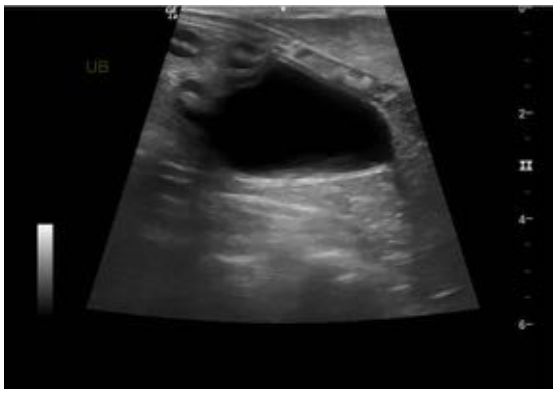

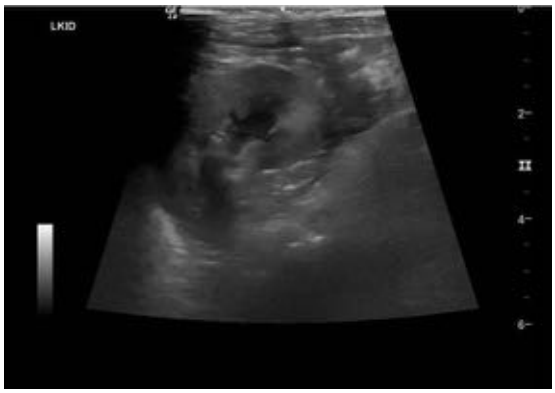

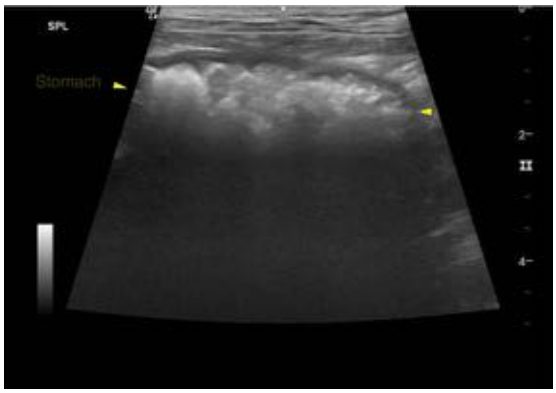

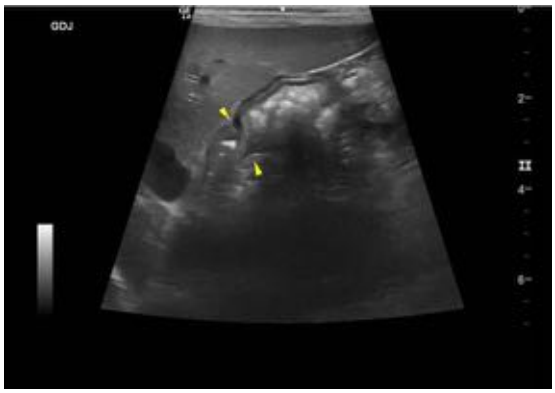

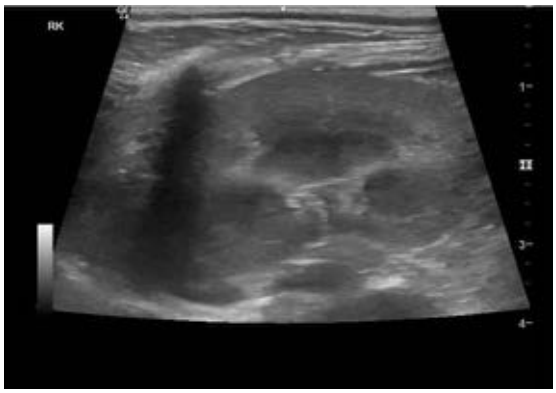

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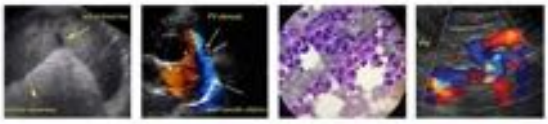

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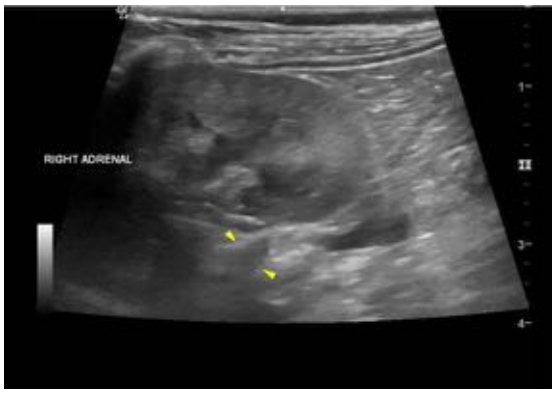

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

andrea.nicastro@sonopath.com