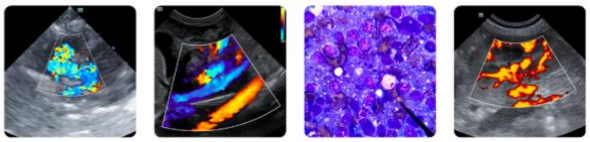


PATIENT

Chloe Schoonmaker

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Female Spayed

AGE

8

WEIGHT

32.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Kathleen Laux

HOSPITAL NAME

Rondout Valley Vet Associates

REFERRING VET

Dr Jesse Page

INVOICE

22318

DATE

11-26-25

PRESENTING CLINICAL SIGNS

History: History of intermittent vomiting
Abnormal PE/Chem/CBC/UA Results: CBC: HCT 59%, rest WNL -chem: BUN 40, creatinine 1.7, SDMA 11.6, Cl 122, cholesterol 379, TG 595, amylase 1672, PSL 152, rest WNL -T4: 1.0 -Accuplex: Anaplasma positive, neg x 3 - has been Anaplasma positive previously -UA: USG 1.022, pH 5.0, protein +, inactive sediment. Was not 1st AM urine sample. -fecal: PCR panel neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mildly to moderately distended within anechoic urine. The ventral wall is variably thickened (up to 0.69 cm) and irregular. The remaining wall is normal in thickness with a slightly irregular mucosal surface. Mineralized sand +/- tiny cystic calculi are observed within the lumen. The region of the trigone is normal.

The left kidney is normal in size (5.16 cm in length) with a normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. At least one, small cortical cyst is seen. Mild pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.60 cm in length) shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. A few, small, mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.67 cm at cranial pole) (0.64 cm at caudal pole) with a normal shape and 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 in size (0.65 cm at cranial pole) (0.56 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

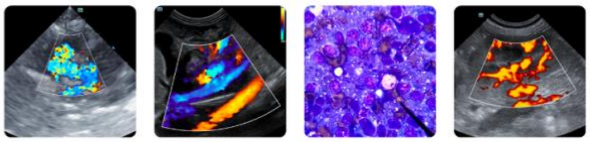
Spleen

The spleen is normal in size (1.41 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent-in-size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance, with a few, ill-defined hypoechoic nodules (the largest measuring 1.9 cm in its longest dimension). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent, echogenic-to-mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is not distended. 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 not dilated. The small intestinal wall is normal in thickness 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 normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with mild left pyelectasia and right nonobstructive nephrocalcinosis.

Secondary Findings

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Gallbladder debris/sand, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the renal changes, consider the following:

  1. Urinalysis with culture and sensitivity
  2. UPC if proteinuria is present in the absence of infection
  3. Baseline blood pressure measurement
  4. Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if clinical suspicion for disease is high
  5. Serial monitoring of the patient's renal values to assess for progression of the azotemia

- Regarding the history of intermittent vomiting, consider the following:

  1. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
  2. Limited antigen or hydrolyzed protein diet, particularly one that also addresses the patient's azotemia
  3. Initiation of probiotic with a high colony count (i.e., Visbiome or Proviable Forte)
  4. +/- endoscopic or surgical GI biopsies.

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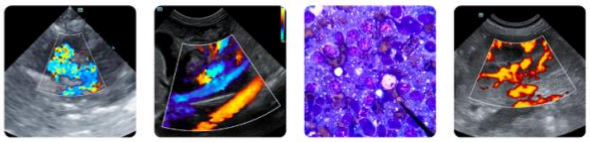

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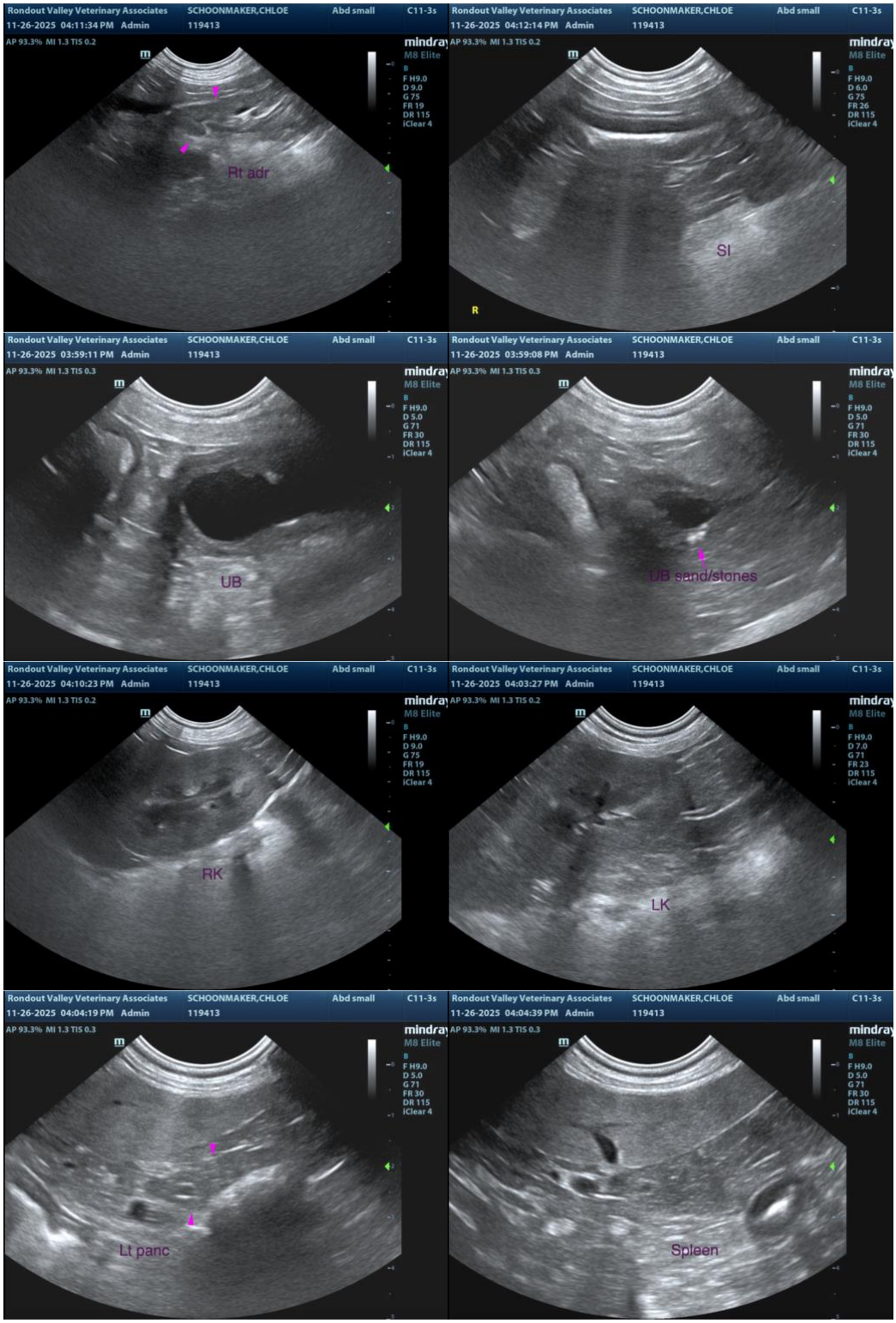

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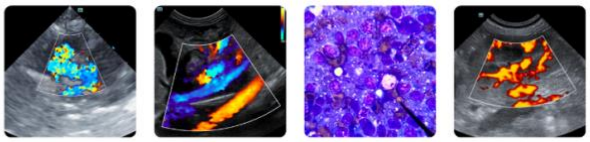

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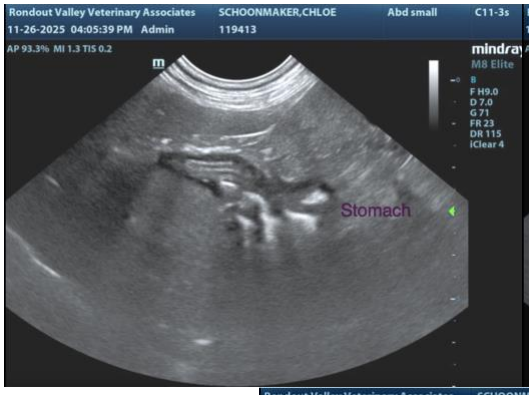

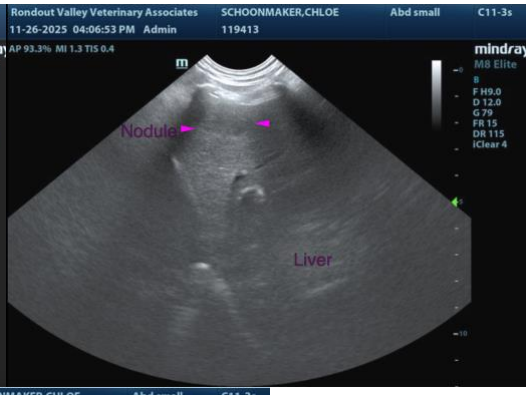

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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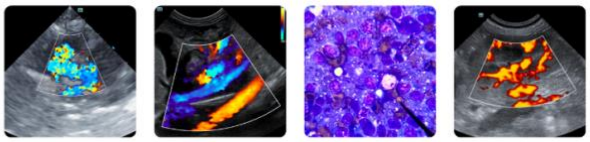

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