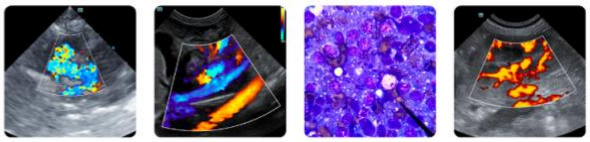


PATIENT

Zoe Schoonmaker

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Female Spayed

AGE

8

WEIGHT

36.6

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

22319

DATE

11-26-25

PRESENTING CLINICAL SIGNS

History: Has been intermittent vomiting
Abnormal PE/Chem/CBC/UA Results: CBC: HCT 50%, rest WNL -chem: BUN 36, creatinine 1.4, SDMA 10.6, K 5.6, cholesterol 498, amylase 1191, PSL 44, rest WNL -T4: 1.1 -Accuplex: neg x 4 -UA: USG 1.030, pH 6.5, protein 4+, inactive sediment. UPC 9.7. Was not 1st AM urine sample (collected here at time of appt). -fecal: PCR panel neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (5.64 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate to severe loss of corticomedullary distinction. At least one small, cortical cyst is seen. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several, small, nonobstructive 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 (0.49 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.

The right adrenal gland is normal in size (0.67 cm at cranial pole) (0.50 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 (1.57 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.

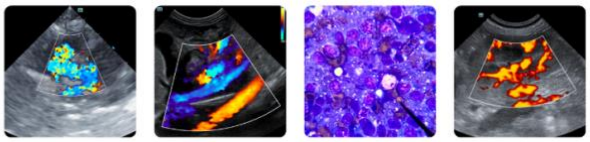
Liver

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 portal vein to caudal vena cava ratio is approximately 1: 1.

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

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



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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 right limb is visualized, with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly heterogenous in appearance. A 0.94 cm cyst is observed within the parenchyma. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A 1.53 x 0.84 cm septated cystic lymph node is observed adjacent to the caudal pole of the left kidney.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral nonspecific renal changes with nonobstructive nephrocalcinosis and trace left pyelectasia. Given the severe elevation in UPC, a protein-losing nephropathy is likely. Top differentials include amyloidosis and glomerulonephritis.

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, non-mucocele
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. There is a suspected pancreatic cyst in the right limb. This is likely a benign incidental finding.
- The cystic lymph node in the left mid-abdomen likely represents a benign incidental finding, with a lower possibility of emerging vascular neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the renal changes, consider the following:

1. Urine culture and sensitivity
2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
3. Baseline blood pressure measurement
4. Consider initiation of a angiotensin receptor blocker (i.e., telmisartan) along with an anti-thrombotic agent (i.e., clopidogrel), and omega 3 fatty acids.
5. A prescription renal diet is also recommended.
6. Ultimately, renal biopsies would be necessary to get a definitive diagnosis. However, the risk of biopsy should be weighed against the benefits.

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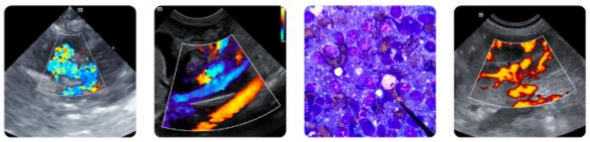

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Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

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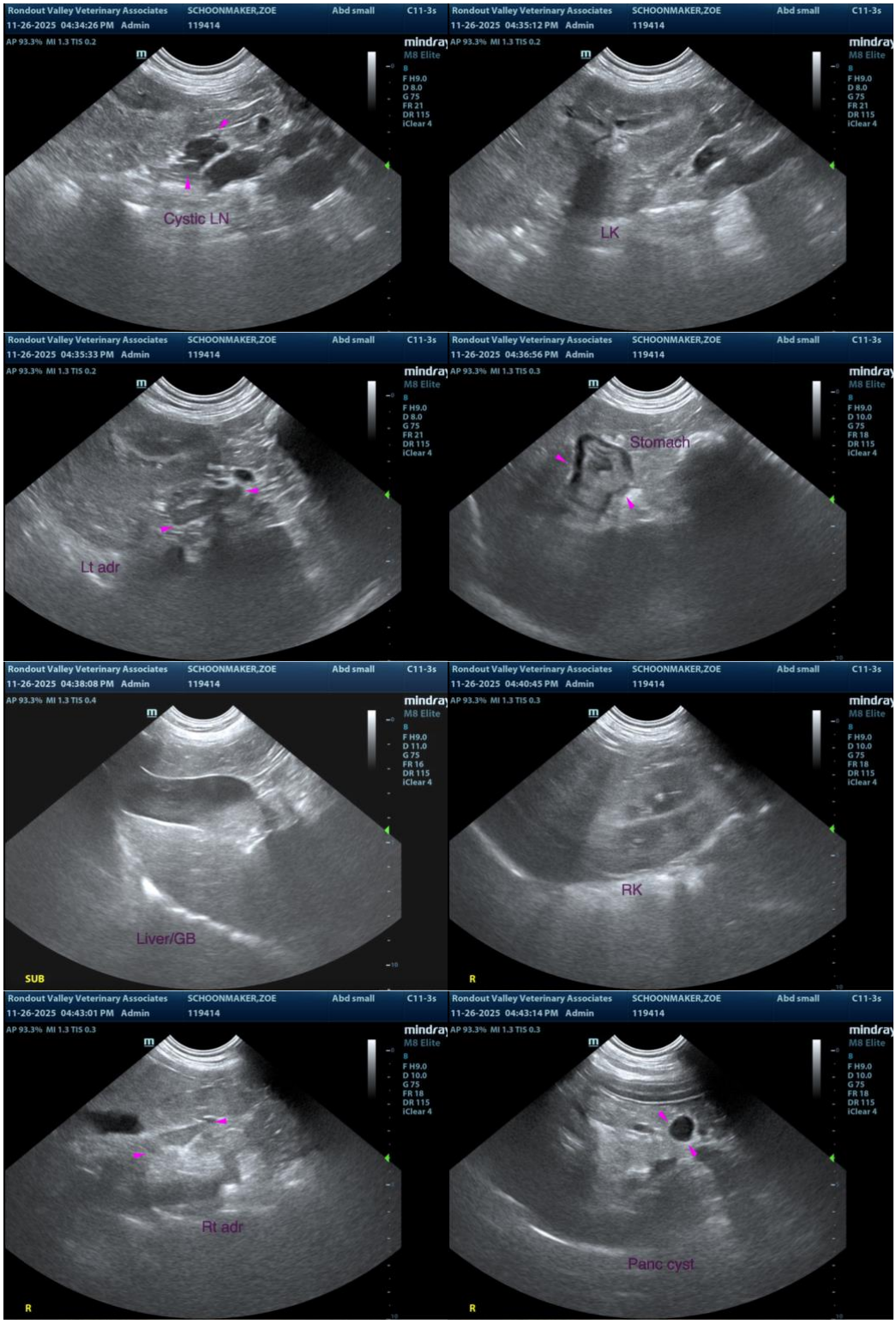

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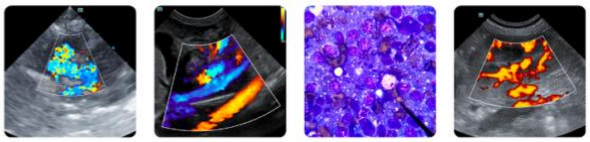

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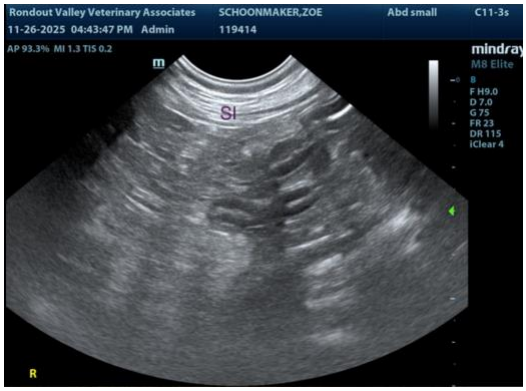

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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