

**DATE PRESENTING CLINICAL SIGNS**

12/13/21

History: Patient presents for skin concerns, concern for sarcoptes - results pending - sent home with Apoquel and Cefpo - significant azotemia noted on monitoring lab work.

**PATIENT**

Zeus Vendetti

Current Medications: Apoquel 16 mg BID, Cefpo 200 mg SID.

Lab Results: Significant azotemia, lab work- mild non-regenerative anemia, hematocrit 33%, creatinine 4, BUN 97, albumin 2.4, globulins 5.3, USG 1.013 with 2+ proteinuria. Inactive sediment, normal T4.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

**SPECIES**

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Pitbull Terrier Mix

**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.

**SEX**

Male, neutered

The prostate is normal in size (1.37 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

12/4/2011

The left kidney is normal size (7.30 cm in length) with a slightly irregular shape. The cortex is variably thickened and hyperechoic to heterogeneous and there is poor corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter.

**WEIGHT**

55 lbs.

The right kidney is normal size (7.10 cm in length) with a slightly irregular shape. The cortex is variably thickened and hyperechoic to heterogeneous and there is poor corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.78 cm at cranial pole) (0.90 cm at caudal pole) (3.39 cm in length) with a slightly irregular shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

The right adrenal gland is normal size (0.94 cm at cranial pole) (0.78 cm at caudal pole) (3.15 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**

Perry Hall AH

**Spleen**

The spleen is normal in size (1.92 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.

**REFERRING VET**

Dr. Miller

**INVOICE**

12698

**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 regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is moderately distended with ingesta. 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 disease is noted.

### ***Pancreas***

A portion of the pancreas is obscured by the gastric distention. The right limb of the pancreas is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

### ***Free Abdomen***

There is no evidence of free fluid. A 1.25 cm lymph node is observed adjacent to the right limb of the pancreas. A 2.45 x 1.36 cm slightly heterogeneous lymph node is observed in the caudal abdomen just dorsal to the urinary bladder.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Bilateral chronic nephropathy. Given the lab results, a protein-losing nephropathy (PLN) is suspected. Most cases of PLN are idiopathic. However, in some cases, it may be secondary to infectious/inflammatory disease or underlying neoplasia.

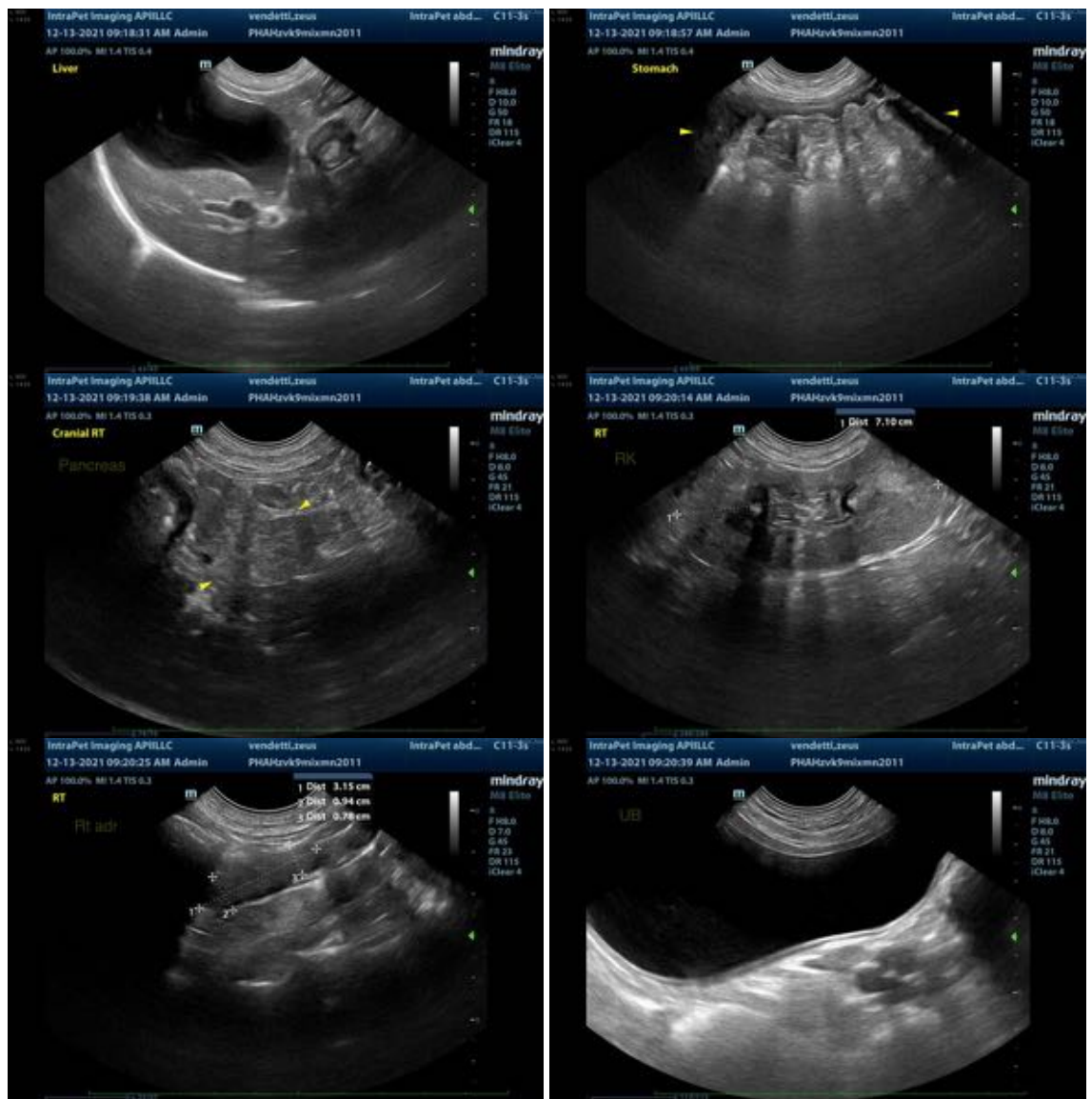
### **Secondary Findings:**

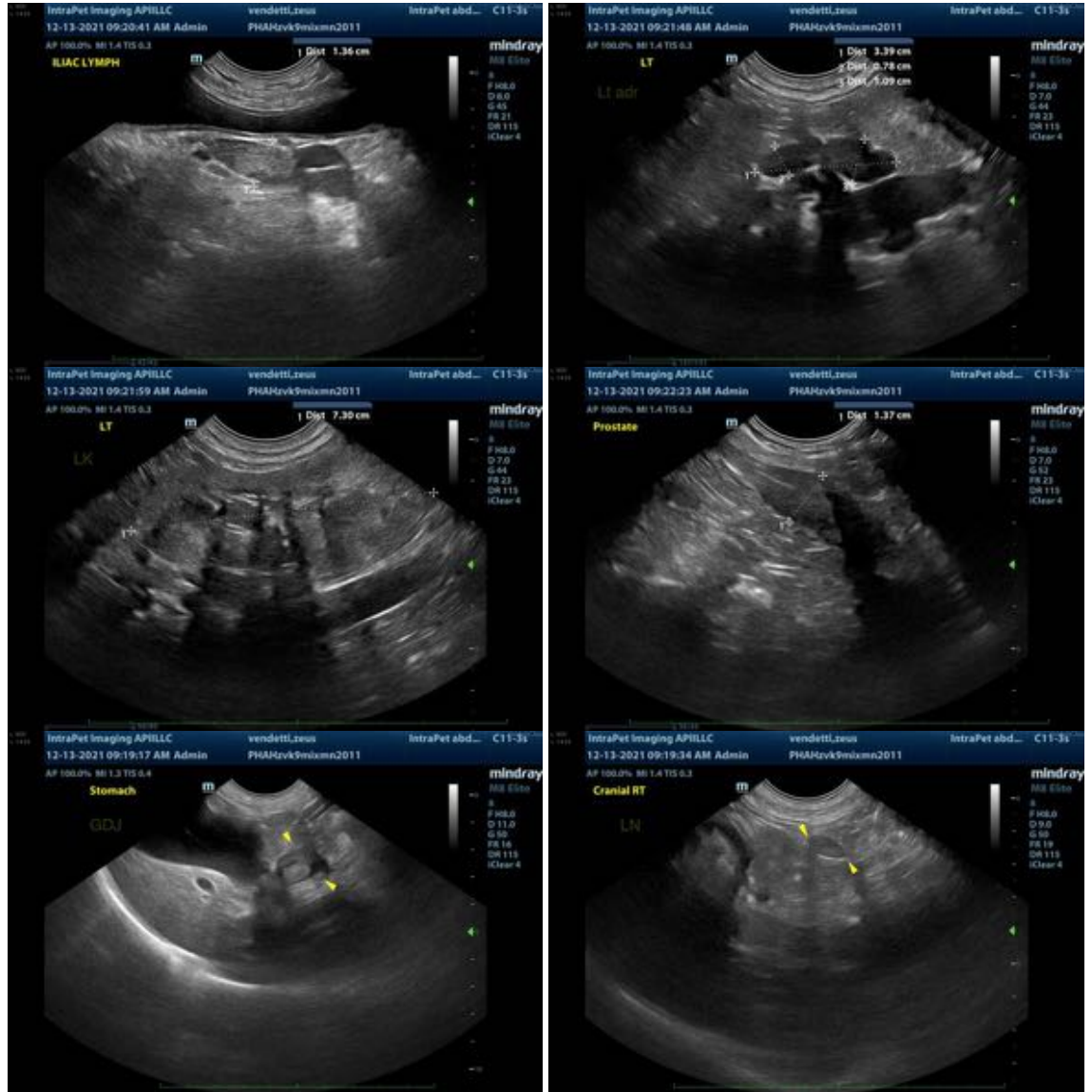
- Mild left adrenomegaly.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the clinical history, a urine culture and sensitivity, UPC and blood pressure measurement are recommended along with transition to a prescription renal diet, if the patient will tolerate it. Also consider testing for infectious diseases (i.e., tick borne, Leptospirosis, heartworm).

- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status, particularly if fluid therapy may be initiated in the future.
- Given the caudal abdominal lymphadenopathy, a thorough rectal examination is recommended to assess for lesions that may be resulting in lymph node enlargement.





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.

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