

## PATIENT

Nicole Granina

## SPECIES

Canine

## BREED

Pekingese

## SEX

Spayed Female

## AGE

11 years, 7 mos

## WEIGHT

11 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
RVT LVT

## HOSPITAL NAME

Dr Carrie McCraw  
House call

## REFERRING VET

Dr Carrie McCraw

## INVOICE

11869

## DATE

12.16.22

## PRESENTING CLINICAL SIGNS

History: Nicole Granina 11 yr 7 mo FS Pekingese, 11 pounds. HR 140, RR 30. History for echo- Prior Echo 6/21/21. RRR 9 breaths/min. Intermittent grade 1-II/VI systolic heart murmur, normotensive. Supplements: Fish oil, Dasuquin w/ MSM. RX: None Goal: Assess progression History for AUS - - Started growling under table a few weeks ago intermittently, licking hind end. -PE: Rectal exam wnl, mildly full anal sacs w/ normal material and easy to express (history of year-round atopy). -DX: CBC on 12/3/22: Retic Hgb 24.1 (24.5-31.8), Plts 462 (143-448) Chem on 12/3/22: SDMA 14, Cr 1.6, BUN 32, Phos 3.3, Cl 105 (108-119) UA on 12/3/22: USG 1.010, pH 8.0, WBC 2-5, RBC 0-2, epi cells 2+. T4 on 12/3/22 2.6 (1-4) Recheck kidney values on 12/14/22: SDMA 12, Cr 0.9, BUN 23. Goal: Assess kidneys/urinary, screen for any other possible causes for behavior change. \*Note: non-fasted for AUS (ate at 10 am, scan at 11:30 am).

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is 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. The region of the trigone is normal.

The left kidney is normal size (3.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.71 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.43 cm at caudal pole); 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 right adrenal gland is normal size (0.62 cm at cranial pole) (0.41 cm at caudal pole) (1.71 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.

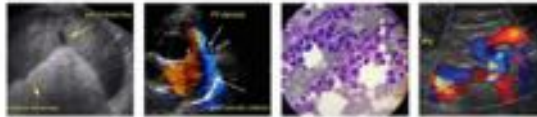
### Spleen

The spleen is normal in size (0.78 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 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.



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**Gastrointestinal**

The gastric lumen is moderately distended, consistent with a post-prandial presentation. The gastric wall is 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. There is no evidence of an obstructive pattern.

**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.

**ULTRASONOGRAPHIC FINDINGS**

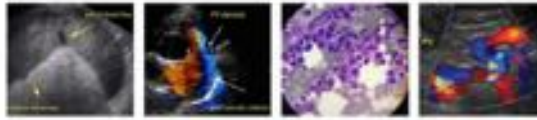
**Primary Findings**

- Bilateral nonspecific chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's clinical history of azotemia, consider the following:
  - Urine culture and sensitivity
  - Baseline blood pressure measurement
  - +/- Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if clinical suspicion for disease is high
  - Transition to a prescription renal diet
  - Serial monitoring (i.e., every 3 months) of the patient's renal values to assess for progressive disease





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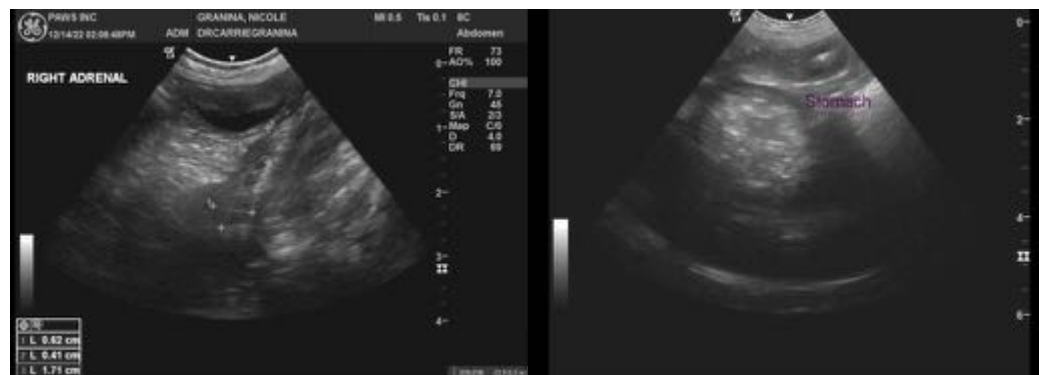
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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