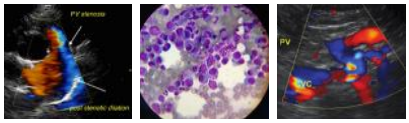
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

12/17/21

PATIENT

Avery Alexander

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

12/1/16

WEIGHT

6.6 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Andi Parkinson, RDMS

HOSPITAL NAME

Pet Wellness Center

REFERRING VET

Dr. Twardus

INVOICE

13089

PRESENTING CLINICAL SIGNS

History: Was presented for vomiting and lethargy. Bloodwork showed very elevated kidney enzymes. Was hospitalized for 2 days and levels improved but recheck on 12/13 showed the levels were back to where they started. Additional history: Patient has a nonregenerative anemia, moderate to severe. Most recent creatinine 7.4, BUN-off the scale, hyperphosphatemic.

Current Medications: Renavast; LRS 50mL BID.
Lab Results: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 mostly 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 in size (3.98 cm in length); and severely misshapen. There is virtually no corticomedullary distinction and there is almost complete disruption of the normal renal architecture. The renal tissue is heterogeneous in appearance. Mild pyelectasia is present (0.25 cm) in the transverse plane. A small amount of subcapsular fluid is present. Small, mineralized foci are seen. There is no evidence of hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (3.78 cm in length); and severely misshapen. There is complete loss of corticomedullary distinction and there is almost complete loss of normal renal architecture. The renal tissue is heterogeneous in appearance with foci of mineralization and small cystic areas. There is no evidence of pyelectasia or hydroureter. Renal vasculature appears normal.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm at cranial pole) (0.40 cm at caudal pole) (1.78 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 right adrenal gland is normal size (0.56 cm at cranial pole) (0.49 cm at caudal pole) (1.20 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. A moderate amount of aggregated echogenic gravity dependent sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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 or overt infiltrative disease is noted.

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

- The bilateral renal changes are concerning for renal dysplasia. However, prior insult (i.e., infection, toxicity) is also possible. Infiltrative neoplasia is also a consideration but considered less likely given the overall appearance of the kidneys. Renal dysplasia is favored.

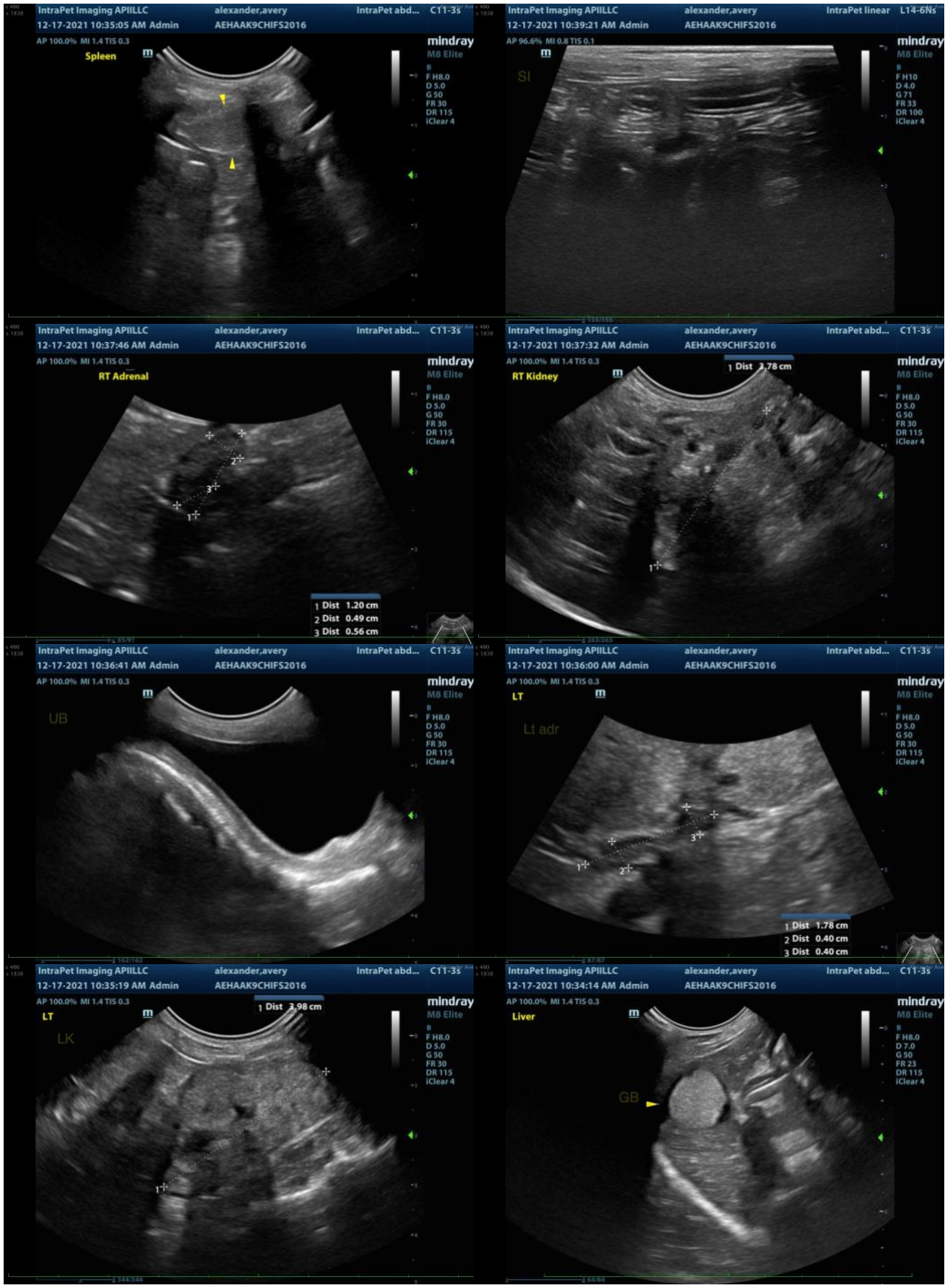
Secondary Findings

- Gallbladder sludge, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Urine culture and sensitivity, preferably on a pre-antibiotic sample
2. UPC (if proteinuria is present)
3. Blood pressure measurement
4. Continued supportive care with fluid therapy, gastric protectants, antiemetics and appetite stimulants (as needed).

Unfortunately, given the clinical history and sonographic changes, the prognosis for this patient is considered guarded.



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 DACVIM (Small Animal Internal Medicine)
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