



PATIENT

CoCo O'Herron

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

94 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Oxford VH

INVOICE

14383

DATE

12/20/22

PRESENTING CLINICAL SIGNS

History: Coco presented for a dental. Pre-op blood work revealed progressive elevation in renal values, hyperphosphatemia, hypercalcemia and hyperglobulinemia.

BUN 122, creatinine 6.4, calcium 13.8, USG 1.015 with proteinuria and an inactive sediment.

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 and the visible portion of the proximal urethra are normal.

The left kidney is small in size (5.43 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic with a few small cortical cysts. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate pyelectasia is present (0.61 cm in the transverse plane). At least one cortical infarct is suspected at the lateral aspect. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.59 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild to moderate pyelectasia is present (0.48 cm in the transverse plane). Cortical infarcts are suspected. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.74 cm at cranial pole) (0.73 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 (0.95 cm at cranial pole) (0.70 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.

Spleen

The spleen is normal in size (1.67 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 small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen contains some hyperechoic shadowing material but is otherwise empty. 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 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

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.

Other

A 2.62 x 1.89 cm irregular, hyperechoic nodule/lesion is observed in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral severe, degenerative renal changes with dystrophic mineralization, pyelectasia and suspected infarcts. The underlying cause for the patient's severe renal architectural changes is unknown. Considerations include prior insult (i.e., toxin, infection), renal dysplasia, other.

Secondary Findings:

- The shadowing gastric luminal contents may represent foreign material, kibble, medications, other. Correlation with the patient's clinical history is recommended. The material appears non-obstructive at this time.
- The hyperechoic nodule/lesion in the right cranial quadrant is of fat opacity and is suspected to be an intraabdominal lipoma or less likely, liposarcoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the patient's clinical history and sonographic renal changes, consider the following:

- Urine culture and sensitivity
- UPC (if proteinuria is present in the absence of infection)
- Baseline blood pressure measurement
- Consider transitioning to a prescription renal diet if the patient will eat it.
- Leptospirosis testing can also be considered, particularly if the clinical suspicion for disease is high. However, chronic renal disease is suspected so if Leptospirosis is present, it likely represents an acute on chronic insult.



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- IV fluid diuresis, broad spectrum antibiotics (while awaiting urine culture results), and other supportive measures are recommended.

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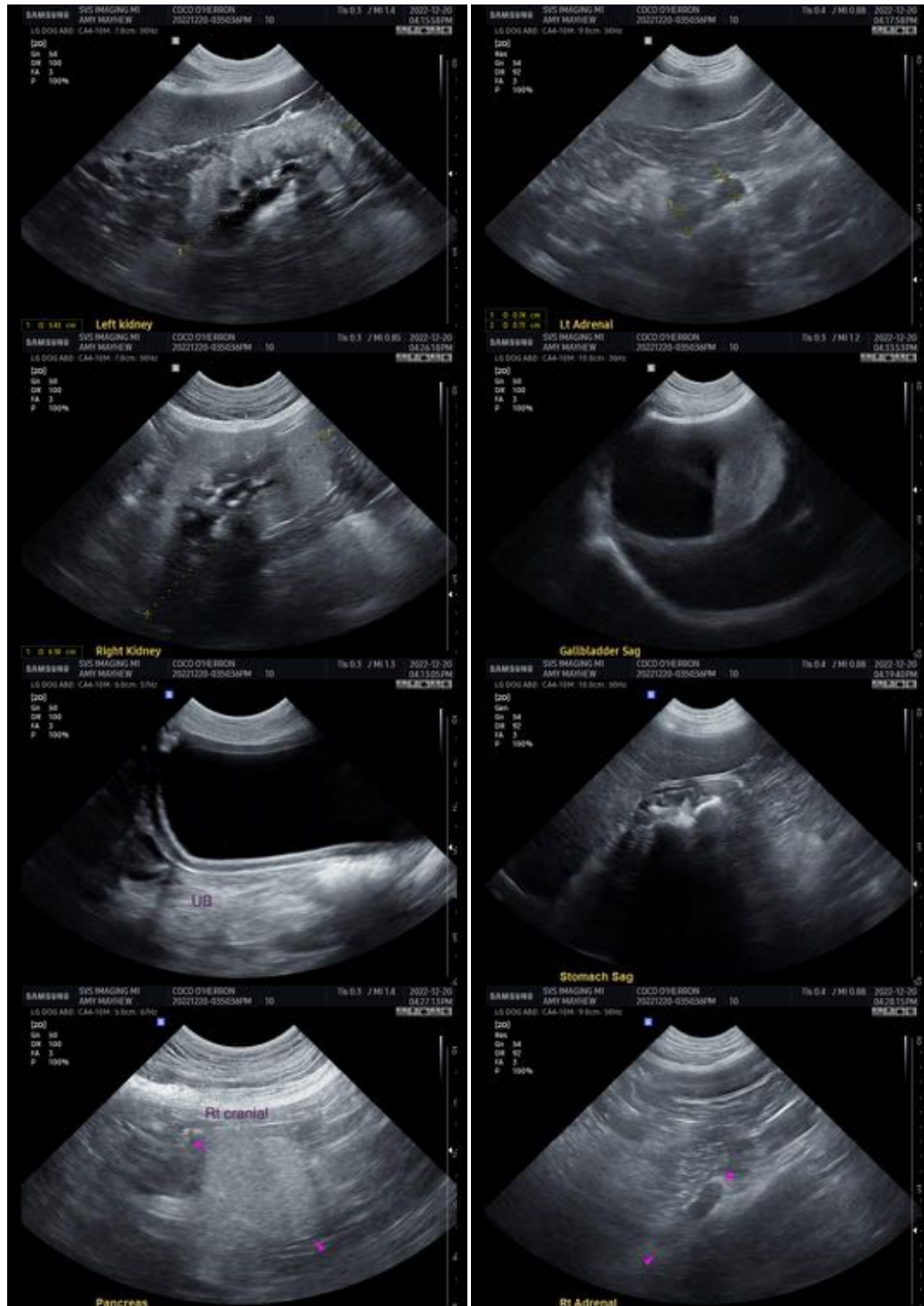
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The information and recommendations provided are based on the images presented by the referring



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veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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