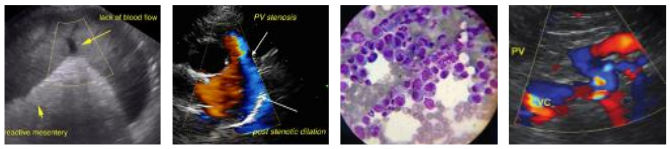

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1-800-838-4268 info@sonopath.com

PATIENT

Karla Augustin

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

6 Years

WEIGHT

88.4 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Wyman-Greenwald

INVOICE

12879

DATE

12/9/21

PRESENTING CLINICAL SIGNS

History: Mild azotemia, asymptomatic. No current meds.
Abnormal PE/Chem/CBC/UA Results: BUN 40, Creat 2.9, USG 1.017, PH 5.5, Prot 1+,

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 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 2.00 cm, are normal.

The left kidney is small in size (4.87 cm in length); and severely misshapen. There is loss of normal renal architecture. The cortex is variably thickened and there is poor corticomedullary distinction. Mild pyelectasia is present (0.30 cm) in the longitudinal plane. There is no evidence of nephroliths or hydroureter.

The right kidney is normal in size (8.18 cm in length); and severely mishappen. The cortex is variably thickened and nodular in appearance and there is poor corticomedullary distinction. Moderate pyelectasia is present (0.57 cm) in the longitudinal plane. There is no evidence of nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is normal in length (0.49 cm at cranial pole) (0.52 cm at caudal pole) (2.32 cm in length); with a slightly flattened contour. 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 (0.67 cm at cranial pole) (0.65 cm at caudal pole) (1.93 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

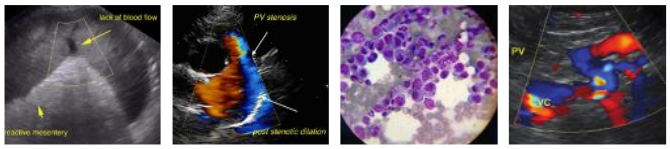
The spleen is normal in size (2.69 cm in width at the level of the hilus) with a normal capsular contour. The parenchymal is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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 anechoic. The cystic and common bile ducts are normal.

Gastrointestinal



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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 (xxx cm) 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.

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes are most consistent with congenital renal dysplasia. Another possibility is prior renal insult (i.e., infection or toxin exposure). However, renal dysplasia is favored. Unfortunately, the long-term prognosis for patients with renal dysplasia is guarded to poor.

Secondary Findings

- The flattened left adrenal gland may be a normal variant for this patient or may be secondary to early adrenal atrophy, secondary to hypoadrenocorticism.
- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia (less likely), inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- UPC, urine culture and sensitivity, baseline blood pressure measurement
- Transition to a prescription renal diet if the patient will tolerate it.
- Fluid therapy (IV or subcutaneous) as needed.
- Also consider a resting cortisol level to screen for hypoadrenocorticism.

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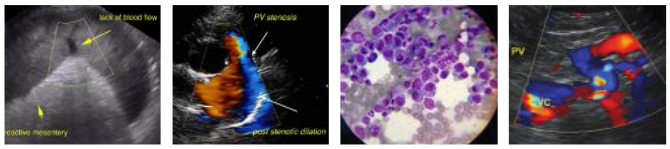

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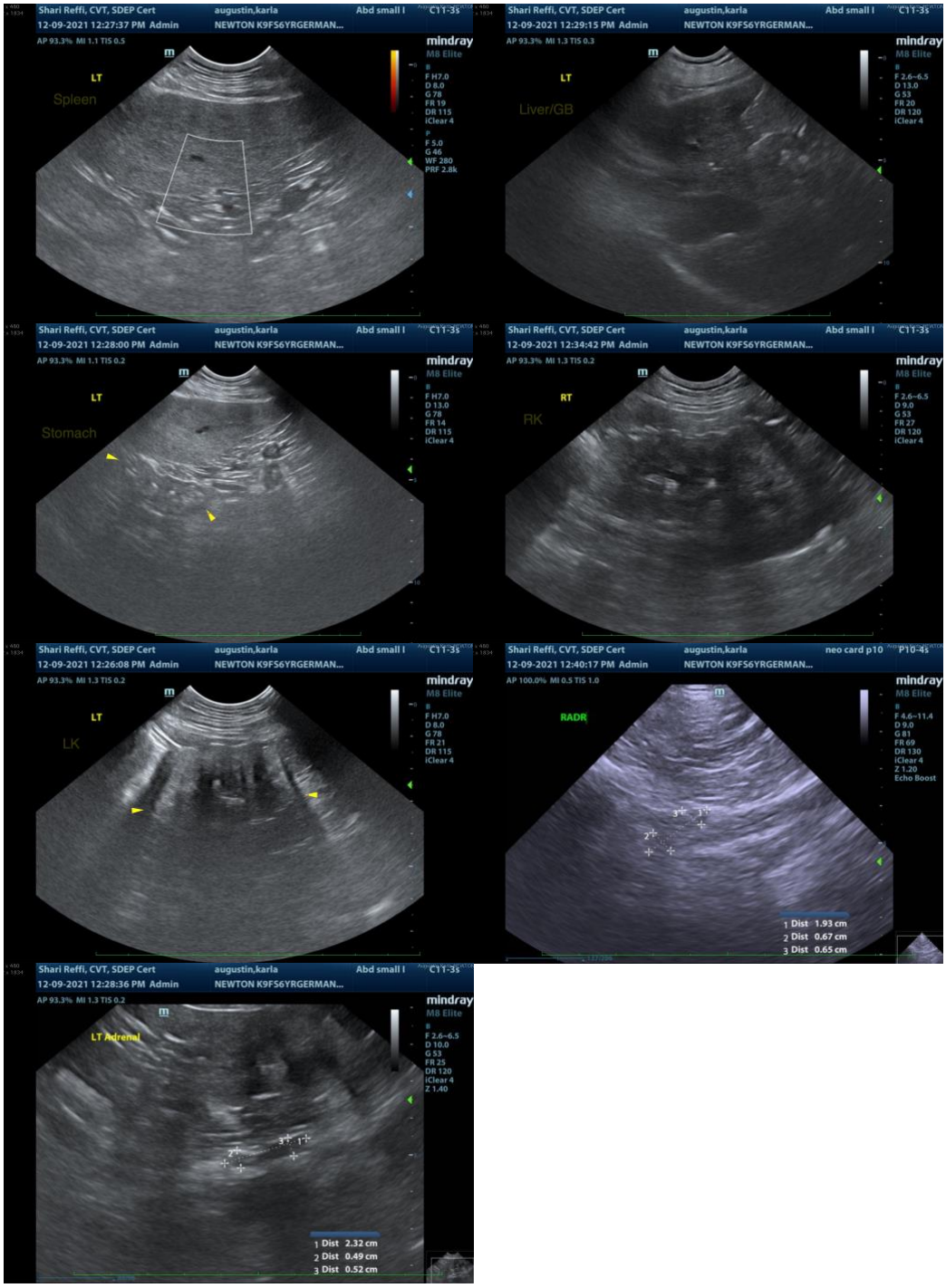

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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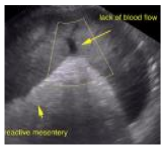

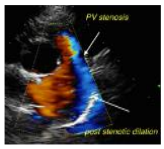

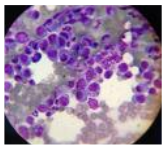
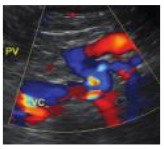

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