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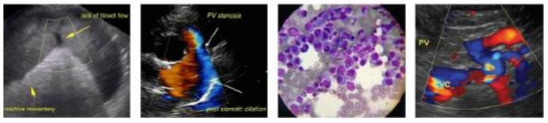

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Fin Bader

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

1 Year

WEIGHT

71 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mountain View AH

REFERRING VET

Dr. Grace Dahlgren

INVOICE

10277

DATE

2/3/22

PRESENTING CLINICAL SIGNS

History: PAWS Request Form: Chief Concern / Provisional Diagnosis: ~azotemia of unknown duration w/ minimal clinical signs noted at home. ~ Relevant Medical History and Physical Exam findings: ~ Pet presented for evaluation of lameness (suspect hip dysplasia) and elevated creatinine; BUN found on chem screen. UA shows proteinuria, hematuria, no bacteriuria (see lab results section) Pet is started on omega fatty acid supplements and kidney diet. vector borne disease testing and lepto testing pending pet is not noted to have pain/sensitivity w/ abdominal palpation~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ hematology unremarkable creatinine 3.6 (0.5-1.8) BUN 75 (7-27) USG 1.012 (urine is collected at the same time as blood) UPC 2.1 blood: 1+ (2-5RBC) - this is a cyto sample ~ Current medications (include full name, dosage and frequency): ~~ welactin - omega fatty acid supplement dasaquin k/d diet Relevant Radiograph Findings(email radiographs if available): ~lateral abdomen - NSF

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.

The prostate is normal in size (1.08 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.04 cm in length); with an irregular shape. The cortex is variably thickened, irregular and heterogenous in appearance. The medullary architecture is abnormal/irregular. There is poor corticomedullary distinction. Several varying-sized irregular cystic lesions are observed throughout the cortex. Moderate pyelectasia is present (0.66 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.00 cm in length); with an irregular shape. The cortex is variably thickened, irregular and heterogenous in appearance. The medullary architecture is abnormal/irregular. There is poor corticomedullary distinction. Several varying-sized irregular cystic lesions are observed throughout the cortex. A small amount of subcapsular fluid is visible. Moderate pyelectasia is present (0.83 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.59 cm at caudal pole) (2.45 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 (0.70 cm at cranial pole) (0.61 cm at caudal pole) (3.10 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unre markable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

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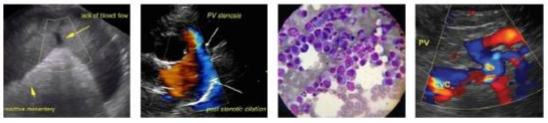

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The spleen is normal in size (2.21 cm in width at the level of the hilus);with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 anechoic. 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. A few prominent mesenteric lymph nodes are visualized, the largest measuring 3.43 cm. in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

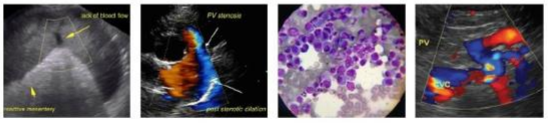
- The kidney changes are most consistent with renal dysplasia with a lower possibility of a prior insult (i.e., infection or toxin).

Secondary Findings

- The prominent abdominal lymph nodes may be secondary to immunologic immaturity and/or reactive change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity
- Baseline blood pressure measurement
- Consider initiation of an angiotensin receptor blocker (i.e., telemisartan), as well as an anti-thrombotic agent (i.e., clopidogrel)



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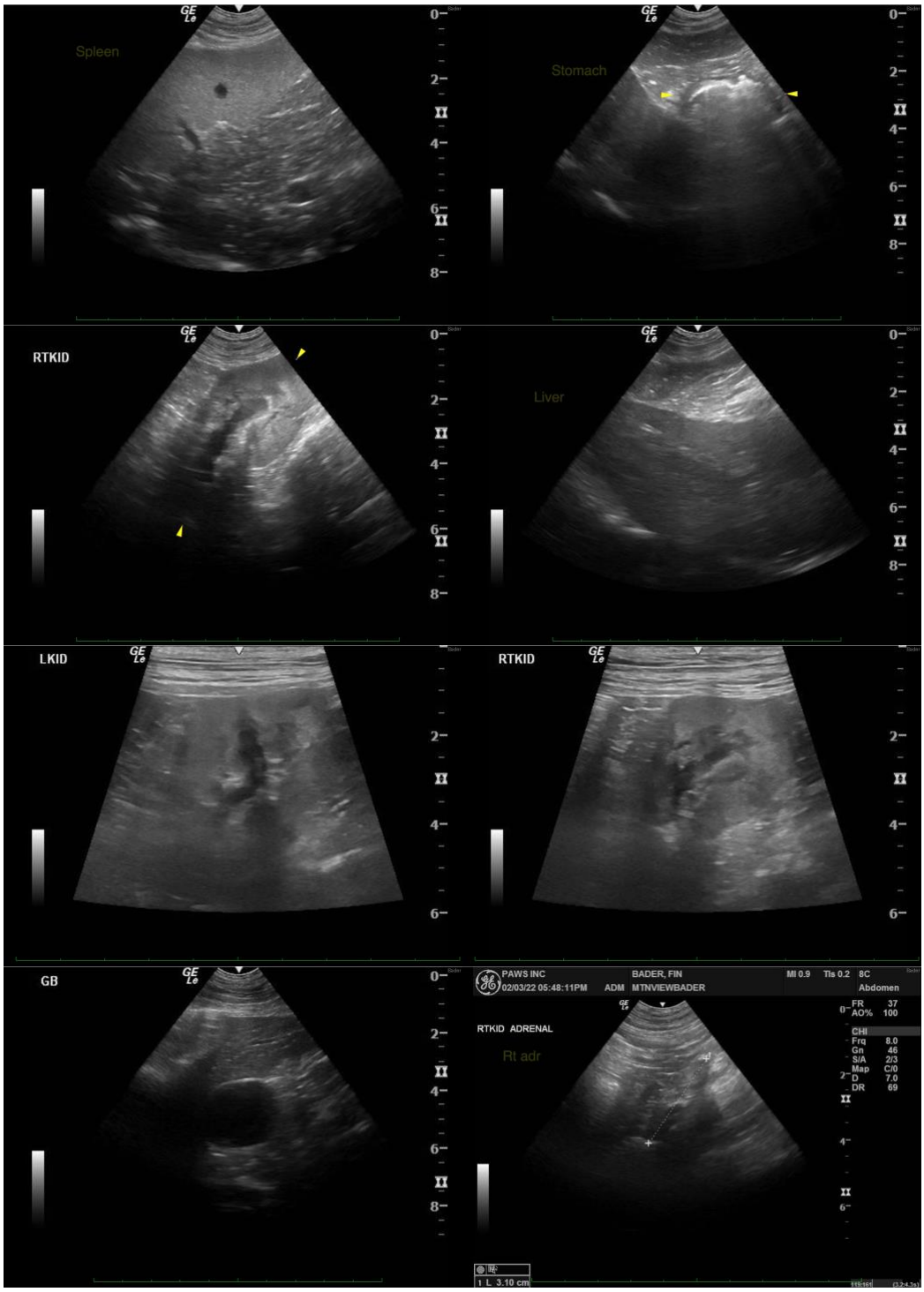
- Serial monitoring of the patient's renal values, blood pressure and UPC, is recommended to assess for disease progression. Unfortunately, the long-term the prognosis for patients with renal dysplasia is guarded.



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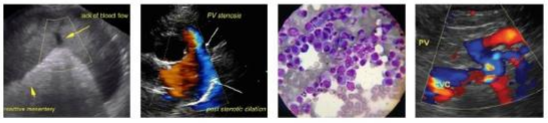

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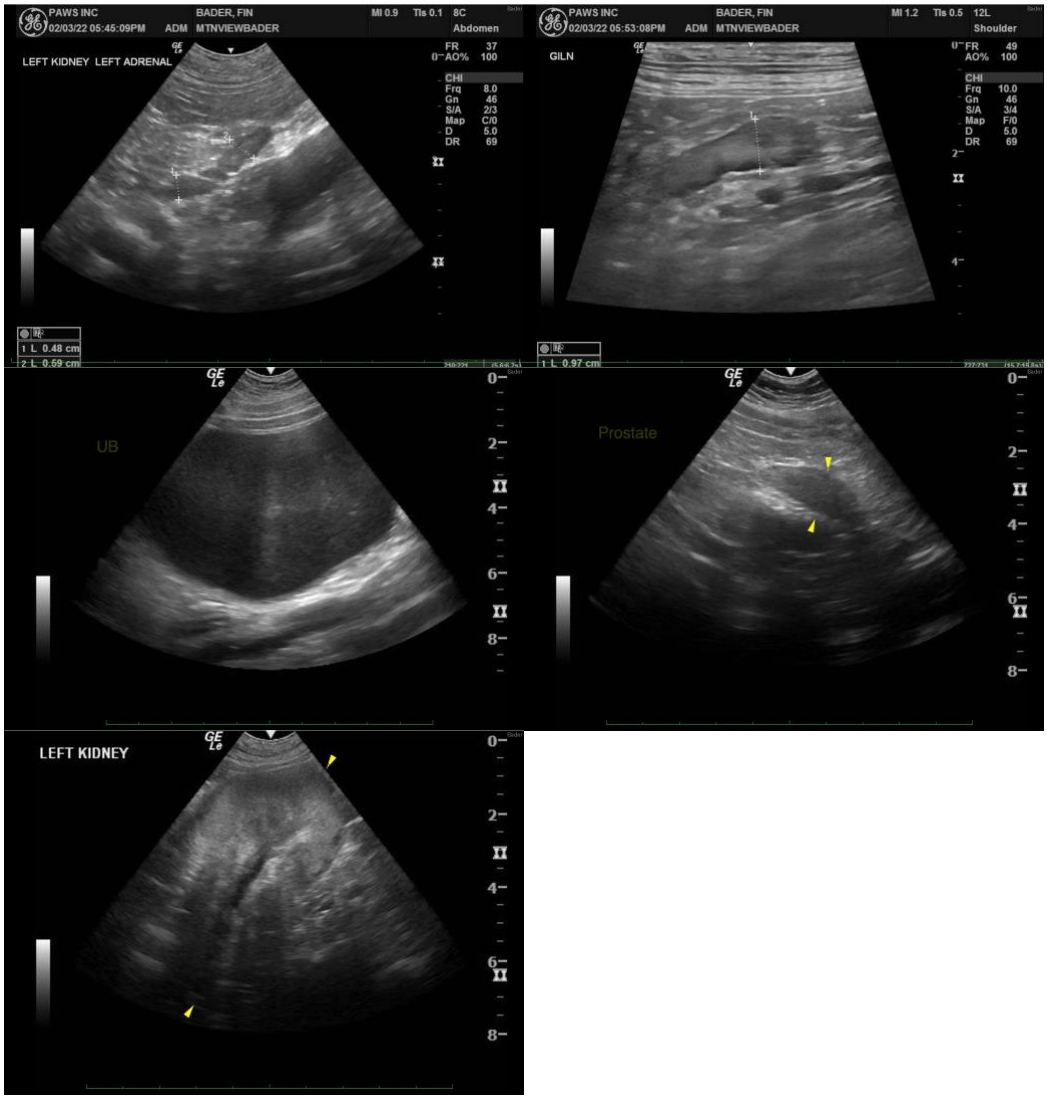

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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