



**PATIENT**

Stricker MacGreger

**SPECIES**

Canine

**BREED**

Irish Wolfhound

**SEX**

Male, neutered

**AGE**

4 Yrs.

**WEIGHT**

73 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Woodside

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**REFERRING VET**

Dr. Schlimgen

**INVOICE**

13133

**DATE**  
3/15/22

**PRESENTING CLINICAL SIGNS**

**History:** Presented for diarrhea, lethargy and anorexia of several days duration. Based on in house testing, IV fluid support started. Patient eats Ultamino but did lick packaging from raw chicken on Thursday (3/10). Urine culture pending. Patient has long history of multiple episodes of multi-drug resistant pyoderma so has received extended courses of antibiotics based on culture results. Course of Sulfamethoxazole & Trimethoprim TABs 400MG/80MG (2.5 tablets twice daily) finished the day prior to presentation.

**Abnormal PE/Chem/CBC/UA Results:** Alert and responsive but weaker (had difficulty getting into the car). Two areas of purpura (1cm diameter) on left ventral abdomen. SDMA 24 ug/dL 0 - 14 CREA 2.3 mg/dL 0.5 - 1.5 BUN/UREA 32 mg/dL 9 - 31 Ca 13.5 mg/dL 8.4 - 11.8 TP 5.1 g/dL 5.5 - 7.5 ALKP 199 U/L 5 - 160 Lipase 268 U/L 0 - 250 WBC 4.1 K/uL 4.9 - 17.6 HCT 58.3 % 38.3 - 56.5 RBC 8.80 M/uL 5.39 - 8.70 ABS NEUTS 1960 /uL 2940 - 12670 SP GRAVITY 1.011

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular for the level of repletion. The mucosal surface is slightly irregular. No cystic calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (9.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (9.66 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

No images of the right adrenal gland were provided.

*Spleen*

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is not visualized in its entirety due to patient confirmation. In the visualized portions, the liver appears normal in size with normal echogenicity. No distinct focal lesions are observed. The gall bladder is not definitively visualized.

*Gastrointestinal*



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The stomach is not visualized in its entirety. In the visualized portions, no obvious abnormalities are seen. The small intestinal lumen is segmentally gas distended. 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.

**SPECIES**

Canine

***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.

**BREED**

Irish Wolfhound

***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**SEX**

Male, neutered

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

4 Yrs.

- The hyperechoic medullary band seen in both kidneys may be secondary to underlying renal disease or may be an incidental finding.

\*An obvious cause for the patient's renal failure is not identified in this study. Differentials include infectious disease (i.e., Leptospirosis, pyelonephritis), nephrotoxicity (i.e., drug induced, anti-freeze), infiltrative neoplasia (i.e., lymphoma), other.

**WEIGHT**

73 kg.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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Medicine*)

- Given the presence of azotemia, consider the following:
  - Leptospirosis testing (i.e., blood and urine PCR, serology)
  - UPC (if proteinuria is present). If significant proteinuria exists, further testing for infectious diseases (i.e., tick-borne, heartworm) should be considered.
  - Baseline blood pressure measurement.
  - A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Given the hypercalcemia, an ionized calcium +/- PTH/PTHrP is recommended.
- Supportive care for acute renal failure is recommended including IV fluid therapy, gastric protectants, antiemetics and broad-spectrum antibiotic therapy (while awaiting urine culture and sensitivity results).
- Three-view thoracic radiographs should also be considered to assess cardiopulmonary status, particularly if the patient is to continue with IV fluid diuresis.

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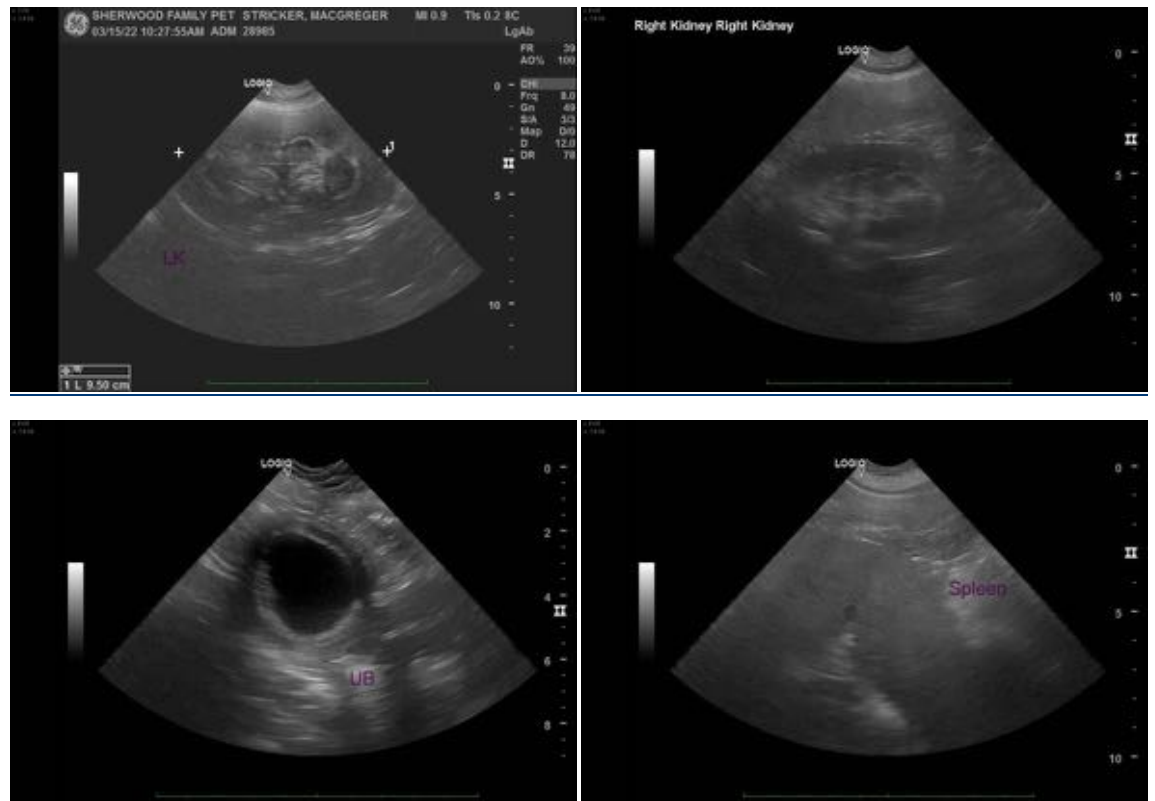
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com