



PATIENT

Daisy Golden

PRESENTING CLINICAL SIGNS

History: Routine bloodwork found proteinuria
Abnormal PE/Chem/CBC/UA Results: BUN 35, Alb 2.6, Creat 1 UPC 2.6 and then 3.1 a few weeks later urine culture negative, blood pressure WNL, 4dx negative but tx with doxy for 2 weeks

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Golden Retriever

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The wall is diffusely thickened (up to 0.57 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal size (6.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

12 Yrs.

The right kidney is normal size (7.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

85 lbs.

Adrenal Glands

The caudal pole of the left adrenal gland is visible and normal size (0.63 cm in width); normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The tip of the caudal pole of the right adrenal gland is visible and is normal size (0.63 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.96 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.

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Dr. Scott

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous and mottled in appearance with numerous small, ill-defined hypoechoic nodules throughout the organ. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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Ho Ho Kus VH

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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 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.

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Pancreas

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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.

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Free Abdomen

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

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Primary Findings:

- Minor, non-specific age-related renal changes. Based on the clinical history, a protein-losing nephropathy (PLN) is suspected. Most cases of PLN are idiopathic. However, occasionally infectious, inflammatory, or neoplastic causes are identified.
- The hepatic parenchymal changes are non-specific and could be associated with a benign process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). Infiltrative neoplasia (i.e., round cell tumor) cannot be completely excluded. However, neoplasia is less likely in a patient that is asymptomatic and has normal liver values.

AGE

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Secondary Findings:

- The bladder wall changes could be consistent with cystitis. Alternatively, the wall thickening may be somewhat artifactual due to lack of full repletion. Correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Consider a fine needle aspirate of the liver to further evaluate for infiltrative neoplasia (if clotting status is appropriate).
- Regarding the protein losing nephropathy, consider the following recommendations:
 1. Angiotensin II receptor blocker (e.g., Telmisartan)
 2. Antithrombotic (e.g., Clopidogrel at 2.5 mg/kg PO q 24 hours)
 3. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
 4. Prescription renal diet
 5. Periodic blood pressure monitoring is recommended
 6. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease

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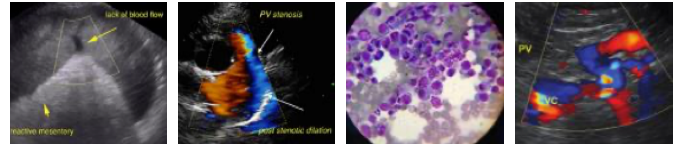
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

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