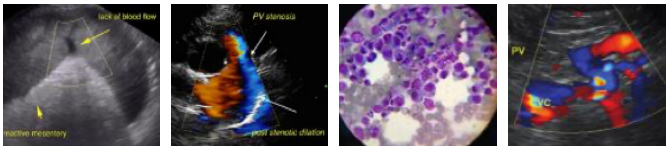

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1-800-838-4268 info@sonopath.com

PATIENT
Mia Koenigs

SPECIES
Canine

BREED
Shetland Sheepdog

SEX
Female, spayed

AGE
12 Yrs. 7 Months

WEIGHT
21 lbs.

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

IMAGING PERFORMED BY
Kim Liedberg

HOSPITAL NAME
SVS Imaging WI

REFERRING VET
Dr. Bianco

INVOICE
13155

DATE
3/22/22

PRESENTING CLINICAL SIGNS

History: Patient History (required): 12 year old, FS Shetland Sheepdog hospitalized for azotemia. Patient has newly diagnosed heart murmur. Relevant Exam/labs/imaging results/treatments: Concern for bladder mass. Azotemic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A 1.46 x 1.10 cm irregular slightly heterogeneous mass is arising from the dorsal wall. In addition, a 0.48 x 0.41 cm nodule is observed in the region of the cystourethral junction. The remaining wall is mildly thickened (up to 0.32 cm) with a slightly irregular mucosal surface. A scant amount of echogenic debris is suspended within the lumen.

The left kidney is normal size (5.34 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic, mildly thickened and there is mild to moderate loss of corticomedullary distinction. 2 small cortical cysts are visualized. Hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.26 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal size (4.82 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic, mildly thickened and there is mild to moderate loss of corticomedullary distinction. Several cortical cysts are visualized, the largest measuring 0.63 cm in diameter. Hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.81 cm at cranial pole) (0.83 cm at caudal pole) (2.27 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

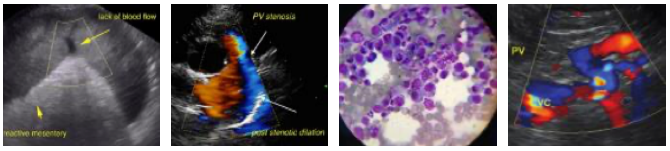
The spleen is normal in size (1.49 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few irregular hyperechoic nodules are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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



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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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization, mild pyelectasia and cortical cysts.
- Urinary bladder mass and nodule. Differentials include neoplasia (i.e., transitional cell carcinoma) vs polypoid cystitis. If the patient has a history of chronic urinary tract infections, polypoid cystitis may be a more likely differential.

Secondary Findings:

- Mild left adrenomegaly, most consistent with hyperplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's azotemia, a urine culture and sensitivity, UPC and baseline blood pressure measurement are recommended along with IV fluid diuresis and symptomatic care as needed.
- Given the urinary bladder wall changes, a urine BRAF test is recommended. If results are inconclusive, biopsies of the lesions may be necessary to get a definitive diagnosis. However, the benefits of the procedure must be weighed against the risks of anesthetizing a patient with renal disease.
- Three-view thoracic radiographs are recommended to evaluate cardiopulmonary status, particularly if the patient is to undergo fluid diuresis.

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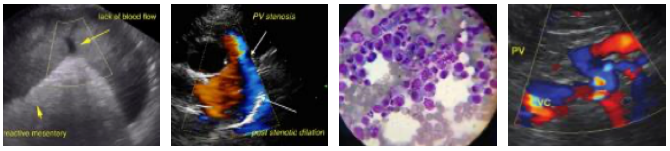

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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