



PATIENT

Indie Stewart

PRESENTING CLINICAL SIGNS

SPECIES

Canine

History: Proteinuria (current UPC 3.1), Lyme disease, also Anaplasma positive, recently treated with doxycycline. Proteinuria originally noted in 2020 (2.0), reduced to 1.5 after starting renal diet and fatty acid supplement.

BREED

Lhasa Apso Mix

Abnormal PE/Chem/CBC/UA Results: SDMA 15, Albumin 2.6 (normal 2.7-3.9). (Creat 0.9, BUN 14 WNL). USG 1.023, pH 7.0, UPC 3.1.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

11.5 years

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. The mucosal surface is slightly irregular. Cystic calculi and discrete masses are not observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

WEIGHT

16 lbs

The left kidney is normal size (3.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.49 cm at caudal pole) (1.43 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.

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Sorbo

The right adrenal gland is normal size (0.96 cm at cranial pole) (0.45 cm at caudal pole) (1.79 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.

HOSPITAL NAME

Back Bay VC

Spleen

The spleen is normal in size (1.24 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.

REFERRING VET

Dr. Carey

Liver

The liver is subjectively normal in size. The peripheral margin of the caudate process is slightly irregular. The remaining peripheral margins are normal/curvilinear. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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10606

DATE

3/24/22



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The gall bladder 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/not seen.

SPECIES

Canine

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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.

BREED

Lhasa Apso Mix

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.

SEX

Spayed Female

Free Abdomen

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

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

16 lbs

- Given the clinical history and sonographic changes, a protein-losing nephropathy (PLN) is suspected. The PLN may be secondary to tick-borne disease, other infection, occult neoplasia, or may be idiopathic. Tick-borne disease is favored given the clinical history.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for occult neoplasia in the chest.
- Also consider further infectious disease testing, (i.e., heartworm, Leptospirosis).
- In addition, consider the following diagnostics/therapeutics:
 - Angiotensin II receptor blocker (e.g., telmisartan)
 - Antithrombotic (e.g., clopidogrel at 2.5 mg/kg PO q 24 hours)
 - Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
 - Prescription renal diet
 - Baseline blood pressure measurement with serial monitoring thereafter
 - Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease

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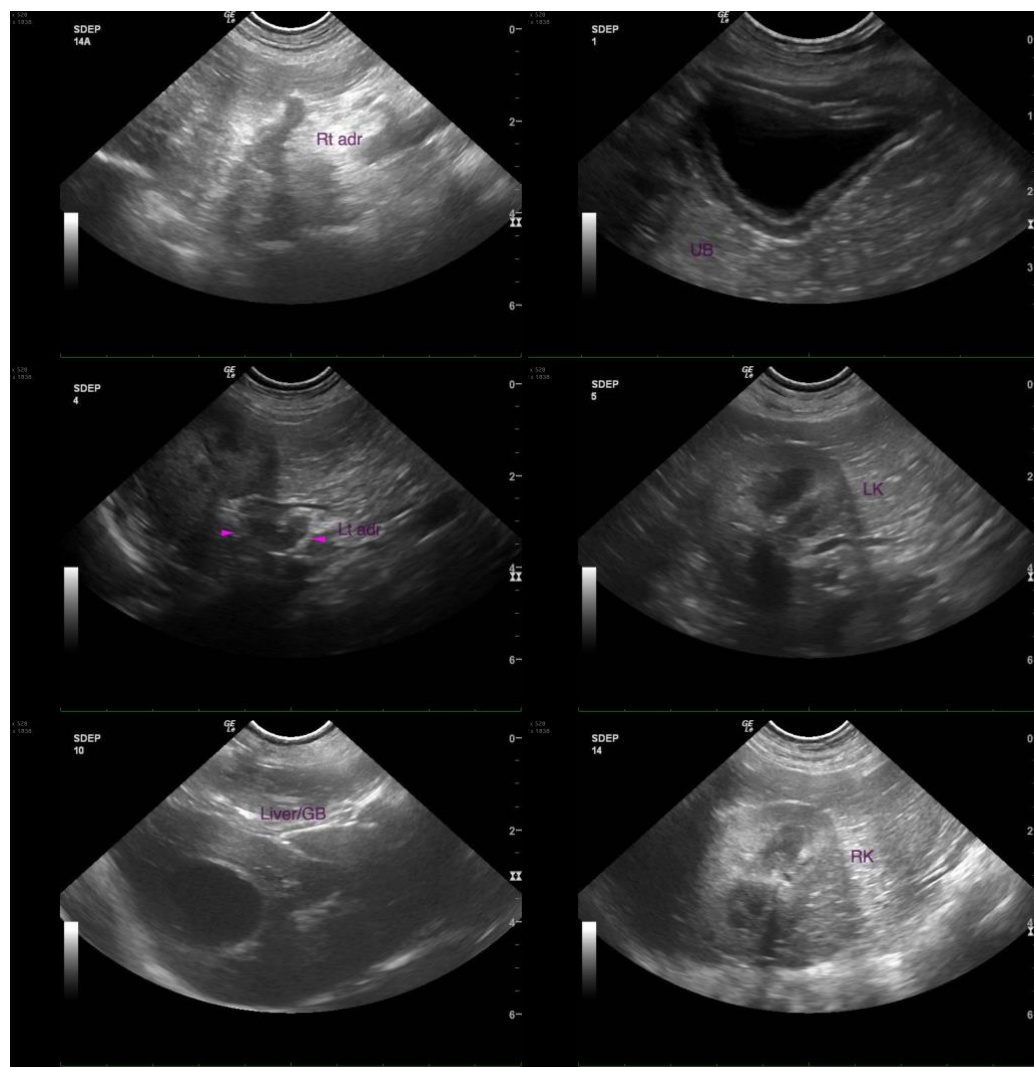
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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