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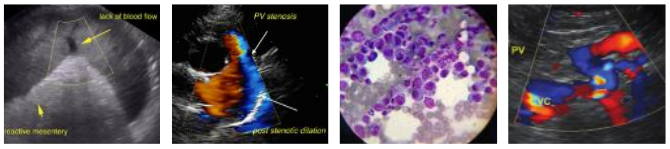

PATIENT
Holly Dobrzynski

SPECIES
Canine

BREED
Hound Mix

SEX
Spayed Female

AGE
7 years

WEIGHT
51.8 lbs

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

IMAGING PERFORMED BY
A. Rodriguez

HOSPITAL NAME
Foxfield Vet. Svc.

REFERRING VET
A. Rodriguez

INVOICE
10611

DATE
3/28/22

PRESENTING CLINICAL SIGNS

History: Wt loss
Abnormal PE/Chem/CBC/UA Results: TP:7.9, Alb: 1.9, Glob: 6, Creat: 1.7, Amylase: 2068, Urine Protein: 4+, protein/creat ratio: 14

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 left kidney is normal size (7.15 cm in length); with a slightly irregular shape. The cortex is hyperechoic and mildly, diffusely thickened. There is mild to moderate loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The left kidney is normal size (7.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.47 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature appears normal.

The right adrenal gland is normal size (1.22 cm at cranial pole) (0.64 cm at caudal pole) (2.51 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.

Spleen

The spleen is normal in size (2.02 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. A scant amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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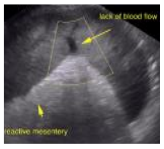

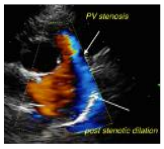

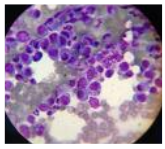
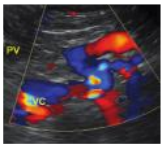

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Gastrointestinal

The gastric lumen is not distended. The gastric wall is 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. The abdominal lymph nodes are normal/not visible.

Lymph nodes

At least one prominent mesenteric lymph node is visualized, measuring 1.05 cm in length. (See “Other” category).

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

A 2.25 x 1.29 cm oval, hypoechoic lesion is observed in the left to mid-abdomen. In addition, a 1.20 x 1.22 cm heterogenous nodule is observed in the left mid-abdomen, just cranial to the left kidney. A few multiseptated cystic lesions are also observed in the right cranial to mid-abdomen.

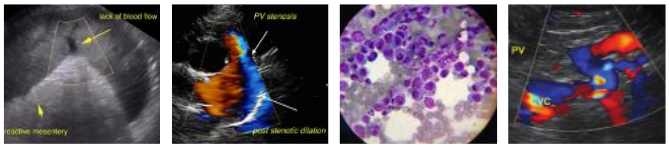
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The clinical history, in conjunction with the sonographic changes, are consistent with a protein-losing nephropathy. Amyloidosis and glomerulonephritis are the top differentials. Renal biopsy would be necessary to differentiate these lesions. Amyloidosis tends to be associated with higher UPCs.
- The hypoechoic, heterogenous, and cystic lesions could be consistent with enlarged lymph nodes, tumors or granulomas within the mesentery or pancreas, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If accessible, a fine-needle aspirate of the hypoechoic and heterogenous lesions in the left to mid-abdomen can be considered (if clotting status is appropriate).
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Also consider the following diagnostics/therapeutics:



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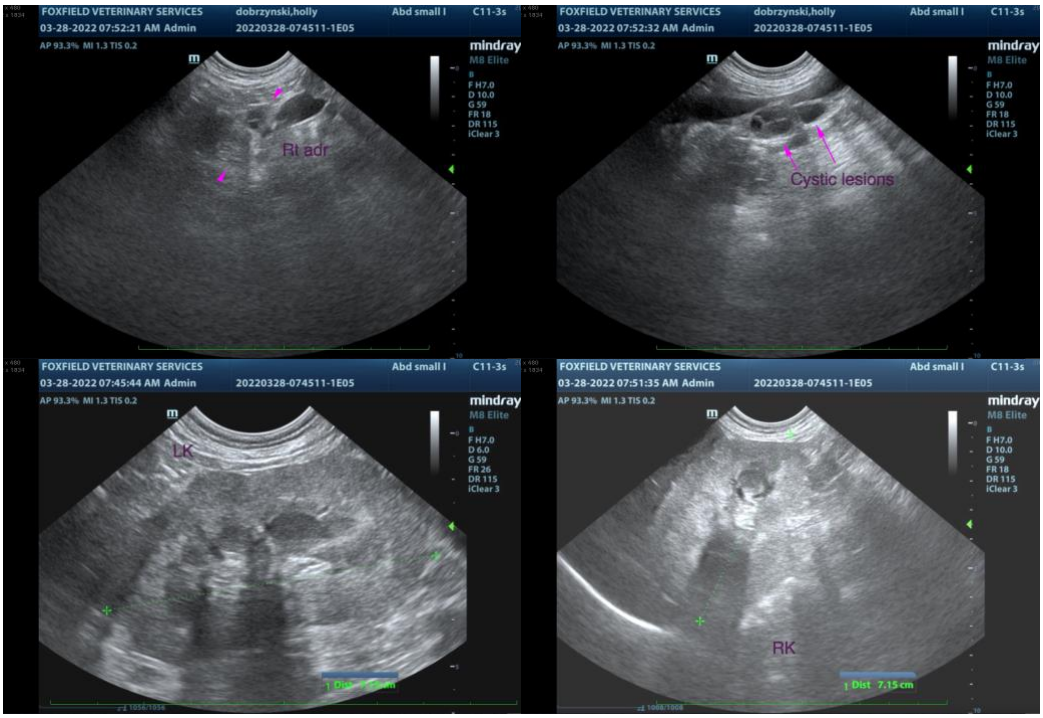
1. Testing for infectious diseases (i.e., tick-borne, heartworm, Leptospirosis), which can sometimes result in protein-losing nephropathies.
2. Angiotensin II receptor blocker (e.g., telmisartan)
3. Antithrombotic (e.g., clopidogrel at 2.5 mg/kg PO q 24 hours)
4. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
5. Prescription renal diet
6. Baseline blood pressure measurement with serial monitoring thereafter
7. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease



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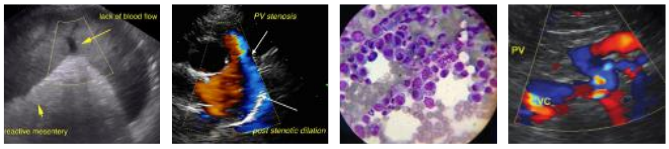

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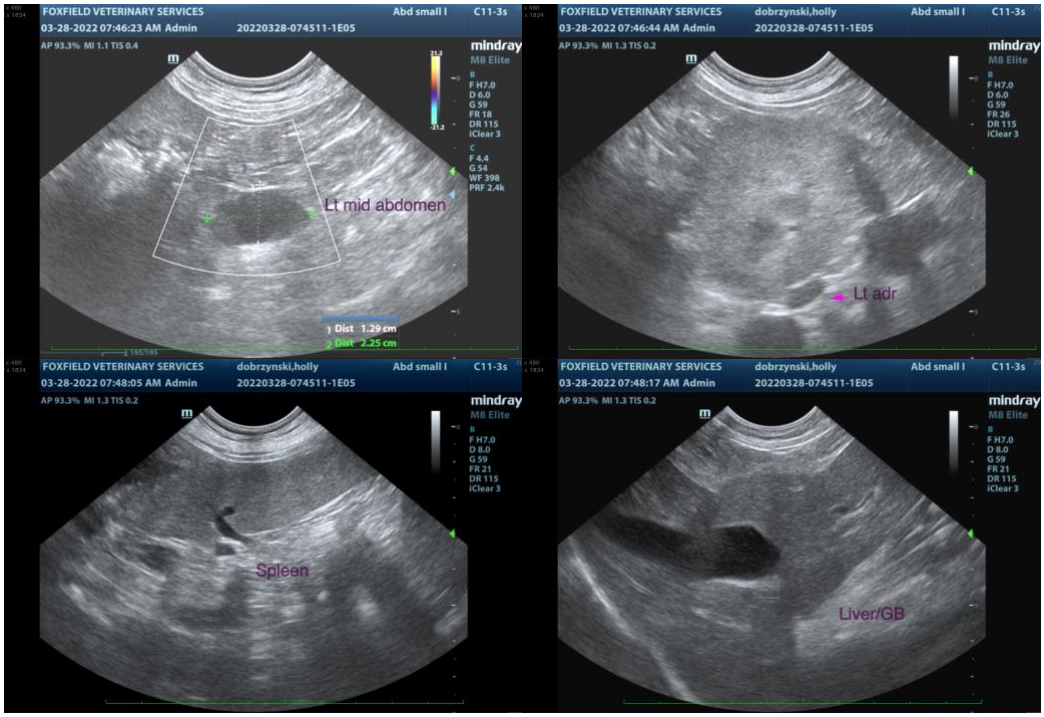

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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