

**PATIENT**Mia Schneider
264513**SPECIES**

Canine

BREED

Boxer

SEX

Spayed Female

AGE

10 years, 9 mos

WEIGHT

22.7 kg

INTERPRETED BYAndrea Nicastro,
DVM, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC- Dr. Bianco

INVOICE

10506

DATE

3/4/22

PRESENTING CLINICAL SIGNS

History: 1 week history progressive lethargy and decreased appetite, azotemia. New heart murmur. Hx MCT - dermal, fully excised from around the ear.

Abnormal PE/Chem/CBC/UA Results: Azotemia (BUN 51, Crea 2.0), hypoalbuminemia (2.4), hyperglobulinemia (3.8), hypocalcemia (8.6), hypokalemia (3.7), leukocytosis (23.3k) characterized by neutrophilia (20.97k), lymphopenia (0.93k), anemia (31%), Urine Specific Gravity (1.012), Proteinuria (1+), Glucosuria (1+). Some epithelial cells are seen in the urine.

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 presented normal size (7.25 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (7.89 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.69 cm at caudal pole) (2.70 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 right adrenal gland is normal size (0.70 cm at cranial pole) (0.61 cm at caudal pole) (2.58 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.

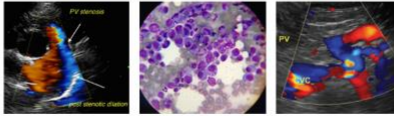
Spleen

The spleen is normal in size (2.26 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.44 irregular hypoechoic nodule is 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

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mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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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.

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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.

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Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- An obvious cause for the patient's azotemia and urinalysis abnormalities is not identified in this study. Considerations include a protein-losing nephropathy, Fanconi's Syndrome, pyelonephritis, or other nephropathy. Hypoadrenocorticism is also possible but considered less likely given the normal potassium level.

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Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The trace ascites may be secondary to low oncotic pressure, increased vascular permeability, and/or increased hydrostatic pressure. Correlation with the clinical findings is recommended.
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Leptospirosis testing (i.e., blood and urine PCR, serology), is also recommended.
- Urine culture and sensitivity.
- A UPC is recommended on a free-catch urine sample. If proteinuria is confirmed, consider further testing for infectious diseases (i.e., tick-borne).
- Given the presence of glucosuria, consider evaluating for aminoaciduria.

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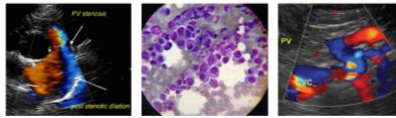
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- A baseline blood pressure measurement should also be obtained.
- Consider transitioning to a prescription renal diet, if the patient will tolerate it.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status, particularly if fluid therapy is to be initiated at any point.

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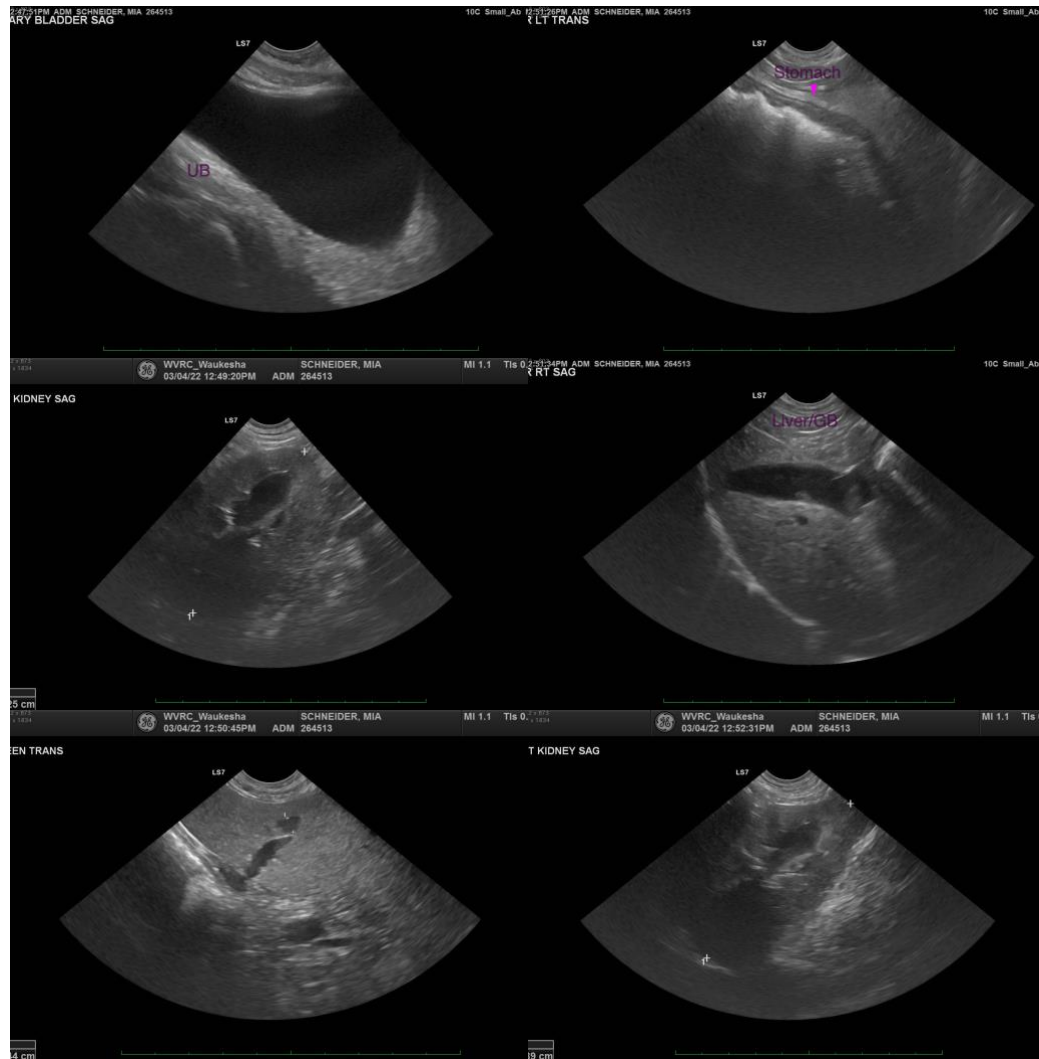
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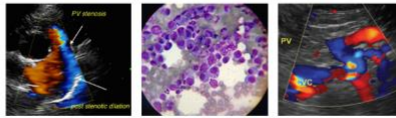
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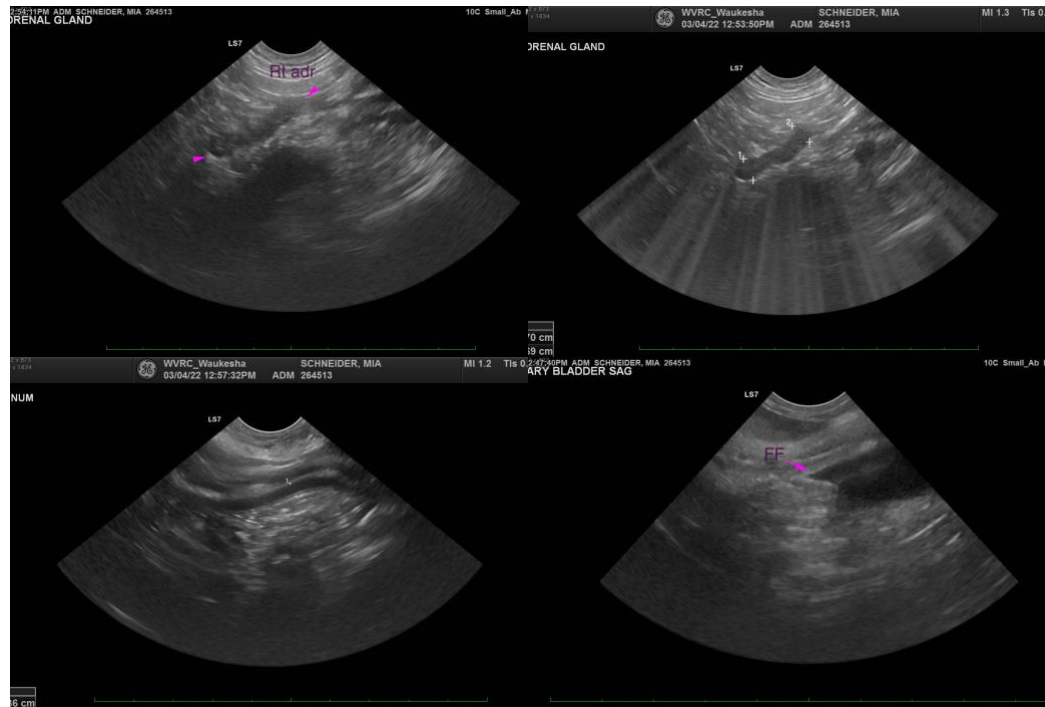
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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