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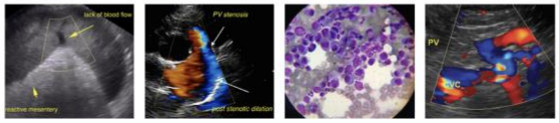


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Sidney Maziarz

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

8/28/2006

WEIGHT

12.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Kline

INVOICE

11015

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Renal disease
Current Medications: Cerenia 6/2/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The luminal surface at the apex is mildly irregular. One to two cystic calculi are observed, the largest measuring 0.60 cm in diameter. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.67 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (3.64 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A 0.34 cm cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.37 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

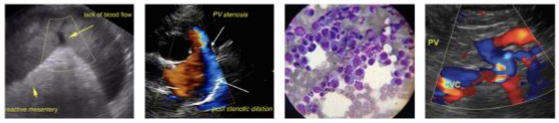
The left adrenal gland is enlarged (0.69 cm at cranial pole) (0.64 cm at caudal pole) (1.81 cm in length); with a slightly irregular shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.83 cm at cranial pole) (0.50 cm at caudal pole) (1.45 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 (1.20 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, ill-defined myelolipomas are visualized in the region of the hilus. Splenic vasculature is normal.

Liver



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The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen, some of which is partially dependent and some of which is adhered to the wall. 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 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 pancreas is normal in size, with minimal deviation from the normal peripheral contours. The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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.

Other

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

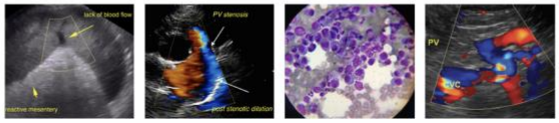
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization.
- Cystic calculus/calculi

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.



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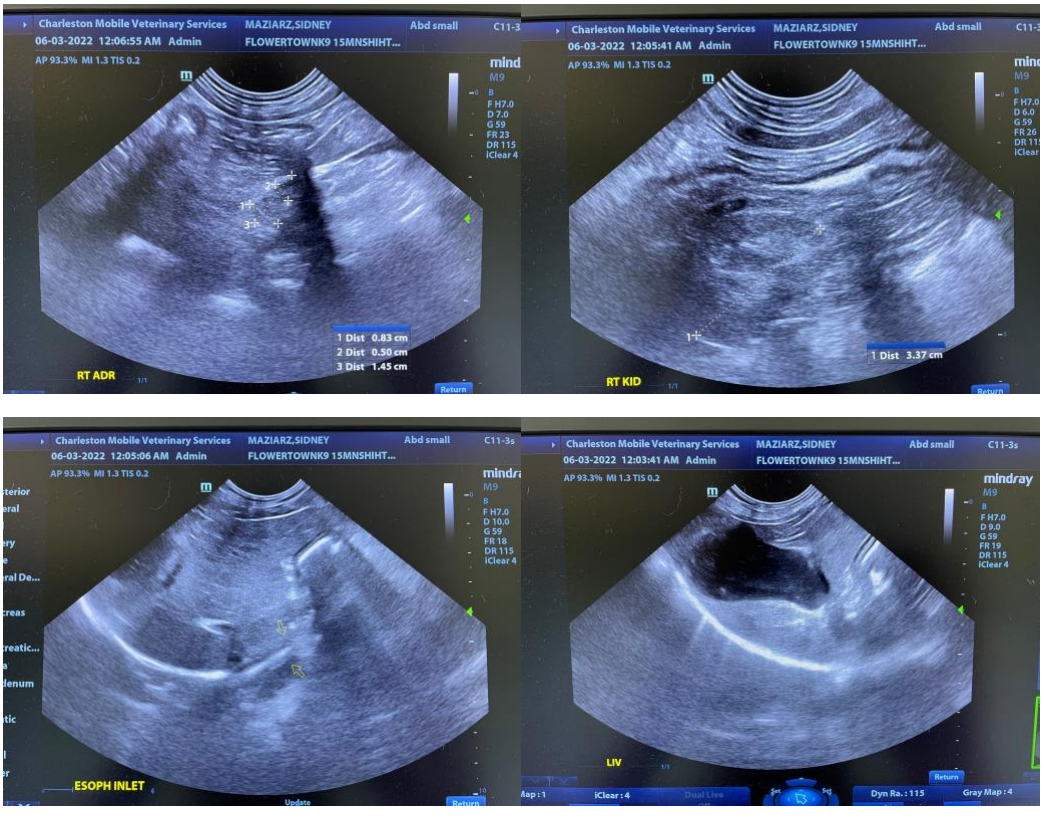
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Mild, left adrenomegaly, most consistent with hyperplastic change

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity. If the culture is negative and proteinuria is persistent, a UPC is recommended.
- If the patient's hypertension is persistent, consider initiation of antihypertensive medication (i.e., amlodipine).
- While awaiting test results, IV fluid diuresis, broad-spectrum antibiotic therapy (i.e., fluoroquinolone) and asymptomatic treatment is recommended, with serial monitoring to assess for progression.
- Once the patient's appetite has improved, consider transitioning to a prescription renal diet that is also appropriate for a sensitive stomach. Consider a nutrition consult.
- If the patient's azotemia improves/normalizes, a cystotomy with stone removal, analysis and culture can be considered.



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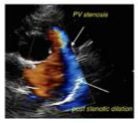
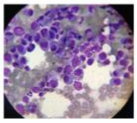
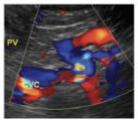

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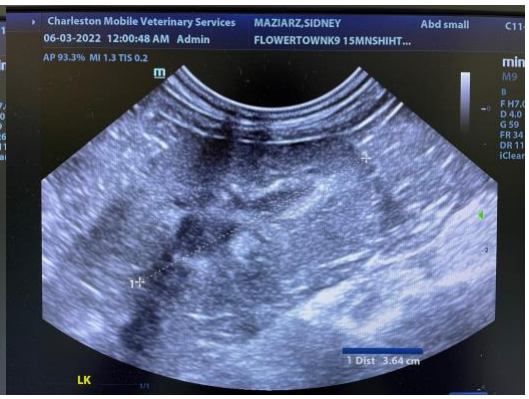

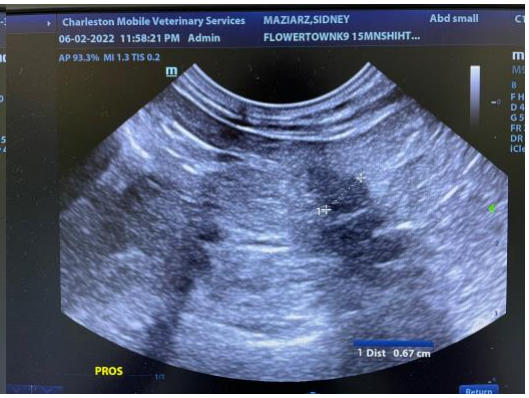

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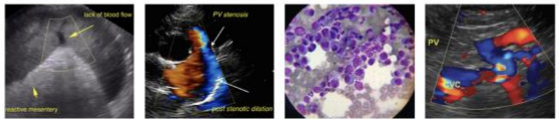

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com