

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Quinn Chapman  
**SPECIES** History: Lyme disease. Chronic renal failure. On Benazepril 20 mg SID.  
 Abnormal PE/Chem/CBC/UA Results: 4/18/23 - SDMA 27/Creat 2.7/BUN 34, 4/23/2023 - UPC  
 1.58, 6/24/2023 - SDMA 24.

**BREED** Canine  
 Bernese Mt Dog

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.41 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is small in size (5.82 cm in length) with an irregular shape. The cortex is diffusely thickened, irregular, and heterogenous. There is poor corticomedullary distinction. A few, small mineralized foci are observed within the cortex. A few, small cortical cysts are seen. A scant amount of subcapsular fluid is suspected. Mild pyelectasia is present (0.38 cm in the transverse plane). There is no evidence of nephroliths or hydroureter.

The right kidney is small in size (5.21 cm in length) with a slightly irregular shape. The cortex is variably thickened and heterogenous, with focus of mineralization and a few, small cortical cysts. There is poor corticomedullary distinction. Moderate pyelectasia is present (0.70 cm in the transverse plane). There is no evidence of hydroureter.

**Adrenal Glands**

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.66 cm at caudal pole) (xxx cm in length) with a normal shape and 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 in normal size (0.72 cm at cranial pole) (0.70 cm at caudal pole) with a normal shape and 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 moderate amount of

**INTERPRETED BY**

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 DVM, Diplomate  
 ACVIM (Small Animal  
 Internal Medicine)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

**HOSPITAL NAME**

Foster VC 13866

**REFERRING VET**

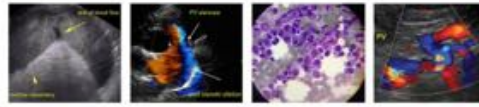
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**PATIENT**

mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Quinn Chapman

**SPECIES**

**Gastrointestinal**

Canine

The 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. There is no evidence of an obstructive pattern.

**BREED**

Bernese Mt Dog

**Pancreas**

**SEX**

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.

Neutered Male

**Free Abdomen**

**AGE**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized (one of the larger measuring 1.56 x 0.50 cm). The nodes are normal in shape and echogenicity.

4 years

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

84.5 lbs

**Primary Findings**

**INTERPRETED BY**

- Bilateral chronic nephropathy. Given the appearance of the kidneys, renal dysplasia or prior insult (i.e., infection, toxin) are considerations. Renal dysplasia is favored. The bilateral pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.

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**Secondary Findings**

**IMAGING**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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Pamela Harrigan,  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Repeat bloodwork, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed)
- Urine culture and sensitivity
- Baseline blood pressure measurement
- Given the proteinuria, consider the following:

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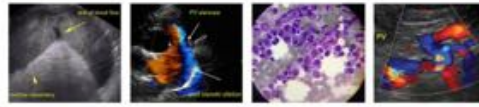
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1. Initiation of an angiotensin receptor blocker +/- ACE inhibitor
2. Omega 3 fatty acids
3. Transition to a prescription renal diet (if not already receiving one)
4. Initiation of Lyme treatment (i.e., doxycycline is recommended) if not already performed.
5. Serial monitoring of the patient's renal values is recommended to assess for progression of disease.

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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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