



PATIENT

Aurora Frias

SPECIES

Canine

BREED

Hound mix

SEX

Female spayed

AGE

10 Yrs.

WEIGHT

33 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Crystal Evert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Crystal Evert

INVOICE

13786

DATE
8/2/22

PRESENTING CLINICAL SIGNS

1.5 weeks ago ate a bag of pepperoni sticks and had decrease appetite since then. Intermittent vomiting as well. Will still eat few things but will turn away soon after eating it. Presented to pDVM today which showed Azotemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone appears normal.

The left kidney is normal size (8.10 cm in length); normal shape and mostly smooth peripheral contours. The cortex is diffusely thickened and hyperechoic to slightly heterogeneous with some small cortical cysts present. There was poor corticomedullary distinction. Trace pyelectasia is present (0.33 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.37 cm in length); normal shape and mostly smooth peripheral contours. The cortex is diffusely thickened and hyperechoic to slightly heterogeneous with some small cortical cysts present. There was poor corticomedullary distinction. Trace pyelectasia is present (0.28 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.69 cm at caudal pole) (3.69 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.

What is thought to be the caudal pole of the right adrenal gland is normal in size (0.45 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (2.22 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. 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 small amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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



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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

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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 suspected. A 3.56 x 2.30 cm cystic lymph node is observed adjacent to the left renal artery.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with small cortical cysts. The pyelectasia may be secondary to pyelonephritis, age-related remodeling, IV fluid therapy, PU/PD, or some combination thereof.
- Trace ascites. Differentials include increased hydrostatic pressure, low oncotic pressure or increased vascular permeability.

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Secondary Findings:

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The cystic lymph node in the left mid-abdomen likely represents a benign incidental finding with a low possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. Urinalysis with urine culture and sensitivity.
2. UPC (if proteinuria is present).
3. Baseline blood pressure measurement.
4. Leptospirosis testing (i.e., blood and urine PCR, serology) +/- Lyme IgM/IgG (if proteinuria is present)
5. Consider a resting cortisol level to screen for hypoadrenocorticism (although given the sonographic appearance of the kidneys, primary renal disease is considered more likely).
6. Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if IV fluid diuresis is to be initiated.
7. Supportive care including IV fluid diuresis, gastric protectants, antiemetics and broad-spectrum antibiotic therapy (i.e., a fluoroquinolone) while awaiting test results

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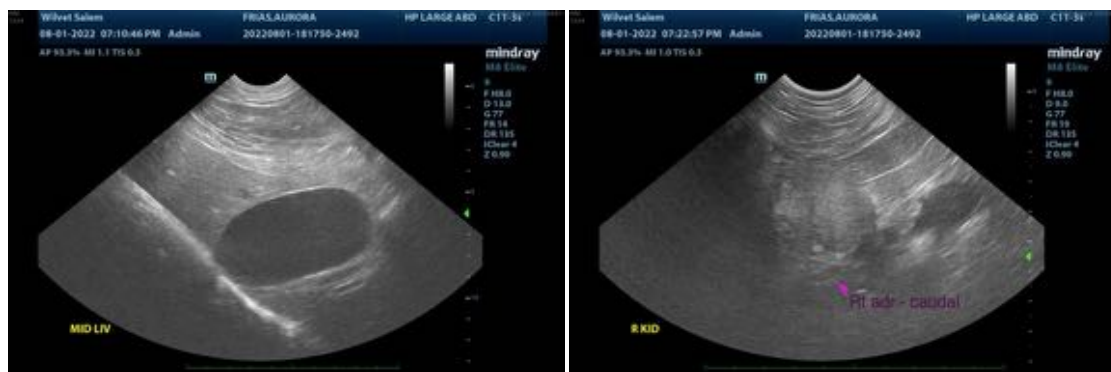
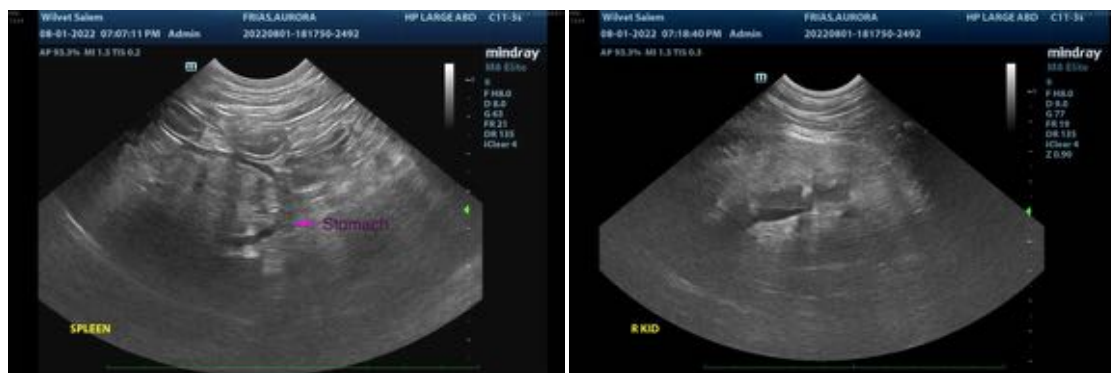
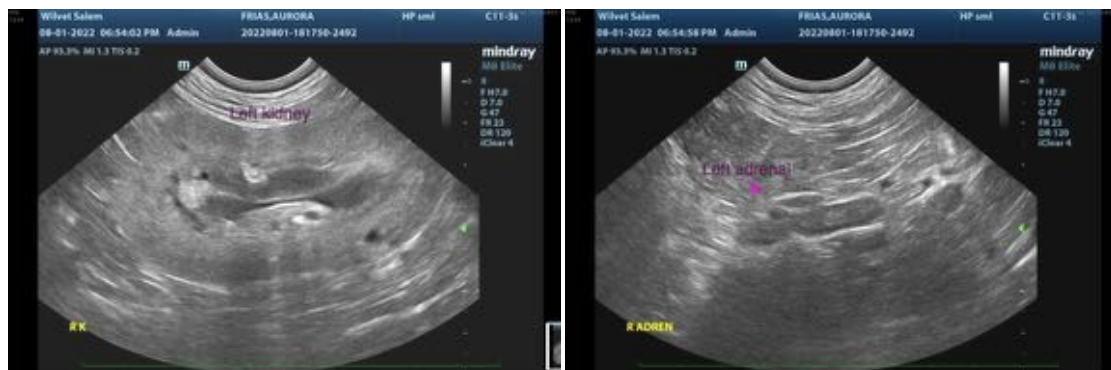
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8. When the patient is eating, consider transitioning to a prescription renal diet if the patient will tolerate it.





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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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info@SonoPath.com

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