



PATIENT PRESENTING CLINICAL SIGNS

Misha McKee History: History: Presented for wellness exam only, no concerns Physical exam findings: One non-vital tooth Abnormal CBC values: None Abnormal Chemistry Values: none; 4dx all neg Abnormal UA Values: UPC 1.1 Radiograph Findings (email radiographs if available): Reason for Ultrasound: Evaluate for causes of proteinuria

SPECIES

Canine

BREED

Terrier mix

SEX

Female, spayed

AGE

11 Years

WEIGHT

16.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Sjolín

INVOICE

13857

DATE

8/22/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is subjectively normal size (4.93 cm in length) with a slightly irregular shape and possible blunting of the caudal pole causing an irregularity in one of the renal calyces. The cortex is thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (4.31 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.50 cm at caudal pole) (2.27 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 (1.06 cm at cranial pole) (0.55 cm at caudal pole); 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

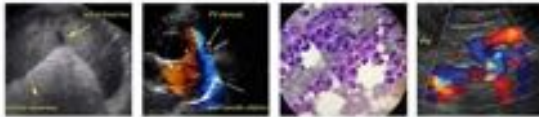
The spleen is normal in size (1.41 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal



PATIENT

Misha McKee

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.

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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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Terrier mix

Free Abdomen

There is no obvious evidence of free fluid. A 1.48 cm mesenteric lymph node is visualized. The node is normal in shape and echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral renal changes, in conjunction with the elevated UPC, are consistent with a protein-losing nephropathy (PLN). Most cases of PLN are idiopathic. However, PLNs can sometimes be secondary to infectious/inflammatory or neoplastic diseases.

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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. Correlation with the patient's liver values is recommended.
- The prominent mesenteric lymph node is likely reactive.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider further evaluation for underlying causes of PLN (i.e., infectious disease testing (tick borne, heartworm +/- Leptospirosis), three-view thoracic radiographs to assess for occult neoplasia).
- Other diagnostic and treatment options include the following:
 1. Angiotensin II receptor blocker (e.g., Telmisartan) alone or in combination with an ACE inhibitor (i.e., enalapril or benazepril)
 2. Antithrombotic (e.g., Clopidogrel at 2.5 mg/kg PO q 24 hours)
 3. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
 4. Prescription renal diet
 5. Baseline blood pressure measurement with serial monitoring thereafter
 6. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease

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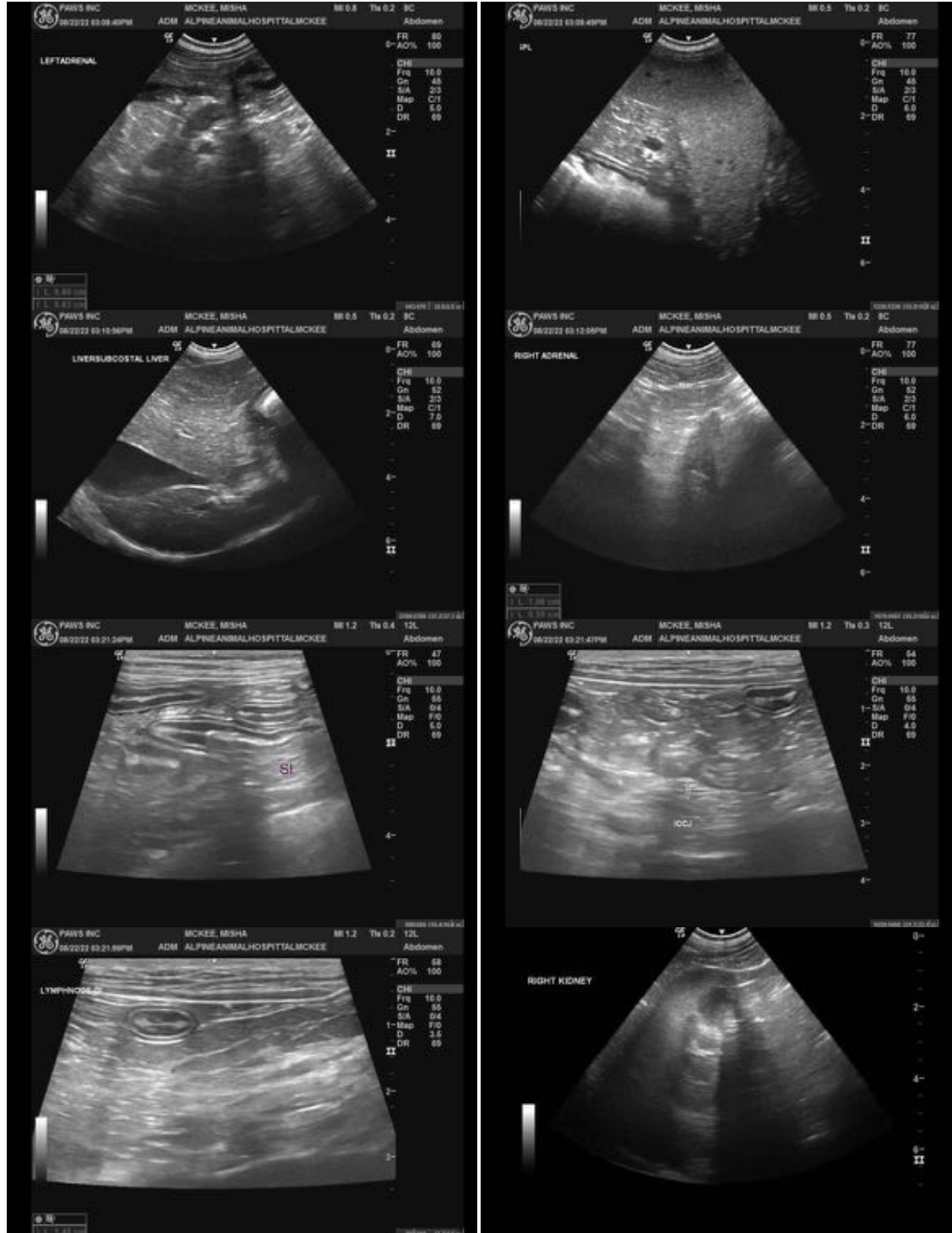
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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