

PATIENT PRESENTING CLINICAL SIGNS

Roxie Blount-GV History: Sedation 0/1ml-0.1ml torb/dex-Frequent UTI's over the last year- progression of CKD

SPECIES Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALP (~170) SDMA elevated but BUN/creatinine WNL. However, USG 1.010. Active urine sediment including bacteriuria. USG remains low (1.021) despite still elevated SDMA (was 18, now 14.7).

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pitbull Terrier

SEX *Urinary System*
The urinary is moderately distended. The wall in the region of the apex is mildly thickened (up to 0.67 cm) and irregular. The wall tapers to a normal thickness as it extends towards cystourethral junction. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

Female Spayed

AGE

5.17.16

WEIGHT

22.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-
Jacques,
LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Kristi Cortright

INVOICE

14206

DATE

8.23.23

The left kidney is normal in size (5.89 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.34 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm at cranial pole) (0.59 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.

The right adrenal gland is in normal size (0.69 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.

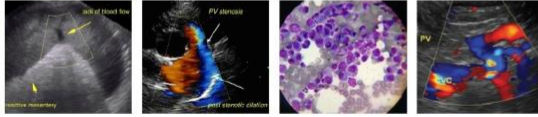
Spleen

The spleen is normal in size (1.69 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 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/not seen.



PATIENT *Gastrointestinal*

Roxie Blount-GV

SPECIES

Canine

BREED *Pancreas*

Pitbull Terrier

SEX *Free Abdomen*

Female Spayed

AGE *Other*

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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 is normal in thickness 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.

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.

Trace free fluid is observed. A few prominent lymph nodes are observed near the aortic trifurcation (the largest measuring 2.02 x 0.83 cm). The nodes are normal in shape and echogenicity.

A uterine stump is visible (0.48 cm in width). No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

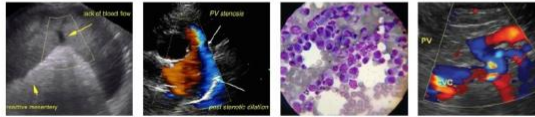
- The urinary bladder wall changes are most consistent with cystitis, with a lower possibility of emerging neoplasia.
- Trace ascites, the cause of which is unclear

Secondary Findings

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended
- Consider transitioning to a prescription renal diet
- Serial monitoring of the patient's renal values is recommended to assess for the development of azotemia. If this occurs, a baseline blood pressure measurement should be obtained.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.



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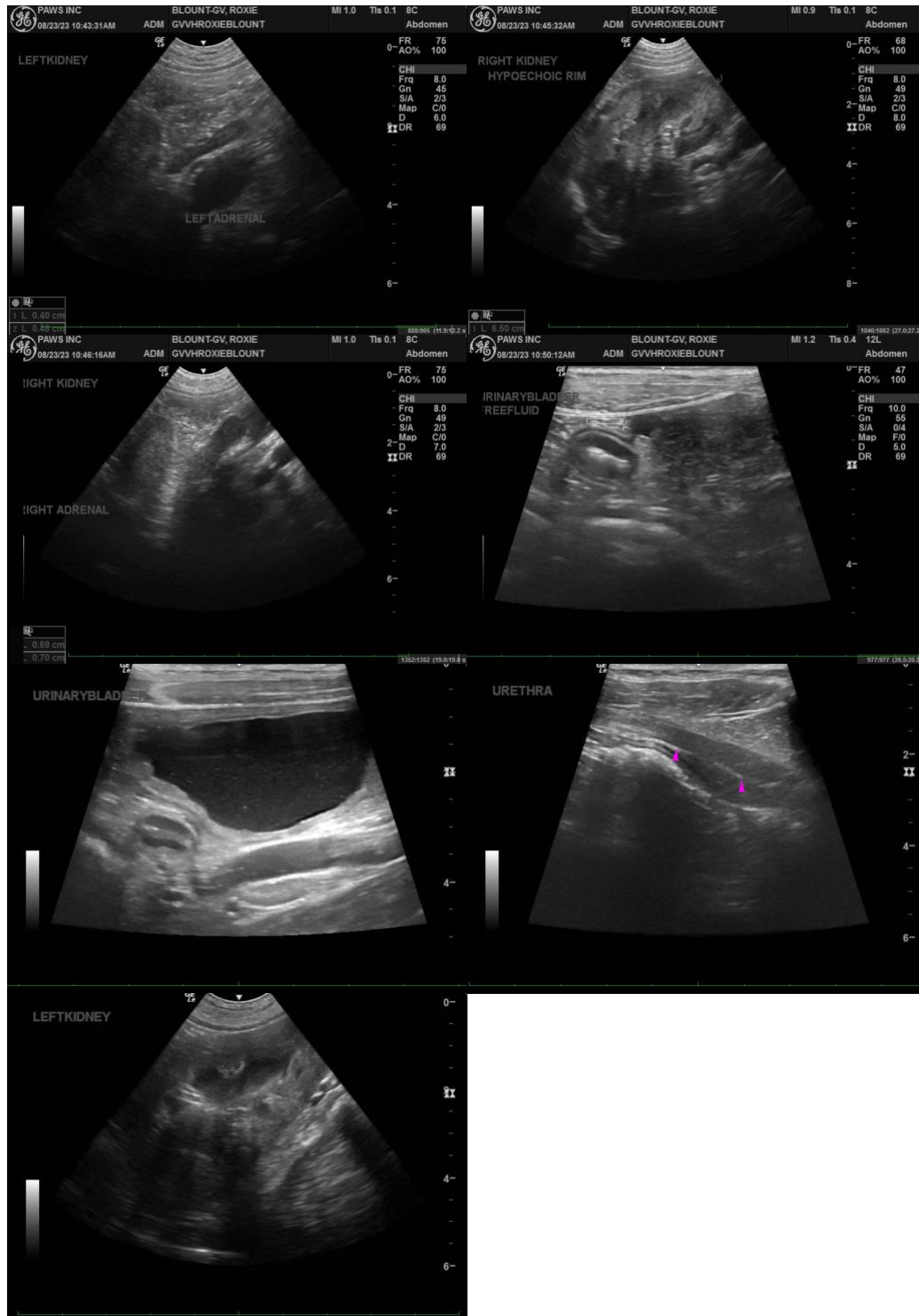
Kristi Cortright

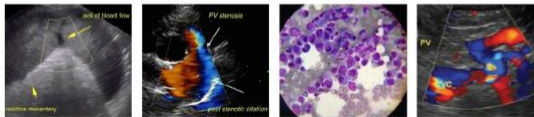
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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

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PATIENT

Roxie Blount-GV

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.

SPECIES

Canine

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.

BREED

Pitbull Terrier

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