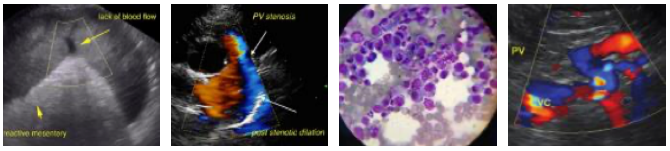
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Brako Jimenez

SPECIES
Canine

BREED
Mixed breed

SEX
Male, intact

AGE
2 Yrs.

WEIGHT
41 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Ortiz

INVOICE
15197

DATE
8/9/23

PRESENTING CLINICAL SIGNS

History: Patient came in for elective neuter, pre surgical labs revealed moderate azotemia and anemia, and urinalysis presented, SG 1015. No hx of ethylin glycol toxicosis. Patient has been a finicky eater in the past couple of months.
Abnormal PE/Chem/CBC/UA Results: CBC RBC: 3.53 M/µL (5.65 - 8.87) HCT: 26.3 % (37.3 - 61.7) HGB: 9.0 g/dL (13.1 - 20.5) MCV: 74.5 fL (61.6 - 73.5) CHEM CREA: 9.1 mg/dL (0.5 - 1.8) BUN: 103 mg/dL (7 - 27) PHOS: 7.4 mg/dL (2.5 - 6.8) AMYL: 1994 U/L (500 - 1500) Urine culture: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (2.80 cm in width) with smooth curvilinear peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.27 cm in length) with an irregular shape. The cortex is hyperechoic relative to the spleen, variably thickened, bordering on nodular in appearance. There is poor corticomedullary distinction. Moderate pyelectasia is present (0.55 cm in the transverse plane). There is no evidence or hydroureter.

The right kidney is borderline small in size (4.62 cm in length) with an irregular shape. The cortex is hyperechoic relative to the spleen, variably thickened, bordering on nodular in appearance. There is poor corticomedullary distinction. Moderate pyelectasia is present (0.57 cm in the transverse plane). There is no evidence or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.54 cm at caudal pole) (2.61 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.

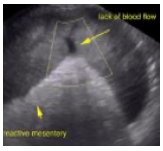
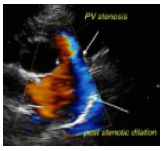
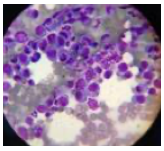
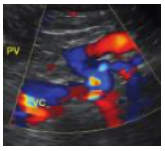
The right adrenal gland is normal size (0.53 cm at cranial pole) (0.27 cm at caudal pole) (1.29 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.34 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

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distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 ileocecocolic junction and colonic wall are normal. The colonic lumen contains some shadowing fecal material. There is no evidence of an obstructive pattern.

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.

Free Abdomen

There is no obvious evidence of free fluid. 2-3 prominent lymph nodes are observed at the aortic trifurcation, the largest measuring 1.94 x 0.86 cm. In addition, a few prominent mesenteric lymph nodes are seen, the largest measuring 1.27 x 0.38 cm.

Other

The testicles are subjectively normal in size (left 2.04 x 1.59; right 2.38 x 1.25 cm) with homogeneous parenchyma. No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Finding:

- The bilateral renal changes are most consistent with renal dysplasia. Another consideration includes prior insult (i.e., toxin, infection).

Secondary Findings:

- 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

- Consider a UPC if proteinuria is present in the absence of infection.
- A baseline blood pressure measurement is also recommended.
- Consider transitioning to a prescription renal diet if/when the patient is eating.
- Supportive measures including fluid therapy (i.e., intravenous or subcutaneous) is recommended. However, the patient's long term prognosis is guarded.

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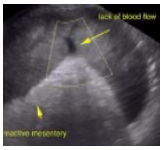
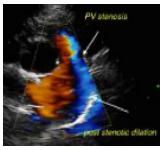
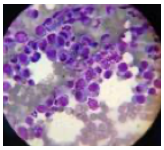
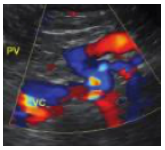

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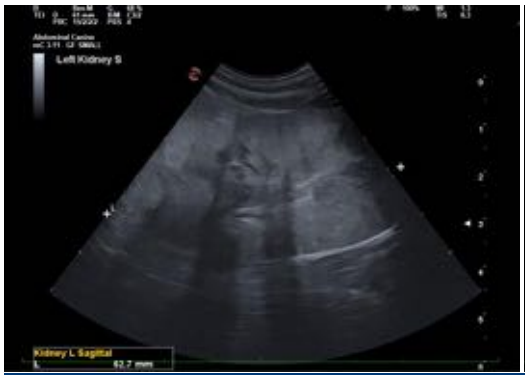

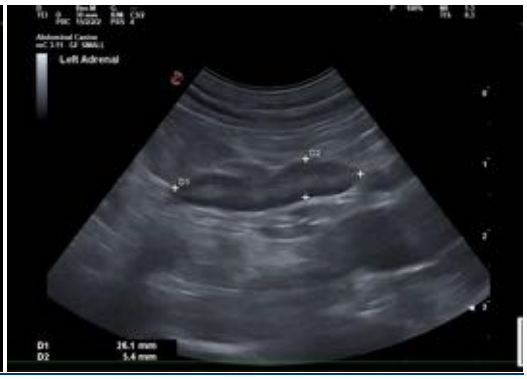

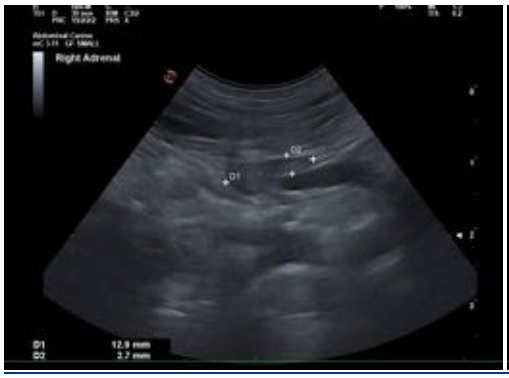

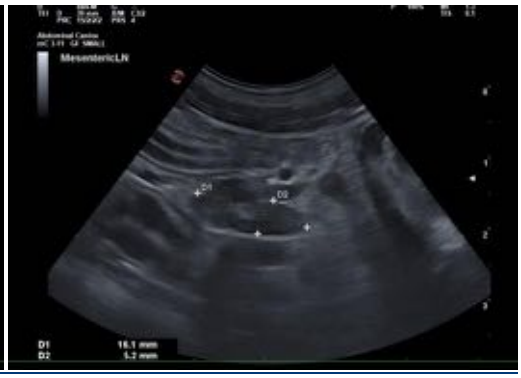

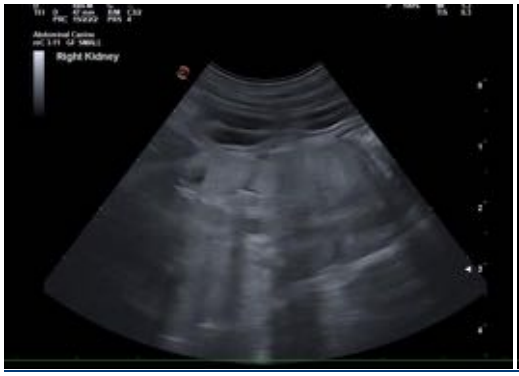

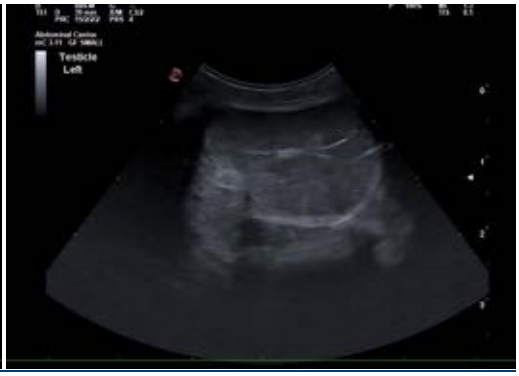

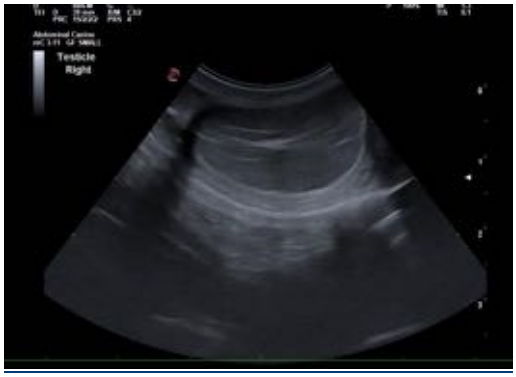

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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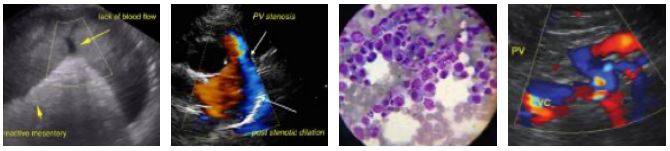

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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