

**DATE PRESENTING CLINICAL SIGNS**

9/13/22

Chronic struggle with weight. Hypothyroidism found 2020 and now managed. Pre-op labs revealed Crea 1.9, BUN: 40. First morning urine SG: 1.023 and Proteinuria

PATIENT

Gigi Keatts

Current Medications: Galliprant once daily, Dasuquin, Thyroid tabs

Lab Results: Crea: 1.9, BUN: 40. First morning urine SG: 1.023.

Protein 3+ (urine culture and UPC pending), WBC: 2-5/hpf, RBC: 0-2/hpf, no bacteria.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Canine

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

Spaniel Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Female, spayed

The left kidney is normal size (6.52 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and diffusely thickened with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

11/15/2015

The right kidney is normal size (6.27 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and diffusely thickened with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

104 lbs.

Adrenal Glands

The left adrenal gland is normal in length with a slightly flattened contour (0.51 cm at cranial pole) (0.53 cm at caudal pole) (3.39 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.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

The right adrenal gland is normal size (0.57 cm at cranial pole) (0.71 cm at caudal pole) (1.68 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.

HOSPITAL NAME

Timonium AH

Spleen

The spleen is normal in size (1.51 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.

REFERRING VET

Dr. McMichael

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 aggregated echogenic debris is observed within the lumen, some of which is partially dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

INVOICE

13960

Gastrointestinal

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 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.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral renal changes, in conjunction with the patient's clinical history, are most consistent with a chronic nephropathy. A protein losing nephropathy is suspected.

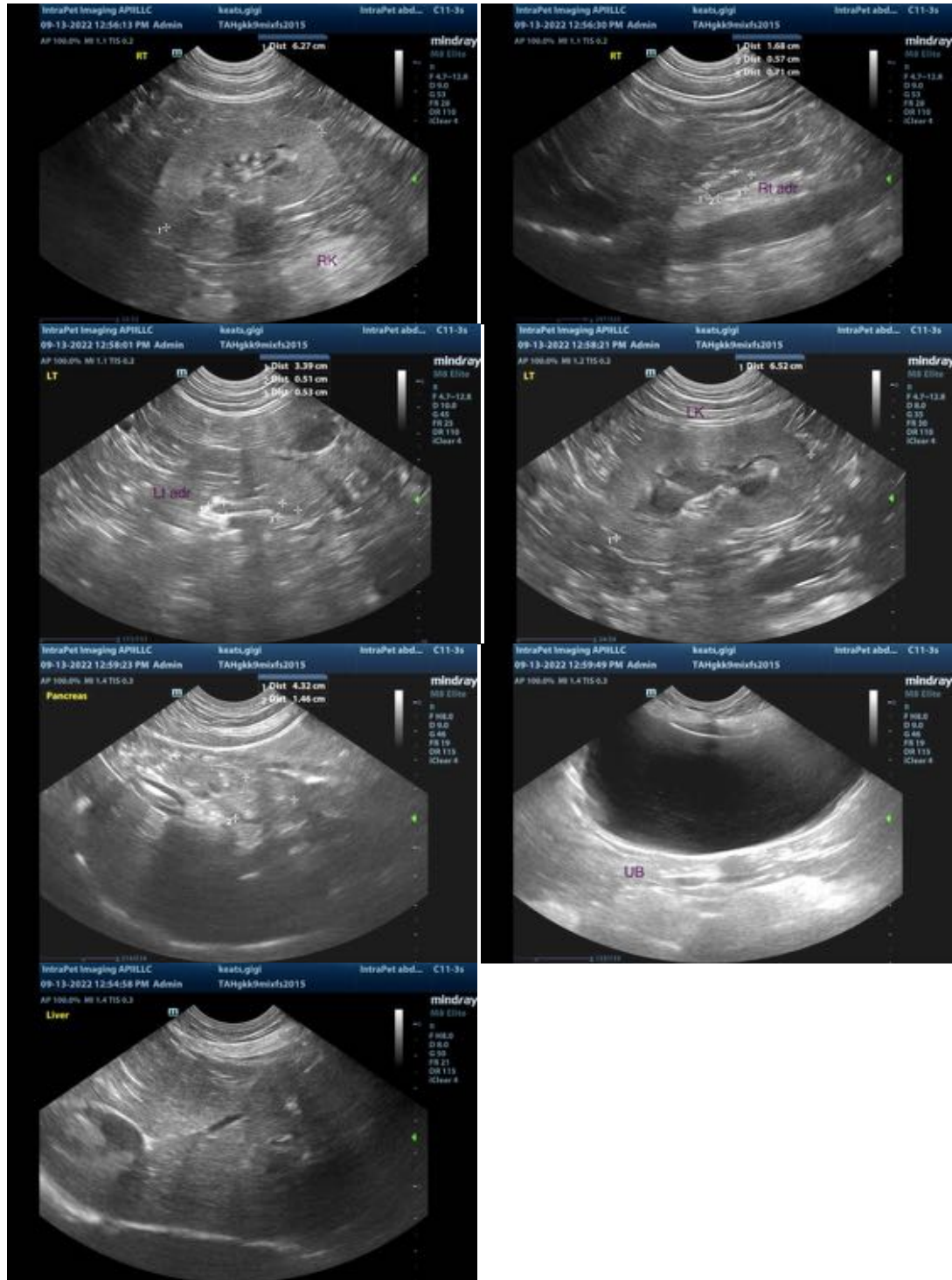
Secondary Findings:

- Age-related pancreatic remodeling.
- The flattened left adrenal gland may be a normal variant for this patient or may be secondary to early atrophy (i.e., due to hypoadrenocorticism).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient's UPC is elevated in the face of a negative urine culture and sensitivity, consider the following:

1. Further testing for underlying causes of protein losing nephropathy (i.e., infection, neoplasia) via further testing (heartworm test, tick panel, Leptospirosis testing, thoracic radiographs).
2. Angiotensin II receptor blocker (e.g., Telmisartan) +/- ACE inhibitor
3. Antithrombotic (e.g., Clopidogrel at 2.5 mg/kg PO q 24 hours)
4. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
5. Prescription renal diet
6. Baseline blood pressure measurement with serial monitoring thereafter
7. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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