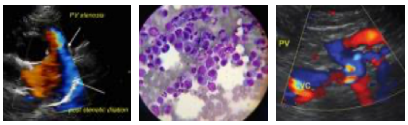
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/16/2021

PATIENT

Sallie Davit

SPECIES

Canine

BREED

Golden retriever

SEX

Female, spayed

AGE

10/5/2015

WEIGHT

58.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Happy Tails VH

REFERRING VET

Dr. Calpeno

INVOICE

12106

PRESENTING CLINICAL SIGNS

History: Increased Creat/SDMA/BUN.

Current Medications: Antronex 2 BID.
Lab Results: Chem: increased SDMA (17), increased Creat (1.7), BUN 28, No other significant findings. CBC: NSF, normal.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size (5.19 cm in length) with irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Severe pyelectasia is present (0.67 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.75 cm at caudal pole) (2.75 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 (0.68 cm at cranial pole) (0.64 cm at caudal pole) (2.11 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 (1.89 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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

Other
A uterine stump is visible (0.53 cm in width). No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Bilateral chronic renal changes, more severe on the right. The right pyelectasia may be secondary to pyelonephritis or architectural remodeling. Renal dysplasia is a consideration although chronic infection or previous insult (i.e., toxin) are .also possible

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity
- UPC (if proteinuria is present)
- Baseline blood pressure measurement
- Transition to a prescription renal diet if not already performed.
- Serial monitoring of the patient's renal values and baseline blood pressure are recommended to assess for progressive disease.
- Consider three-view thoracic radiographs to assess cardiopulmonary status, particularly if fluid therapy is to be initiated at some point in the future.


IntraPet Imaging RIIILLC
davit,sallie
Abd small I
C11-3s
09-16-2021 11:34:29 AM Admin
HAPPdsk9goldsf2015
Spleen
mindray


IntraPet Imaging RIIILLC
davit,sallie
Abd small I
C11-3s
09-16-2021 11:39:21 AM Admin
HAPPdsk9goldsf2015
Lt Kidney
mindray


IntraPet Imaging RIIILLC
davit,sallie
Abd small I
C11-3s
09-16-2021 11:40:21 AM Admin
HAPPdsk9goldsf2015
SI
mindray


IntraPet Imaging RIIILLC
davit,sallie
Adult ABD
C6-2Gs
09-16-2021 11:44:11 AM Admin
HAPPdsk9goldsf2015
LIVER
Stomach
mindray


IntraPet Imaging RIIILLC
davit,sallie
Abd small I
C11-3s
09-16-2021 11:37:19 AM Admin
HAPPdsk9goldsf2015
Rt Kidney
1 Dist 5.19 cm
2 Dist 0.67 cm
mindray


IntraPet Imaging RIIILLC
davit,sallie
Abd small I
C11-3s
09-16-2021 11:37:41 AM Admin
HAPPdsk9goldsf2015
Rt ADR
1 Dist 2.11 cm
2 Dist 0.64 cm
3 Dist 0.68 cm
mindray

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.

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