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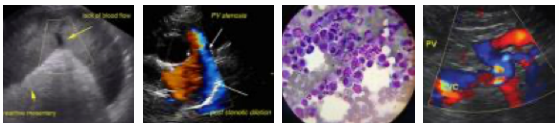


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Mo Anello

SPECIES
Canine

BREED
Schnauzer

SEX
Male, neutered

AGE
15 Yrs.

WEIGHT
17.6 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
VCA Vitality

REFERRING VET
Dr. Surroz

DATE
1/16/23

INVOICE
14449

PRESENTING CLINICAL SIGNS

History: Weight loss since November high UPC and mild BUN elevation, BP elevated (stressed in hospital too)
Abnormal PE/Chem/CBC/UA Results: high UPC 2.5 and mild BUN 37 elevation, BP elevated (stressed in hospital too) Current Medications Benazepril 2.5 mg PO SID Radiographic Findings not done

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 with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2-3 cm, are normal.

The prostate is normal in size (0.83 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.32 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.31 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is suspected. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.51 cm at caudal pole) (1.88 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.

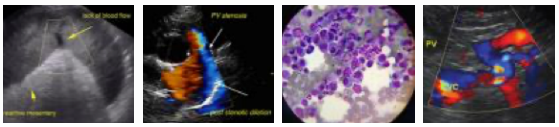
The right adrenal gland is normal size (1.02 cm at cranial pole) (0.50 cm at caudal pole) (1.69 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.42 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several ill-defined multi-septated cystic areas are observed throughout the organ. 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



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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 echogenic to mineralized gravity-dependent debris/sludge is observed within the lumen. 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 wall of the descending colon is mildly to moderately thickened (up to -.52 cm) with retention of the normal layering pattern. 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 brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

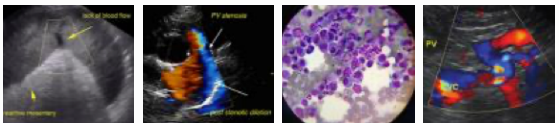
Primary Findings:

- Bilateral, chronic nephropathy. This finding, in conjunction with the presence of proteinuria, could be consistent with a protein-losing nephropathy (PLN). Most PLNs are idiopathic. However, PLNs can occasionally be secondary to infectious, inflammatory or neoplastic disease.

Secondary Findings:

- The cystic lesions in the spleen could be consistent with benign cysts. However, emerging vascular tumors cannot be completely excluded.
- The colonic wall thickening is most consistent with inflammation with a lower possibility of emerging neoplasia.

*An obvious cause for the patient's weight loss is not definitively identified in this study. Considerations include sarcopenia, weight loss secondary to underlying renal disease, microscopic gastrointestinal disease (i.e., inflammatory bowel disease), occult neoplasia, other.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the weight loss, consider the following:
  1. Thoracic radiographs to assess for occult disease in the chest.
  2. Fecal evaluation for ova and Giardia.
  3. GI panel including serum cobalamin, folate, TLI and PLI.
- Given the proteinuria and the possibility of a protein losing nephropathy, consider the following:
  1. Further testing for infectious disease (i.e., heartworm, tick borne).
  2. Initiation of an angiotensin receptor blocker (particularly if the proteinuria does not improve with an ACE inhibitor alone).
  3. Initiation of an antithrombotic agent (i.e., Clopidogrel).
  4. Prescription renal diet.
  5. Serial monitoring of the patient's blood pressure to assess for the development of hypertension.
  6. Serial monitoring (i.e., every 3 months) of the patient's renal values and UPC to assess for progression of disease.
- A recheck ultrasound is recommended in 1-2 months to reassess the cystic lesions in the spleen.

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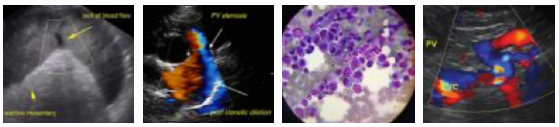

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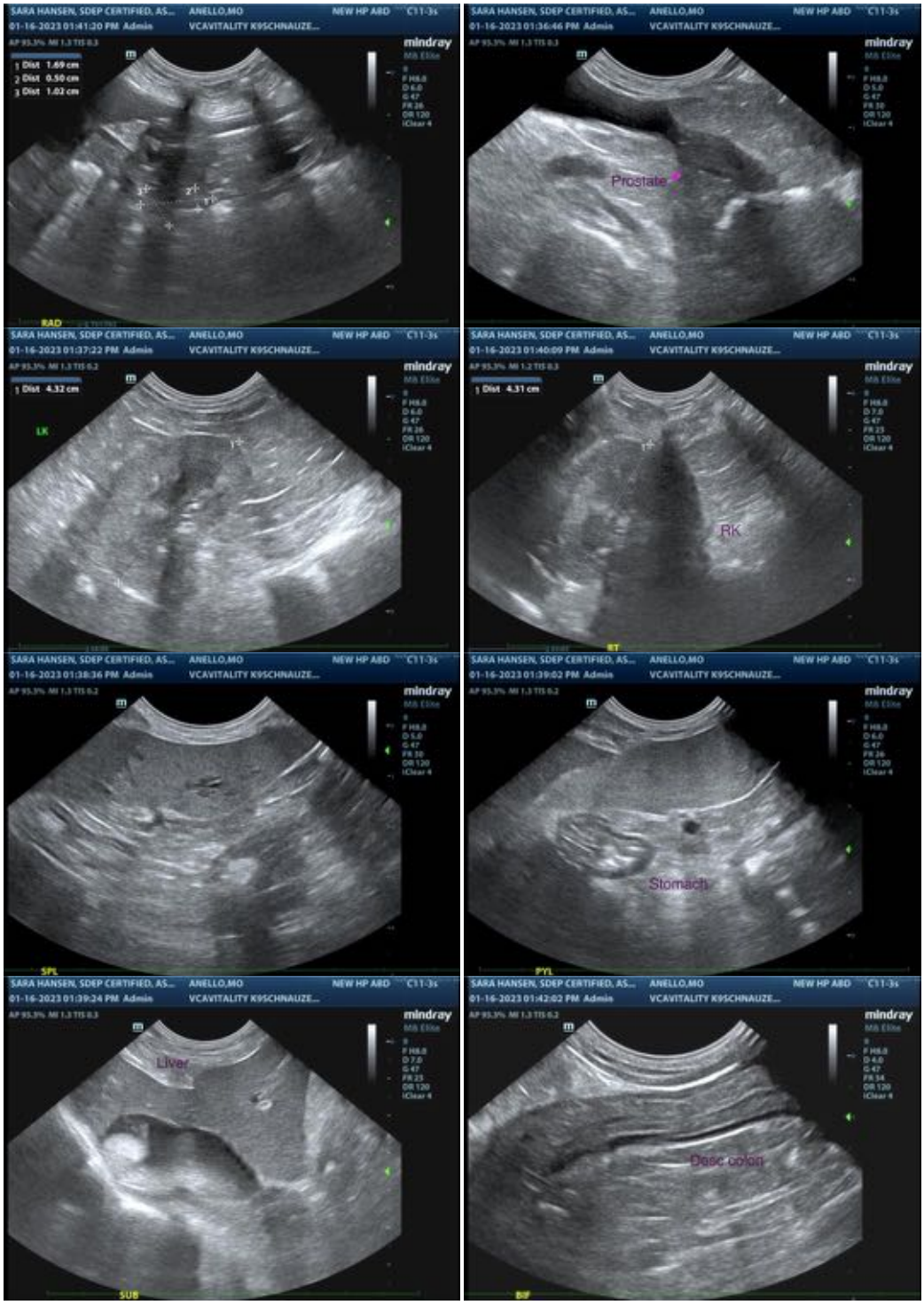
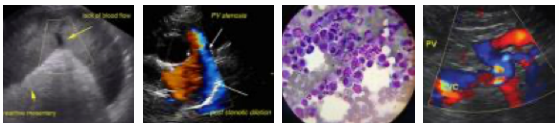


The information and recommendations provided are based on the images presented by the referring



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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.

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