



PATIENT

Tess Watkins

SPECIES

Canine

BREED

Cairn Terrier mix

SEX

Female, spayed

AGE

11 yrs.

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Fogarty

DATE

10/18/22

INVOICE

14119

PRESENTING CLINICAL SIGNS

History: UP:C elevated at initial labs 9/26/22 (5.9); progressive increase at recheck UA 10/6/22 (9.6)
Abnormal PE/Chem/CBC/UA Results: All else WNL Current Medications None

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 scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The cystourethral junction and visible portion of the proximal urethra are normal.

The left kidney is normal size (4.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.42 cm at cranial pole) (0.61 cm at caudal pole) (2.18 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 mildly enlarged (1.19 cm at cranial pole) (0.82 cm at caudal pole) (1.71 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.

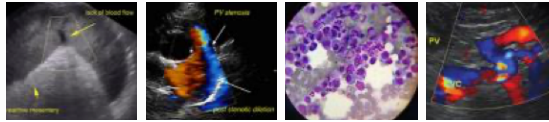
Spleen

The spleen is normal in size (1.19 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder 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.

Gastrointestinal



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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 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 brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Bilateral, chronic nephropathy. Given the patient's clinical history and sonographic renal changes, a protein-losing nephropathy (i.e., glomerular nephritis, amyloidosis) is likely. Most cases of protein-losing nephropathy (PLN) are idiopathic. However, they can be secondary to infectious, inflammatory, or neoplastic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnostic and treatment recommendations for PLN include the following:

1. Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
2. Infectious disease testing (i.e., tick borne, Leptospirosis, heartworm) should also be considered.
3. Angiotensin II receptor blocker (e.g., telmisartan) +/- ACR inhibitor
4. Antithrombotic (e.g., clopidogrel at 2.5 mg/kg PO q 24 hours)
5. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
6. Prescription renal diet
7. Baseline blood pressure measurement with serial monitoring thereafter
8. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease



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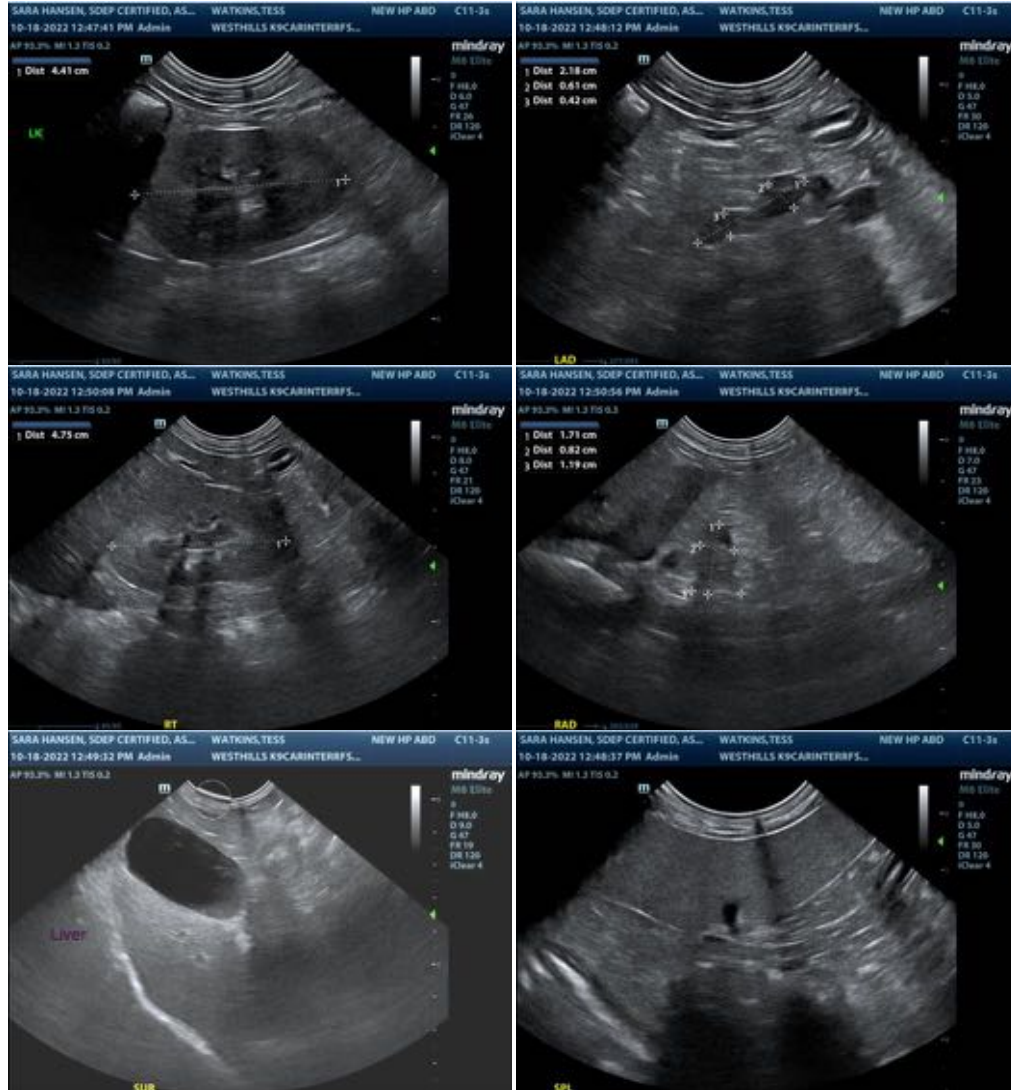
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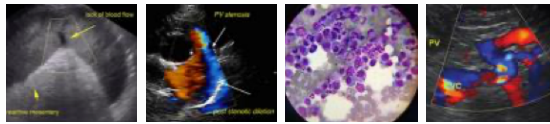
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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