PATIENT
Sydney Miller

SPECIES
Canine

BREED
Border Collie

SEX
Female, spayed

AGE
9 Yrs.

WEIGHT
47.6 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Faithful Friends AC

REFERRING VET
Dr. Hiett

INVOICE
13510

DATE
3/2/26

PRESENTING CLINICAL SIGNS

History:

- Clinical Exam Findings:
- The dog has ongoing proteinuria.
- ABNORMAL Labwork Values
- BUN, Creat, SDMA all normal but UP:C has been elevated for 10 months. Currently UP:C is 1.5 and for the first time there is trace hemoglobin/blood.
- Current Medications
- Amantadine, Carprofen, and glucosamine all for unilateral hip arthritis.
- Notes to Specialist (if any)

Would like to have cystocentesis performed with ultrasound for urine culture.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.5 cm, are normal.

The left kidney is normal in size (6.37 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.52 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.68 cm at caudal pole) with a normal shape and homogenous parenchyma. At the caudal pole, a 0.48 x 0.39 cm ill-defined hyperechoic nodule/area is visualized. The glandular echogenicity and detail at the cranial pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

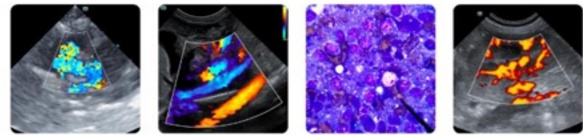
The right adrenal gland is normal in size (0.96 cm at cranial pole) (0.67 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.66 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 small, ill-defined hyperechoic nodules are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen 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.



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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 gastric lumen is not distended. 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 colonic wall is normal. 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.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral nonspecific, age-related renal changes. This finding, in conjunction with the elevated UPC, is suggestive of a protein losing nephropathy. Most protein losing nephropathies are idiopathic. However, they can be secondary to infectious, inflammatory, immune mediated or neoplastic disease. Therefore, if possible, an underlying cause should be sought.

Secondary Findings:

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- The hyperechoic left adrenal nodule/area at the caudal pole may be a normal variant for this patient or may be secondary to focal nodular hyperplasia, adenoma or less likely, emerging adenocarcinoma, pheochromocytoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider evaluating for underlying disease (i.e., infectious disease testing, thoracic radiographs).
2. Consider initiation of an angiotensin receptor blocker.
3. Baseline blood pressure measurement is recommended to assess for systemic hypertension.
4. Consider transitioning to a prescription renal diet.
5. Serial monitoring of the patient's renal values, UPC and blood pressure is recommended to assess progression of disease.

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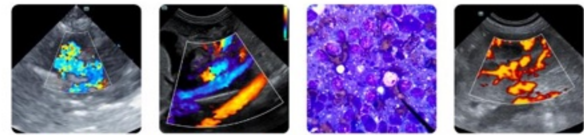

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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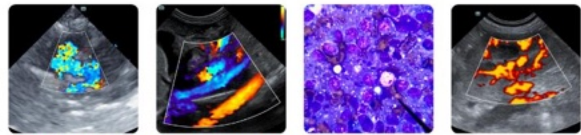
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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