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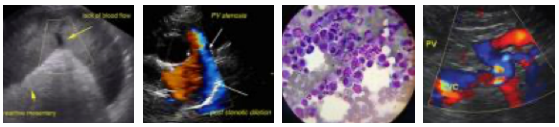


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Sophie Anthony

SPECIES
Canine

BREED
Doberman mix

SEX
Female, spayed

AGE
13 Yrs.

WEIGHT
46.9 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. Eguchi-Coe

DATE
3/8/22

INVOICE
13103

PRESENTING CLINICAL SIGNS

History: Anorexia
Abnormal PE/Chem/CBC/UA Results: IDEXX SDMA 36 Creatinine 3.8 BUN 53 Cardiopet proBNP (Canine) 1,263 - UA clean Current Medications Galliprant Gabapentin Cerenia Radiographic Findings Rad report - 1. Unremarkable thoracic radiographs 2. Likely small kidneys bilaterally – typical of non-specific chronic kidney disease. Please correlate with bloodwork and urinalysis findings for clinical relevance. 3. Questionable microhepatia (e.g. chronic hepatitis with cirrhosis) vs. incidental conformational variation; please correlate with clinical picture and blood work findings for relevance. 4. Multifocal severe congenital hemivertebrae with associated spinal column malformation 5. Signs of multifocal chronic degenerative intervertebral disc disease (IVDD). 6. Mild chronic shoulder OA

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 moderately 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 in size (5.33 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (4.40 cm in length) with a slightly irregular shape. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.53 cm at caudal pole) (2.71 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.

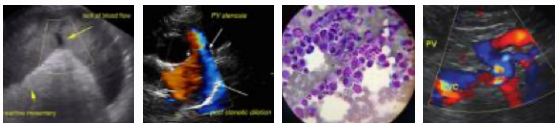
The right adrenal gland is not visualized in the available images. However, no obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.98 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 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



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congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic debris and mineralized sand is observed within the lumen, most of which is gravity-dependent and some of which is suspended. 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

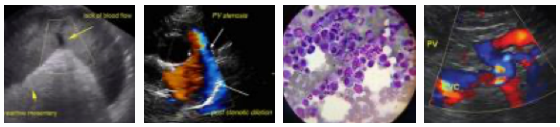
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Minor, bilateral non-specific renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, the following diagnostics/therapeutics are recommended:
  - Urine culture and sensitivity.
  - UPC (if proteinuria is present).
  - Baseline blood pressure measurement.
  - IV fluid therapy, gastric protectants, antiemetics and broad-spectrum antibiotics (while awaiting urine culture results).
  - When the patient is stable and eating, consider transitioning to a prescription renal diet.
  - Also consider Leptospirosis testing (i.e., blood and urine PCR, serology).



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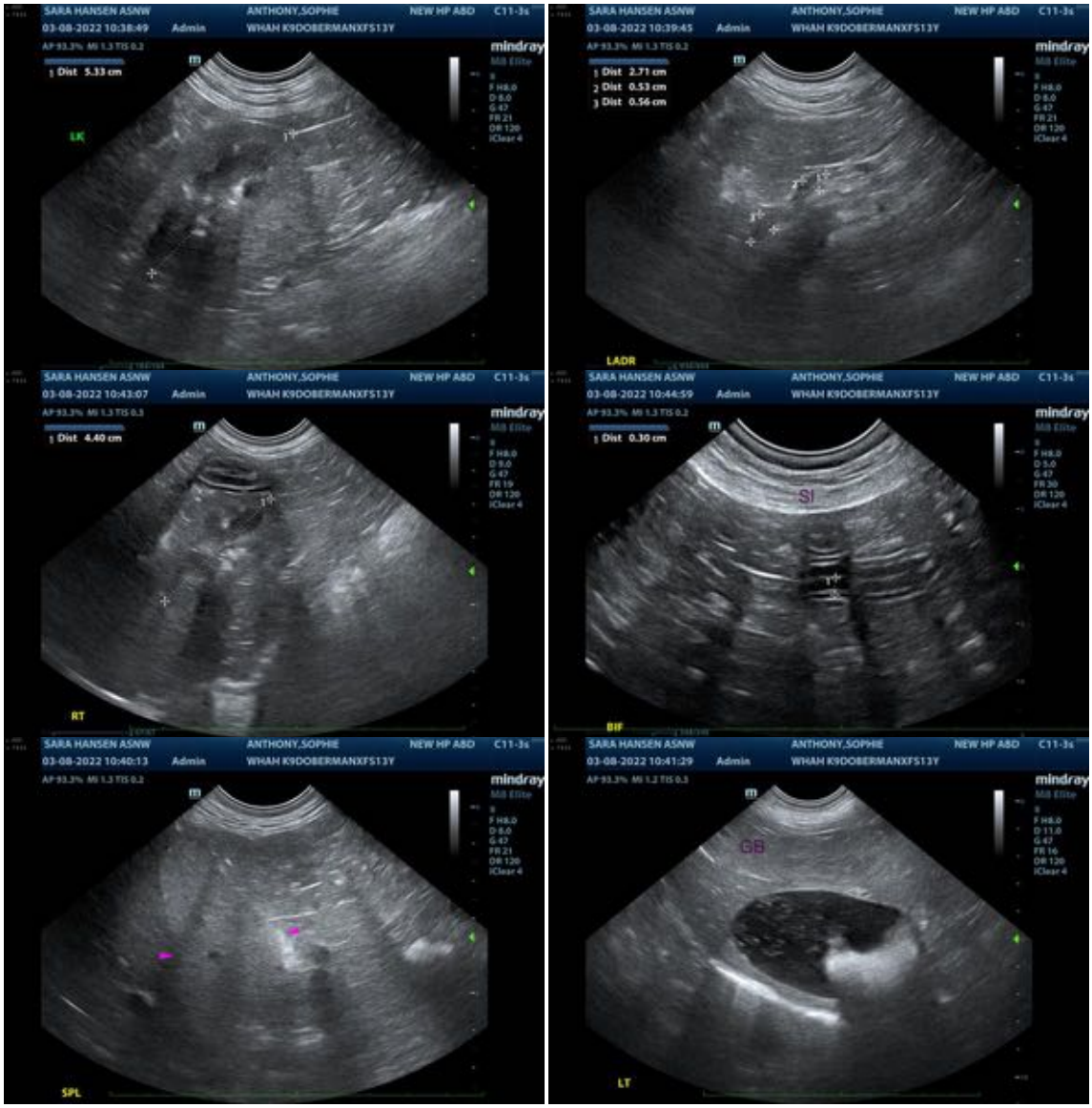
- A resting cortisol level can also be considered to screen for hypoadrenocorticism. However, this disease is not commonly diagnosed in older patients.



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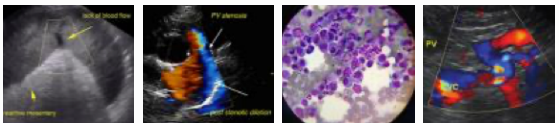

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

andrea.nicastro@sonopath.com