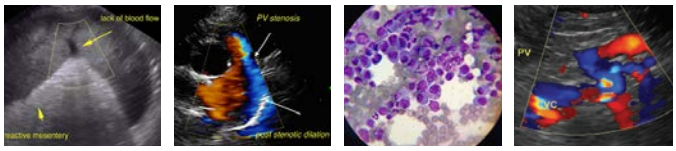
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lola Conklin

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

10 Years

WEIGHT

82 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Taylor Parker

INVOICE NUMBER

34005

DATE

1/5/22

PRESENTING CLINICAL SIGNS

Uncontrolled proteinuria: currently on Telemisartan. was previously on highest dose of enalapril/amlodipine combo with minimal improvement.
Abnormal PE/Chem/CBC/UA Results: Urine P/C ratio: 3.2 Blood Pressure 150

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Both kidneys are normal in size with the left kidney measuring 5.8 cm and the right kidney measured 6.6 cm with increased cortical echogenicity. There is a normal 1:3 cortex/medulla ratio with appropriate corticomedullary distinction. Normal smooth peripheral margination is present. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Right adrenal gland is normal in size (3.5 cm long x 0.63 cm at the cranial pole and 0.84 cm at the caudal pole), normal shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (2.9 cm long x 0.73 cm at the cranial pole and 0.72 cm at the caudal pole, with normal shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

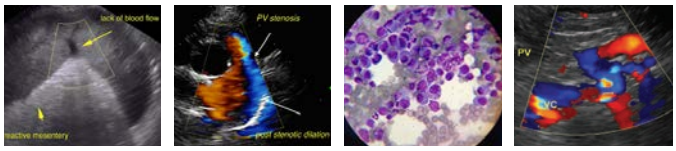
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3



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contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally hyperechoic kidneys – This is a change that can be seen with glomerular or interstitial nephritis, acute tubular nephrosis or necrosis caused by toxic insult such as calcium oxalate deposition, or acute infectious disease such as pyelonephritis or Leptospirosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported proteinuria and ultrasound findings, recommendations are infectious disease testing including tick borne disease, heartworm disease, and Leptospirosis. Hyperadrenocorticism can also result in mild proteinuria. Therefore, if there are clinical signs of hyperadrenocorticism such as polyuria, polydipsia, polyphagia, panting, etc., testing for hyperadrenocorticism with a low-dose Dexamethasone suppression test could be considered.

Urine culture is recommended if not already performed. Therapies in addition to that which has already been reported for the increased UPC should include renal diet, fatty acid supplementation, as well as either low-dose aspirin or Plavix to manage the hypercoagulable state that results in proteinuria. An empirical course of antibiotics could also be considered pending diagnostics to address possible Leptospirosis as well as occult UTI/pyelonephritis.

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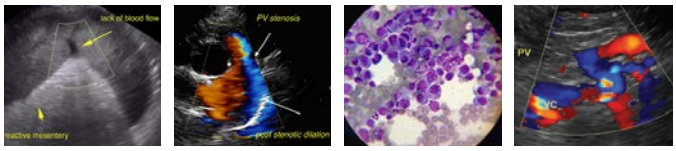

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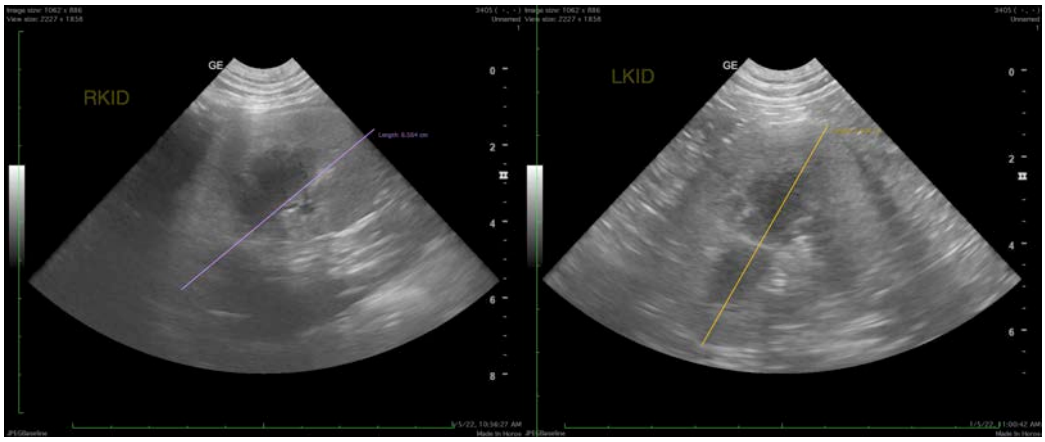

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com