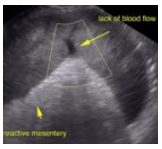

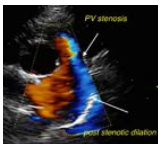

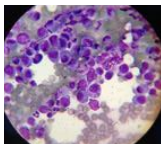
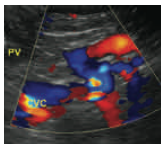

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PATIENT
Nugget Mathias

SPECIES
Canine

BREED
Maltese

SEX
Neutered male

AGE
9 years

WEIGHT
13 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Moon

HOSPITAL NAME
Shiloh VH

REFERRING VET
Dr. Bangs

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95888

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2/8/22

PRESENTING CLINICAL SIGNS

Protein losing nephropathy first noticed in Aug 2021 Grade III/VI heart murmur
Abnormal PE/Chem/CBC/UA Results: UPC elevated from 1.6 to 4.6 in 6 months Albumin 3.8g/dL in Aug 2021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

The prostate appears normal for a neutered dog.

Left kidney is normal in size (3.67 cm) and shape, but diffusely hyperechoic. It has smooth peripheral margination and decreased corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.91 cm) and shape, but diffusely hyperechoic. It has smooth peripheral margination and decreased corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.5 cm at cranial pole and 0.45 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.28 cm at cranial pole and 0.53 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

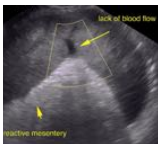
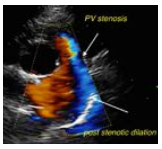
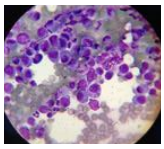
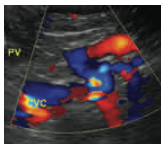
Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with

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normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The small intestinal lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffusely hyperechoic kidneys with mildly decreased corticomedullary distinction. Differentials include normal age related changes versus chronic kidney disease such as chronic glomerulonephritis or chronic pyelonephritis or chronic interstitial nephritis and should be interpreted in combination with laboratory changes consistent with chronic kidney disease.
- Hyperechoic hepatomegaly– most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include a blood pressure if not already performed. If there are clinical signs of hyperadrenocorticism such as polyuria, polydipsia, polyphagia, pot belly panting, etc. testing for hyperadrenocorticism which can cause proteinuria is recommended in the form of a low-dose Dexamethasone suppression test. Infectious disease testing including Leptospirosis as well as tick borne diseases as well as a urine culture should be evaluated if not already done and if another underlying cause cannot be diagnosed then management for protein losing nephropathy with diet, anti-thrombotics, fatty acids, ace inhibitors, etc. is recommended.

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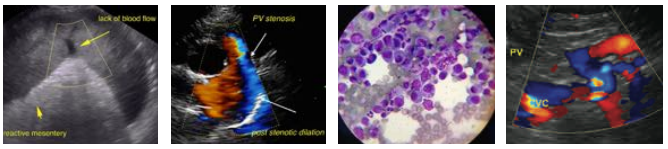

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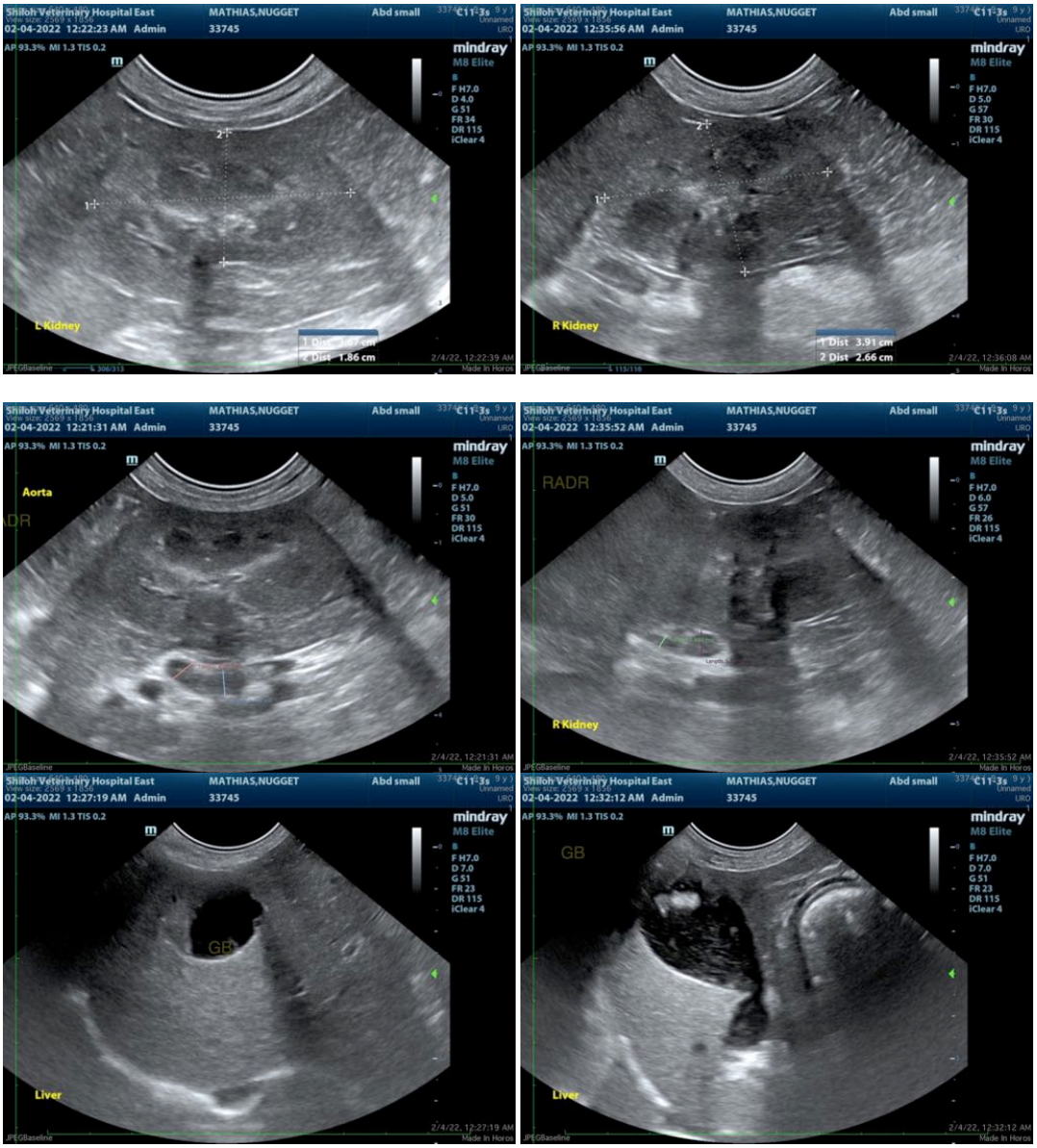

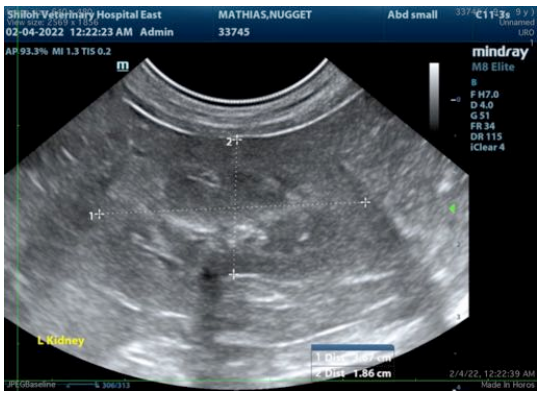

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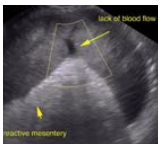

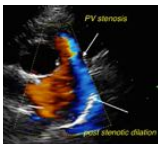

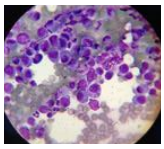
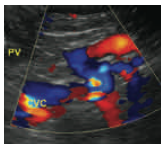

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com