



PATIENT PRESENTING CLINICAL SIGNS

Charlie Klingbiel Proteinuria meds: Telmisartan 40mg Tablet SID

SPECIES Abnormal PE/Chem/CBC/UA Results: Albumin 24 Total Protein 49 Reticulocyte Hemoglobin 21.7

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Golden Retriever

The 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.

SEX

Spayed Female

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. The right kidney measures 8.72 cm. The left kidney measures 6.29 cm.

AGE

9 Years

Adrenal Glands

WEIGHT

85 Pounds

The right adrenal gland is normal in size (2.37 cm long x 1.87 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (2.5 cm long x 0.74 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

Kelly Reschny

The 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.

HOSPITAL NAME

Southside Pet Hospital

Liver

The 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.

REFERRING VET

Dr. Honda

The 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.

INVOICE

45918

Gastrointestinal

DATE

3/15/23

The visible stomach wall is normal in thickness and layering. The lumen of the stomach 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. 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 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



PATIENT

Charlie Klingbiel

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

SPECIES

Canine

Pancreas

The 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.

BREED

Golden Retriever

Free Abdomen

SEX

There is no evidence of free peritoneal effusion noted in these images.

Spayed Female

There is no apparent lymphadenopathy noted in these images.

AGE

9 Years

ULTRASONOGRAPHIC FINDINGS

- **Nephritis** – This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis, etc.) cannot be ruled out. This finding should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes.

WEIGHT

85 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

If this patient has proteinuria in an otherwise quiet sediment, a urine protein to creatinine ratio is recommended to quantify the proteinuria. Additionally, if not already evaluated, or if not recently evaluated, a blood pressure is recommended.

IMAGING PERFORMED BY

Kelly Reschny

Further recommendations to workup protein losing nephropathy (if that is what this patient has) includes comprehensive infectious disease testing including testing for Leptospirosis. In the meantime, if indicated based on results, treatment recommendations include enalapril (or benazepril if azotemic) +/- ARB, anti-thrombotic (low dose aspirin or clopidogrel), a renal diet if tolerated and fatty acid supplementation. Begin FA supplementation slowly to prevent GI upset.

HOSPITAL NAME

Southside Pet Hospital

If hypertension is present, additional therapy with amlodipine may be necessary to manage hypertension.

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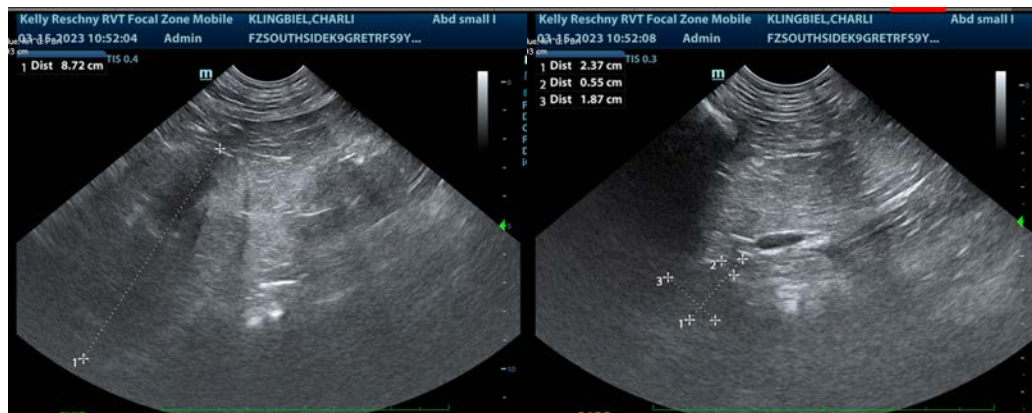
Dr. Honda

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PATIENT

Charlie Klingbiel

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

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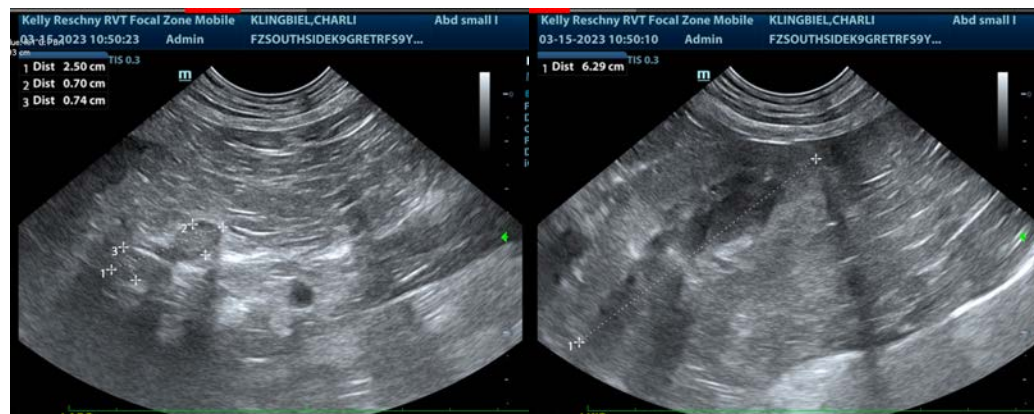
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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