

PATIENT

Sampson Marcus

PRESENTING CLINICAL SIGNS

SPECIES

Canine

Chief Concern / Provisional Diagnosis: ~Evaluation of persistent proteinuria~ Relevant Medical History and Physical Exam findings: ~Patient presented for general evaluation on October 2021 and wellness UA showed mild proteinuria, remaining bloodwork was wnl. Proteinuria persist, and recommended abdominal ultrasound to evaluate urinary tract and prostate~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ Oct 15/2021 UPC: 0.5 Feb 11/2022 UPC: 0.7~

BREED

Standard Poodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Neutered Male

The prostate is normal for a neutered dog.

AGE

10 Years 11 Months

The right kidney is normal in size (7.2 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

87 Pounds

The left kidney is normal in size (7.0 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A small cortical cyst is noted in the left kidney.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (0.91 cm at the cranial pole and 0.76 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The left adrenal gland is normal in size (0.74 cm at the cranial pole and 0.60 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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Spleen

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.

REFERRING VET

Dr. Pablo Mendoza

Liver

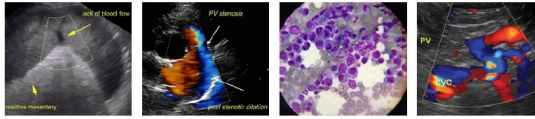
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

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PATIENT

Sampson Marcus 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.

SPECIES

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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.

BREED

Standard Poodle

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.

SEX

Neutered Male

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

AGE

10 Years 11 Months

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.

WEIGHT

87 Pounds

Free Abdomen

There is no evidence of peritoneal effusion. There is a prominent lymph node caudal to the left kidney, likely a renal lymph node that is slightly cystic in appearance.

ULTRASONOGRAPHIC FINDINGS

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- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

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- Incidental left cortical cyst
- Likely reactive lymphadenopathy around the left kidney
- 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

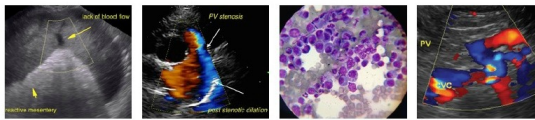
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UPC of 0.7 is considered mild and not in the range requiring medical intervention in a non-azotemic patient. Recommended diagnostics to evaluate for underlying causes include blood pressure (if not recently evaluated), a urine culture given the mildly enlarged lymph node caudal

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Portable Animal Western Sonography, Inc.

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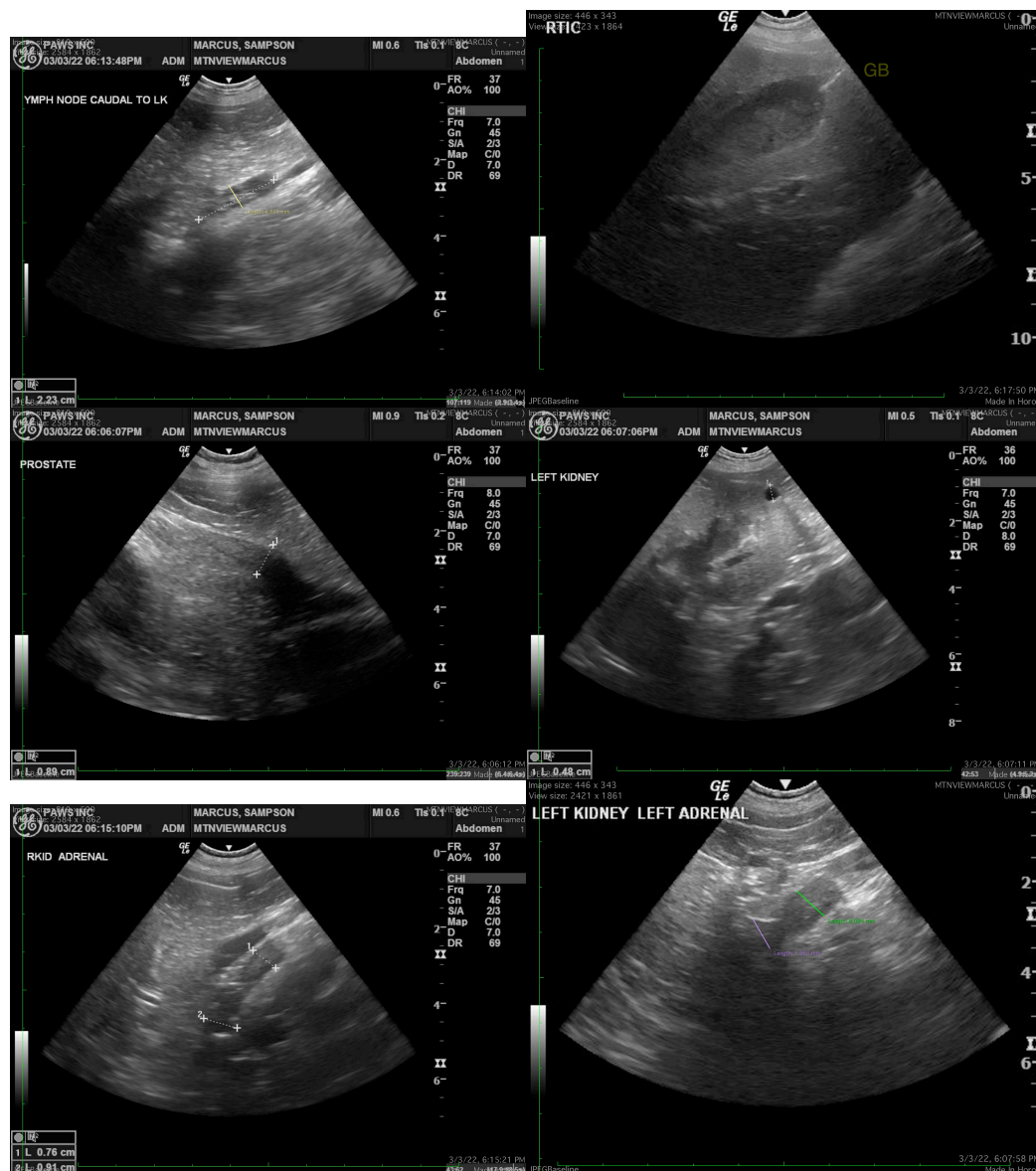
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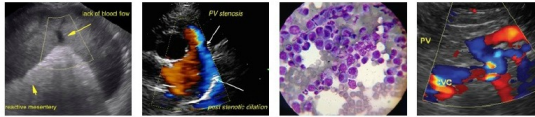
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to the left kidney, which can occur with chronic UTIs, as well as a workup for other infectious disease including heartworm disease and tickborne diseases. If clinical signs of hyperadrenocorticism are present such as polyuria, polydipsia, polyphagia, panting, etc., a low-dose Dexamethasone suppression test could be evaluated to rule out hyperadrenocorticism also as a potential cause for mild proteinuria. If an underlying cause is not determined with the aforementioned diagnostics, recommendations would include monitoring of the UPC alone at this level unless azotemia develops. Recheck UPC under these conditions is recommended in 3 months.





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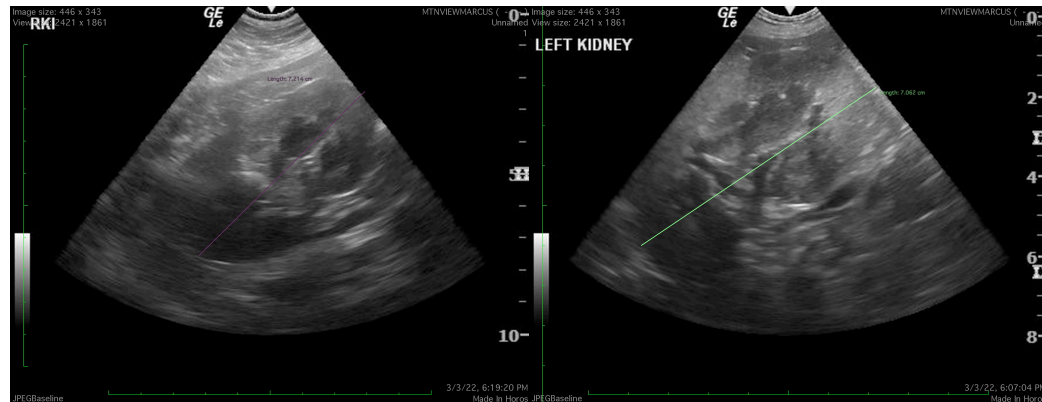
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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