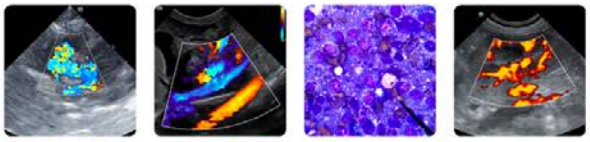


PATIENT

Shyla Breisch

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed Female

AGE

11 Years 11 Months

WEIGHT

18.8

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

Dr. Katrina Iobst

INVOICE

74491

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Almost 12yo FS Jack Russell Terrier was presented 4/9/26 for inconsistent incontinence while asleep, PD +/- PU (no urinary urgency or inappropriate urination while awake).

CURRENT MEDS: Benazepril 5mg 1t (0.63mg/kg) PO q12h, JUST INCREASED --> 5mg 1.5t (7.5mg = 0.94mg/kg) PO q12h (= 1.9mg/kg/day) JUST STARTED Azodyl 2c PO in AM + 1c PO in PM

Abnormal PE/Chem/CBC/UA Results: CBC: Lymphs 0.655 (L; N = 0.98-4.2) Chem: SDMA 24 (H; N = 0-14), Creat 3.8 (H; N = 0.5-1.5), BUN 72 (N = 9-31), TP 5.4 (L; N = 5.5-7.5), Alb 1.8 (L; N = 2.7-3.9), Alb:Glob 0.5 (N = 0.7-1.5), ALT 11 (L; N = 18-121), Amy 1803 (H; N = 337-1469), Lip 413 (H; N = 0-250) UA: SG = 1.018, pH = 6.0, Protein 4+, WBCs 6-10/hpf, RBCs 2-5/hpf, no bacteria, crystals, casts tT4: 1.5 (N = 1.0-4.0) 4Dx: neg x4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. Left kidney measured 5.04 cm with mild pyelectasia noted. Right kidney measures 5.35 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.42 cm at cranial pole and 0.46 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.47 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

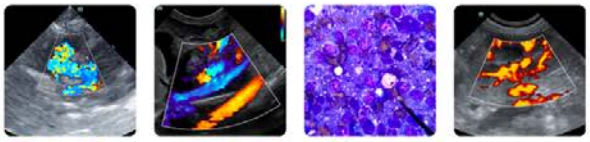
Spleen

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.

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.

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.



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Gastrointestinal

The visible stomach wall is normal in thickness 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. 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.

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

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

In multiple areas throughout the abdomen there are mildly heterogeneous, echogenic densities that appear to be intravascular luminal within several places and I suspect represent thrombi. In the area of the trifurcation there is a 0.70 cm x 4.1 cm density. In the right cranial abdomen, there is a 2.4 cm x 1.2 cm density. In the mid abdomen there is a 0.80 cm x 1.8 cm density. Doppler would help further determine whether these densities are intraluminal and obstructing blood flow, but multifocal thrombi is the top differential.

PRIMARY FINDINGS

- Suspect multiple thrombi, likely secondary to the hypercoagulable state created by protein losing nephropathy.

SECONDARY FINDINGS

- Moderate age related kidney changes with mild pyelectasia in the left kidney
- Moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further workup for underlying or contributing causes of protein losing nephropathy as well as comorbidities i.e., infectious disease, hypertension, etc. is recommended.

In the meantime, treatment considerations could 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. If hypertension is present, additional therapy with amlodipine may be necessary to manage hypertension.

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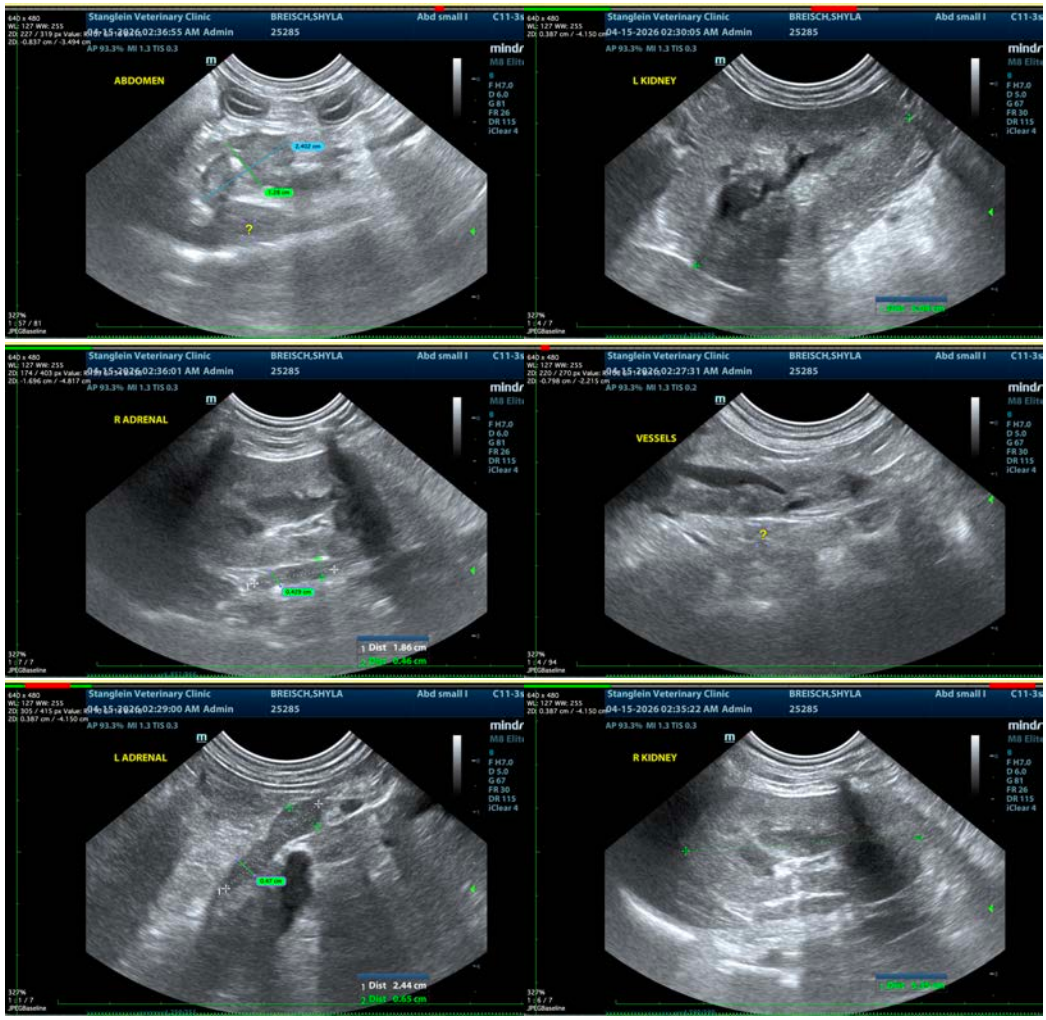
Given the concern for multiple thrombi, full consultation with and/or referral to a veterinary internist may be helpful.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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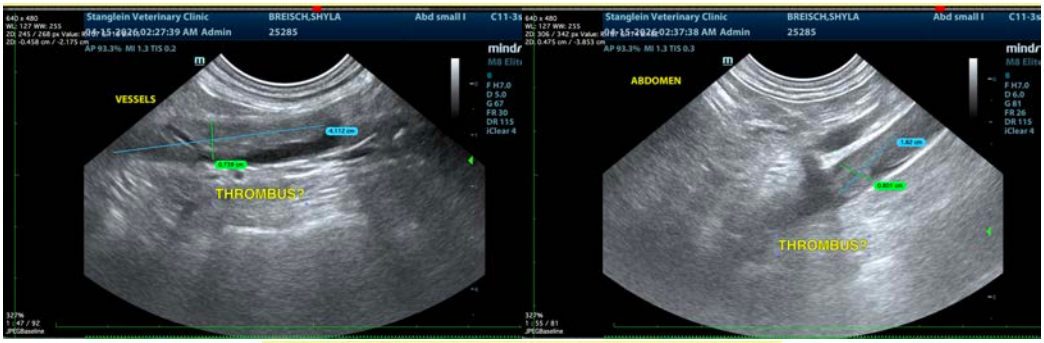

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com