


PATIENT PRESENTING CLINICAL SIGNS

Vega Farrel History: Diagnosed with protein losing nephropathy about 3 years ago. Has been on renal diet and Telmisartan 40mg 1/2 tab SID and Stilbesterol 1.0mg every 3 days. Previous ultrasound 12/3/20.

SPECIES

Canine

BREED

Whippet

SEX

Spayed Female

AGE

7 Years

WEIGHT

19.8 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hawkins AH

REFERRING VET

Dr. Hawkins

INVOICE

23723

DATE

7/31/23

Abnormal PE/Chem/CBC/UA Results: UPC - high 7.0(0.0-0.2) U/A free catch - yellow, cloudy, Sp.grav 1.020, pH 6.5, protein 4+, blood 2+, hyaline casts, RBCs 2-5/hpf, WBCs 0-2/hpf. Albumin 22.5 low, protein 46 low, Amylast 2118 high, Creatinine 170 high, Free T4 lw normal, WBCs 4.79 low, Lymph 0.85(low), Urine culture no growth

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Urinary bladder is adequately 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.

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia (in the right kidney) noted and no mineral is observed. No overt masses/nodules are observed. Left kidney measures 6.89 cm. Right kidney measures 6.71 cm. Mild pyelectasia is noted in the left kidney, measuring 0.3 cm in the sagittal view.

Adrenal Glands

Left adrenal gland is normal in size (0.63 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.8 cm at cranial pole and 1.0 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. 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.

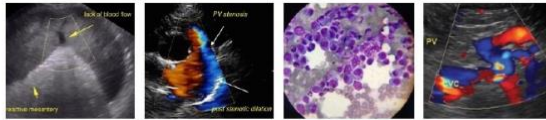
Liver

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 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.



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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.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

Whippet

The observed pancreas 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

SEX

Spayed Female

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

ULTRASONOGRAPHIC FINDINGS

AGE

7 Years

- Nephritis with mild left kidney pyelectasia – 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. Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a blood pressure is recommended.

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Given this patients reported azotemia, combined with mild leukopenia, comprehensive infectious disease testing could be considered, including leptospirosis.

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In the meantime, continued medical management of PLN, as is reportedly already in place, is recommended.

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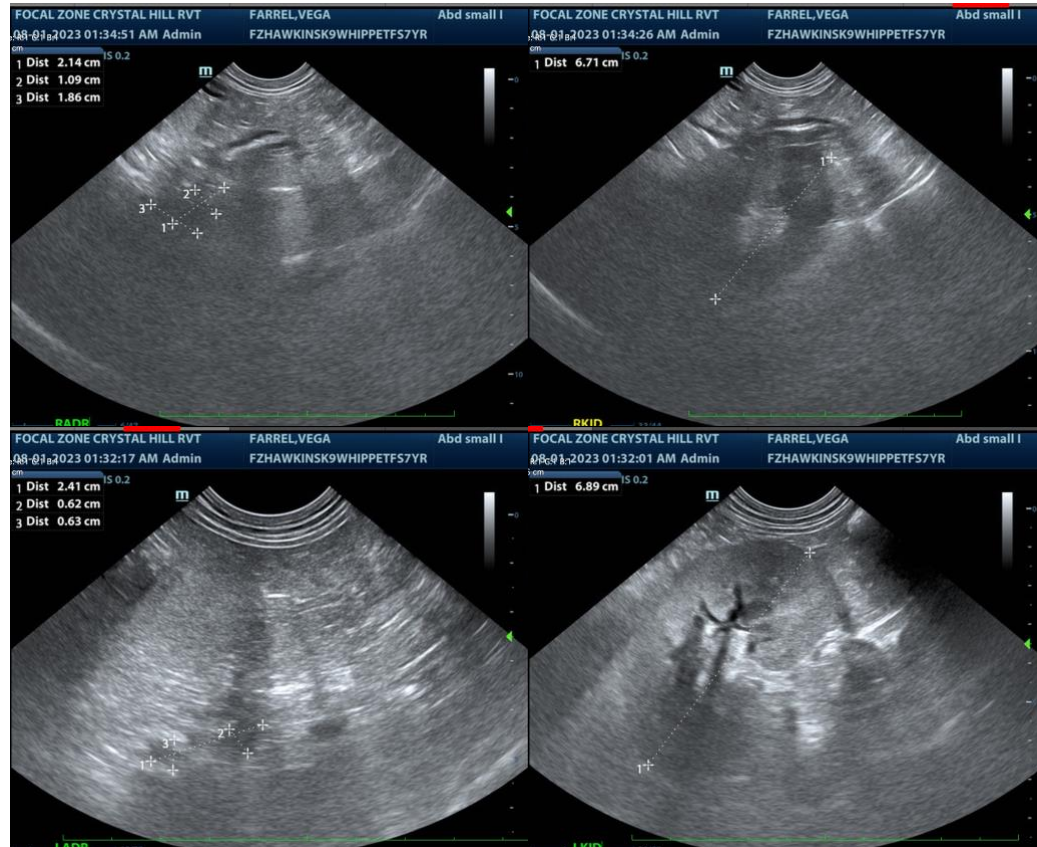
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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