**DATE PRESENTING CLINICAL SIGNS**

2/10/22 History: Ongoing azotemia and proteinuria, history pancreatitis. PE: unremarkable.

PATIENT Lab Results: Attached separately.

Jaxson Sell Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES LIMITED ULTRASONOGRAPHIC EXAMINATION

Canine

Urinary System

BREED

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

Maltese

SEX

The prostate is normal in size (1.06 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

Neutered Male

AGE

The left kidney has a normal shape and size (3.96 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

3/22/15

WEIGHT

The right kidney has a normal shape and size (4.09 cm) with pyelectasia at 0.17 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

9.7 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Other

A small volume of free abdominal fluid is visualized around the urinary bladder. The omentum generally appears hyperechoic.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

ULTRASONOGRAPHIC FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys with mild right-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Small volume free abdominal fluid with hyperechoic mesentery – Could be secondary to hypoalbuminemia or an alternate source of intraabdominal inflammation.

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no focal lesions observed to explain the azotemia and proteinuria present. Additionally, the Hematocrit is relatively high, so this patient could be clinically dehydrated.

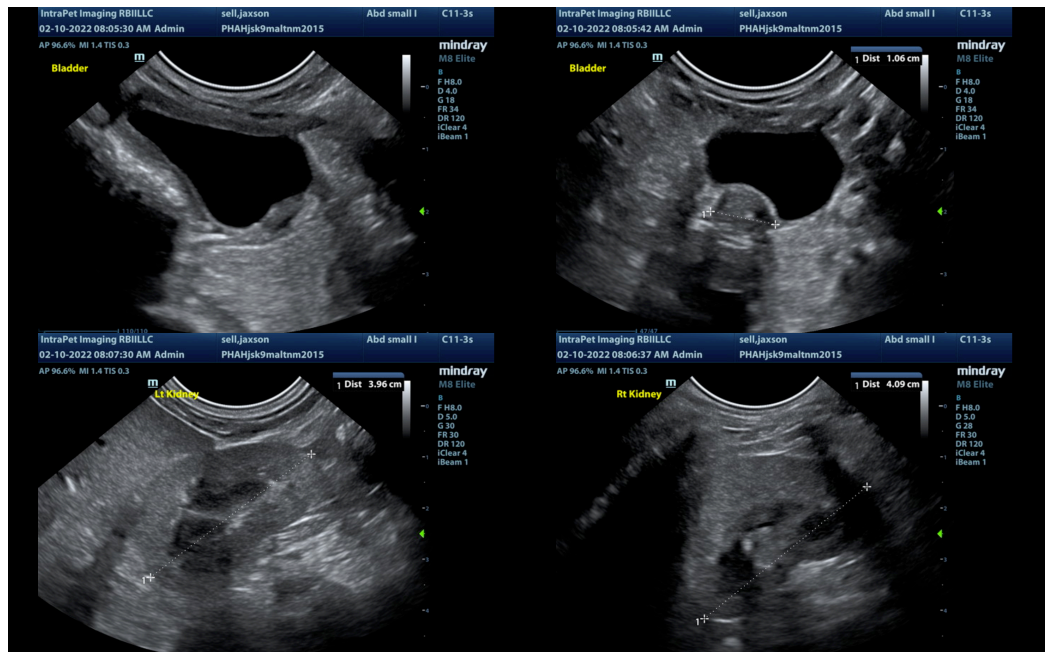
INVOICE

35590

- Recommend blood pressure evaluation.
- Consider vector borne disease testing to look for an infectious cause of proteinuria (I like the canine comprehensive panel through NC State's vector borne disease lab).

- Recommend 3-view thoracic radiographs to look for any intrathoracic pathology.
- Recommend urinalysis, culture, and urine protein to creatinine ratio.

If proteinuria is confirmed and clinically significant, therapeutic recommendations and discussion can be reviewed on the ACVIM consensus statement for proteinuria. This is available on their website at www.acvim.org.



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.

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