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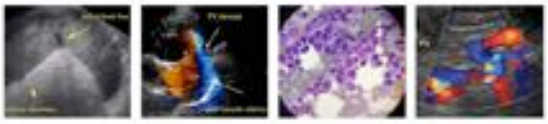

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Jassy Drake

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

12 years

WEIGHT

12 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Monte Vista AH

REFERRING VET

Dr.

INVOICE

96091

DATE

2/15/22

PRESENTING CLINICAL SIGNS

UA Results (02/08/2022): USG 1.044, pH 6.0, Protein 4+, 1+ Bilirubin, 1+ Fine Granular Casts (1-2/LPF), 2+ Calcium Oxalate Dihydrate Crystals (6-20)/HPF, All Else WNL. UP:C Ratio High (4.0) A: USG Hypersthenuric. Fine Granular Casts- Renal tubular damage. Calcium Oxalate Crystals- R/O Urolithiasis. UP:C Ratio very high- PLN, has increased from 3.9 in October of 2021. P: Recommend increasing Telmisartan to 1 mg/kg SID (0.46 ml of the 10 mg/ml oral suspension, SID). Recheck serial BP 3-5 days after increasing dose, sooner if any signs of hypotension. Start on Omega FA if not already. Start on Renal diet, early renal care. Recommend full panel of labs to check protein, renal, and electrolyte levels. Recommend adding on Clopidogrel (1.1 mg/kg, PO, SID). If no response in UP:C after increasing Telmisartan, consider adding on Benazepril if BUN/Creatinine are WNL. Recommend abdominal ultrasound and radiographs to assess for stones and GI tract. Consider UC:C ratio to screen for Cushing's Disease. AM 2/8/22 1:46pm - Called and spoke with O regarding results, O will pick up new syringe tomorrow labeled with the new dose 0.46ml Telmisartan SID. O will pick up Nordic Naturals next week. O will order Purina NF kidney diet online. Scheduled P for recheck BP on tuesday, abdominal xrays and full labs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 or masses. There is a very small, pinpoint, 0.18 cm hyperechoic, focal, mineralization visualized dorsal to the trigone area of the urinary bladder. This could represent a very small ureteral stone, but there is no evidence of proximal urethral dilation or any evidence of urinary obstruction higher in the urinary tract.

The left kidney has a normal shape and size (3.89 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. A small cortical cyst was noted and measured 0.24 cm. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.08 cm). Overall echogenicity is slightly hyperechoic with poor 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.

Adrenal Glands

The left adrenal gland is normal/borderline in size measuring 0.71 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal/borderline large in size measuring 0.81 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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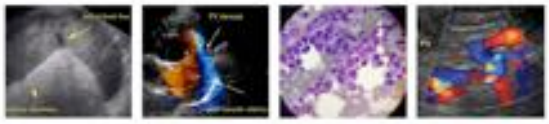

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Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic, irregular nodule visualized within the parenchyma measuring 0.9 x 1.32 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The duodenum measured 0.41 cm and the jejunum measured 0.28 cm. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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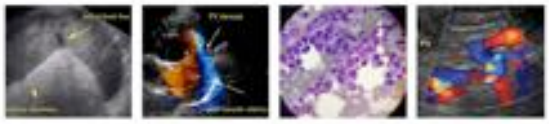

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Decreased corticomedullary distinction in both kidneys with a small, left-sided cortical cyst. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

Borderline bilateral adrenomegaly. The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

Mildly thickened small intestine. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

Heterogenous liver with hyperechoic nodule. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

SECONDARY FINDINGS:

Prominent mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Small focal mineralization dorsal to the urinary bladder. This could represent a ureteral stone, but with lack of evidence of any ureteral dilation I suspect it is mineralization within the mesentery. I recommend to continue monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in the kidneys are likely consistent with chronic progressive disease as already diagnosed. Your treatment plan sounds good.

There is borderline bilateral adrenomegaly present. If signs of Cushing's are present you can consider an ACTH stimulation test to further evaluate. If there are no signs of Cushing's I recommended to continue monitoring.

The small intestine is subjectively thickened for a dog of this size. If there is no evidence of weight loss or chronic GI signs then consider continued monitoring. If GI signs are present you can consider a GI panel to Texas A&M for further evaluation.

The liver is heterogenous and there is an ill-defined, hyperechoic nodule. The appearance of this nodule trends toward a benign process, but an early neoplastic lesion cannot be ruled out. I recommend either continued monitoring or a FNA of the nodule.

There is a pinpoint mineralization dorsal to the urinary bladder. I suspect this is in the mesentery, but I cannot rule out the possibility of a small ureteral stone (with lack of ureteral dilation/obstruction). It is likely that a contrast study (either CT or IVP) would be necessary to further evaluate this. I recommend to continue monitoring.

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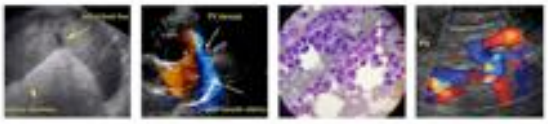

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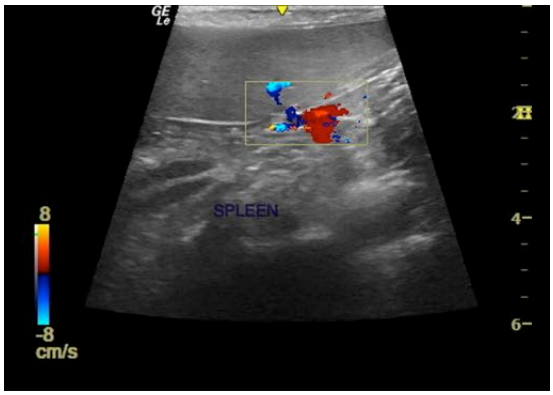

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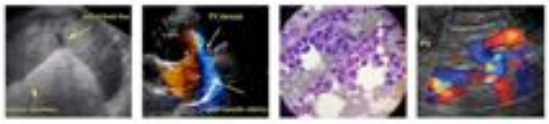

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com