



PATIENT	PRESENTING CLINICAL SIGNS
Sofie Gibble	Kidney failure w/protein losing nephropathy; Hx of IMHA years ago (currently resolved). No current meds-pending, kidney rx diet and poss. Enalapril. Pet is clinically normal, other than being more "clingy" with O.
SPECIES	Abnormal PE/Chem/CBC/UA Results: TP 4.6 (5.0 L); ALB 2.3 (2.7 L); ALKP 246 (131 H); BUN 65 (31 H); CRT 1.7 (1.7 H); BUN/CRT 38 (27 H); CA+ 8.5 (8.9 L); AMYL 1184 (1125 H); U/A- USG 1.051, PROT 4+; WBC 2-3; PROT/CRET 3.4 (<.5)
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Hound Mix	Urinary System
SEX	The urinary bladder is well distended. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A very small amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass. Ureteral papillae are visualized and unremarkable.
Spayed Female	
AGE	Kidneys
10 years	The left kidney measures 5.96 cm. The capsule is smooth. The cortex is mildly hyperechoic, however, its overall architecture, including the definition of the cortico-medullary junction, is preserved. Very mild mineralizations of the diverticulae and pelvis are present. There are no signs of nephroliths or pyelectasia. Blood flow is within normal limits. The surrounding mesentery is very mildly hyperechoic.
WEIGHT	The right kidney measures 5.62 cm. Findings are similar to the left kidney. Blood flow is within normal limits.
50.7 lbs	
INTERPRETED BY	Aortic bifurcation/trifurcation
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	No abnormalities observed.
IMAGING PERFORMED BY	Adrenal Glands
Shari Reffi CVT	The left adrenal gland measures 0.58 cm at the cranial pole, 0.54 cm at the caudal pole and 2.35 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
HOSPITAL NAME	The right adrenal gland measures 1.18 cm at the cranial pole, 0.72 cm at the caudal pole and 2.30 cm in length. The cranial pole is hypoechoic and nodular. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
Branchville Country Vet	
REFERRING VET	Spleen
Dr. Talbot Valerio	The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.
INVOICE	Liver
30817	
DATE	
5/31/22	



PATIENT	Mild hepatomegaly is suspected, however, liver size is better characterized at the time of the ultrasound or with radiographs. The liver's borders are smooth, but mildly rounded. A diffuse, mildly coarse or granular echotexture is observed, which may be due to a reactive hepatopathy. No obvious abnormalities are noted with the hepatic vessels.
Sofie Gibble	
SPECIES	The gallbladder wall is within normal limits in thickness and echogenicity. The contents of the GB are anechoic. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.
Canine	
BREED	
Hound Mix	
SEX	
Spayed Female	
AGE	
10 years	
WEIGHT	
50.7 lbs	
INTERPRETED BY	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	
IMAGING PERFORMED BY	
Shari Reffi CVT	
HOSPITAL NAME	
Branchville Country Vet	
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Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

A small amount of fluid is present within the lumen of the duodenum. The mucosa of the duodenum is prominent and mucosal fogging is present.

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal.

Pancreas

No abnormalities are observed with the architecture, smooth contours, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

Other

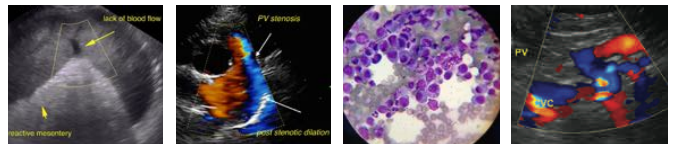
Lymph nodes

No abnormalities are observed

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- Kidneys:** Glomerulonephritis is suspected, however, pyelonephritis cannot be excluded despite the absence of classical sonographic signs. Mild changes suggestive of age-related degeneration are also present.
- Adrenal glands:** The cranial pole of the **right** adrenal is suggestive of a nodule. Adrenal hyperplasia due to a benign adenoma is possible. although there are no obvious signs of neoplasia, a pheochromocytoma or adenocarcinoma in its early development cannot be excluded. There are no signs of metastases or thrombi in the surrounding vasculature.
- Liver:** A reactive hepatopathy may be present, or the changes observed are normal for Sofie.



PATIENT

Sofie Gibble

- **Gastrointestinal:** very subtle and somewhat subjective findings are noted with duodenum. These may be clinically insignificant, however, underlying inflammation (inflammatory bowel disease, food intolerance), cannot be excluded.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are recommended/suggested

BREED

Hound Mix

Urine culture and sensitivity, if not already performed

SEX

Spayed Female

- Arterial blood pressure
- Appropriate tests to exclude glomerulonephritis, e.g., SNAP 4Dx (or equivalent test), *Leptospira* PCR and/or serology, +/- testing for *Bartonella* spp., as well as PCR tests for other vector borne disease
- Further diagnostics to exclude hyperadrenocorticism, and possibly urine metanephrine test to exclude pheochromocytoma (vs. recheck adrenal glands in 3-4 weeks sonographically)
- Low protein and low phosphorus diet; but avoid sarcopenia
- telmisartan – more effective than ACEI for treatment of proteinuria; recheck renal parameters, including SDMA 10-14 days after initiation of telmisartan and repeat blood pressure
- omega-3 fatty acids
- recheck UPCr in 4 weeks
- Note, if glomerulonephritis is confirmed, a renal biopsy would be ideal to determine underlying cause of proteinuria and choose appropriate treatment

AGE

10 years

WEIGHT

50.7 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Branchville Country
Vet

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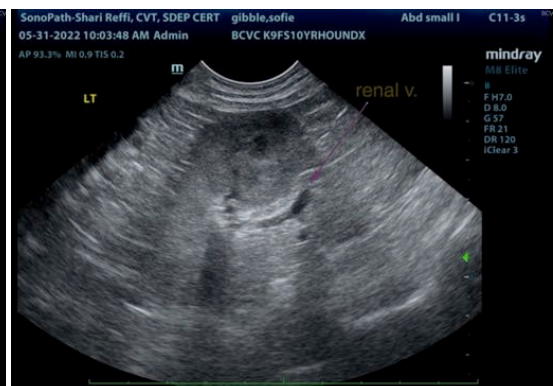
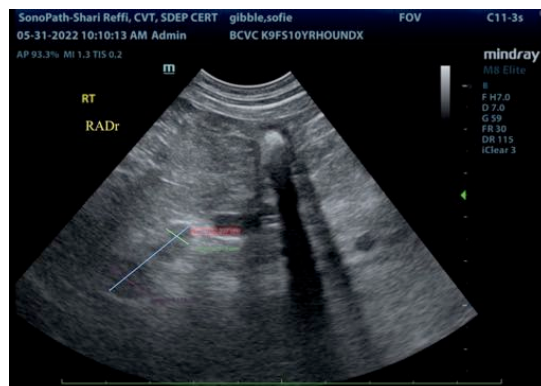
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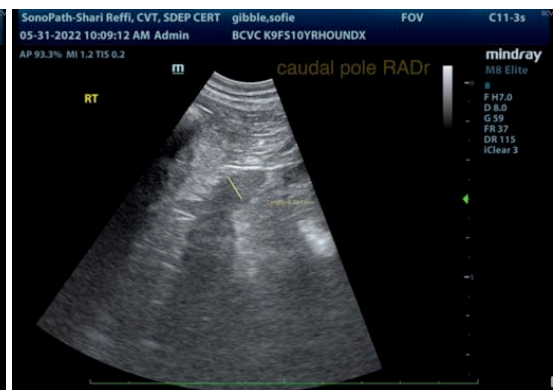
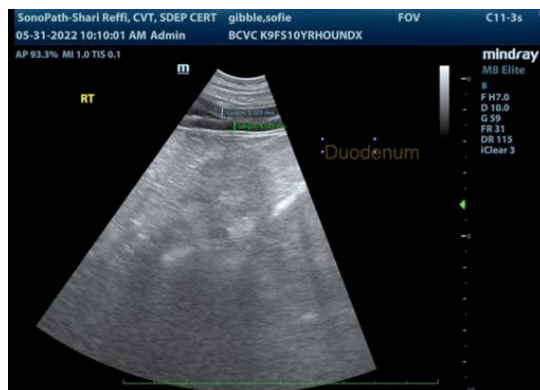
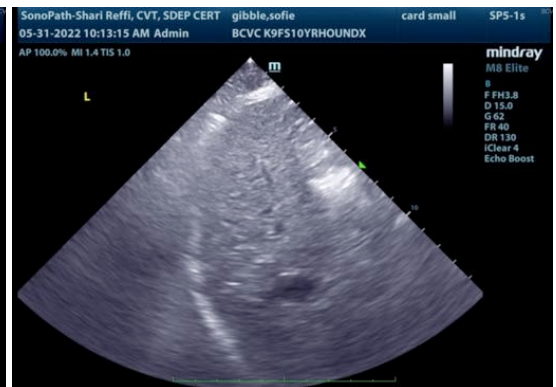
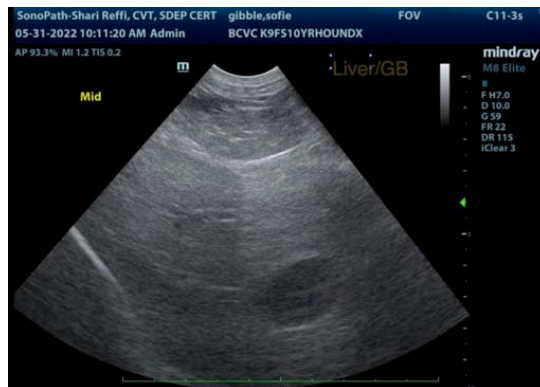
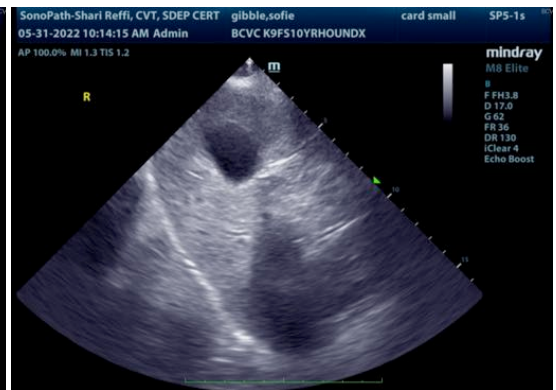
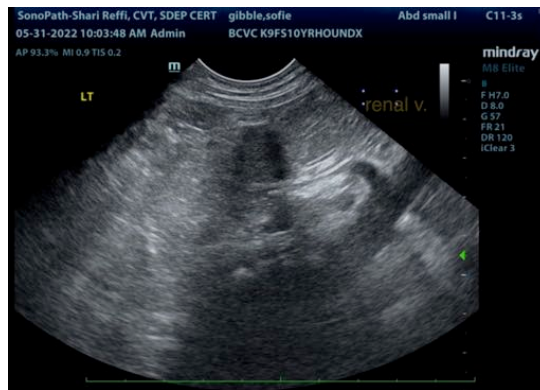
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Sofie Gibble

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Hound Mix

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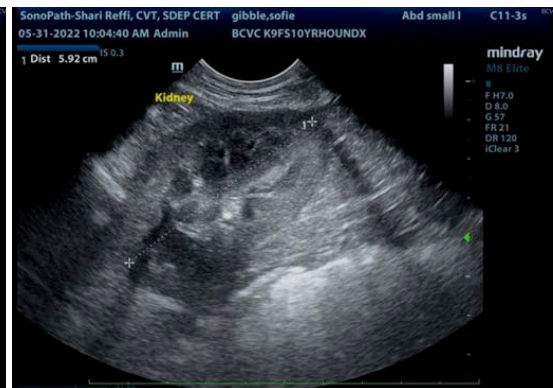
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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