



PATIENT

Mattie Regan

SPECIES

Canine

BREED

Labrador Retriever
Mix

SEX

Spayed Female

AGE

9 Years

WEIGHT

44 Pounds

PRESENTING CLINICAL SIGNS

History: PLN diagnosed Jan, 2020. Has been on Enalapril and Telmisarten since then and UPC has improved from 1.77 to 0.79 but in the past 3 months she has lost 4 lbs and she has become azotemic. Her appetite is decreased. ON k/d but does not like it. Her BP has been around 120mmHg.

Abnormal PE/Chem/CBC/UA Results: SDMA 21H ; creat:2.9H; BUN:63H; phosp: 6.6H ; na:K 22L TP:4.7L Alb:2.1L chol: 346 sl H U/A: free catch by owner: 1.019L pH5.5 protein:4+ wbcs:2-5 rbcs:2-5 fine granular casts 1+

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Both kidneys were normal in overall size with subtle areas of asymmetrical renal margination with potential for cortical microinfarctions possible. Both kidneys exhibited mild primarily uniform cortex hypertrophy and mild loss of corticomedullary border demarcation. Pinpoint areas of medullary dystrophic mineralization were present, exhibiting subtle distal acoustic shadowing. No evidence of left or right pyelectasia or retroperitoneal inflammation. The left kidney measured 5.3 cm. The right kidney measured 5.2 cm.

No overt pathology in the area of the left or right adrenal glands.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic potentially progressive nephropathy- sonographically consistent with chronic to potentially progressive glomerulonephritis or other glomerulopathy given the history of PLN
- Sonographically unremarkable urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the kidneys did not appear to be end-stage, yet progressive chronic nephropathy given progressive azotemia in this patient is suspected. Continued monitoring of albumin and cholesterol levels are recommended, as the possibility of slowly emerging nephrotic syndrome could be possible.

Empirically, continued renal support with dietary therapy. Ace-inhibitor as well as ARB medications with periodic monitoring of UPC level would be reasonable. Potential use of antithrombotic medications, as well as omega-3 fatty acids could be considered given the decreased albumin levels or if persistent/progressive hypoalbuminemia.

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

INVOICE

14892

DATE

4/25/22

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Falmouth AH

REFERRING VET

Lilan Hauser, DVM



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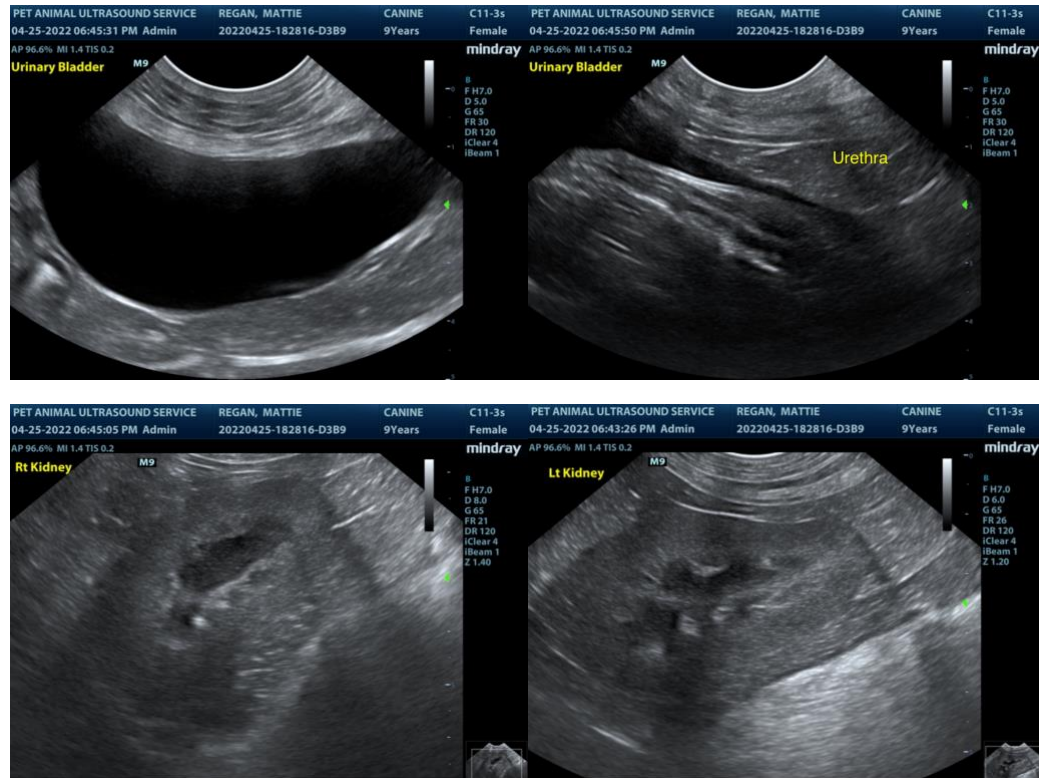
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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