



PATIENT PRESENTING CLINICAL SIGNS

Kacy Smith
 Addisonian for 2 years. Appears to be well regulated on Percortin 3.5 ml q/28 days, and Prednisone 10 mg SID. Elevated kidney values, proteinuria, and increased UPC. Decreased TP and albumin. Did have a decreased appetite until changes to kidney diet. Stable weight. Recently checked ACTH stim to see if needs change in Prednisone dose. Pre: 1.2 and post 3 indicating adequate pred dose. Current meds: 1) Benazepril 20 mg PO BID, 2) Prednisone 10 mg PO SID, 3) Percortin 3.5 ml SQ q/28 days, 4) Omega 3 FA supplement 2 capsules PO SID.

SPECIES

Canine

BREED

Golden Retriever

Abnormal PE/Chem/CBC/UA Results: SDMA: 18/creat:2.2/ BUN 39/ TP: 4.9/ Alb: 1.7 Urine protein 4 +/- UPC 10.2

SEX

MN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was noted.

AGE

6 years

WEIGHT

105.3 lbs.

The area of the aortic trifurcation was free of pathology.

Normal renal size and contour were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. Mild cortical hypertrophy was present. Concurrent mild increased medullary echogenicity was noted. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild right kidney pyelectasia was noted. The left kidney measured 8.2 cm in length. The right kidney measured 7.8 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left or right adrenal glands were not definitively visualized, likely owing to subnormal size, given the patient history. No overt pathology was noted in the area of the left or right adrenal glands.

IMAGING

PERFORMED BY

Pamela Harrigan, RDMS

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Catherine Caffarella, BVSc

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild nondependent echogenic gallbladder sludge. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

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PATIENT

Gastrointestinal

Kacy Smith

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

BREED

Golden Retriever

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic nephropathy with mild right kidney pyelectasia
- Minor hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)

WEIGHT

105.3 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the kidneys were nonspecific yet sonographically consistent with chronic nephropathy. Glomerulonephritis vs. other glomerulopathy, amyloidosis, immune-mediated disease, or other are possible. Renal biopsy would be required for a definitive diagnosis. Continued empirical therapy for protein-losing nephropathy, which may include protein-restricted diet in conjunction with current therapy would be reasonable. Monitoring of blood pressure going forward is suggested. Antithrombotic medications such as Clopidogrel or low-dose aspirin are suggested. Sonographic reassessment of the bilateral kidneys is recommended if evidence of progressive azotemia or UPC.

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 DABVP (Canine and Feline)

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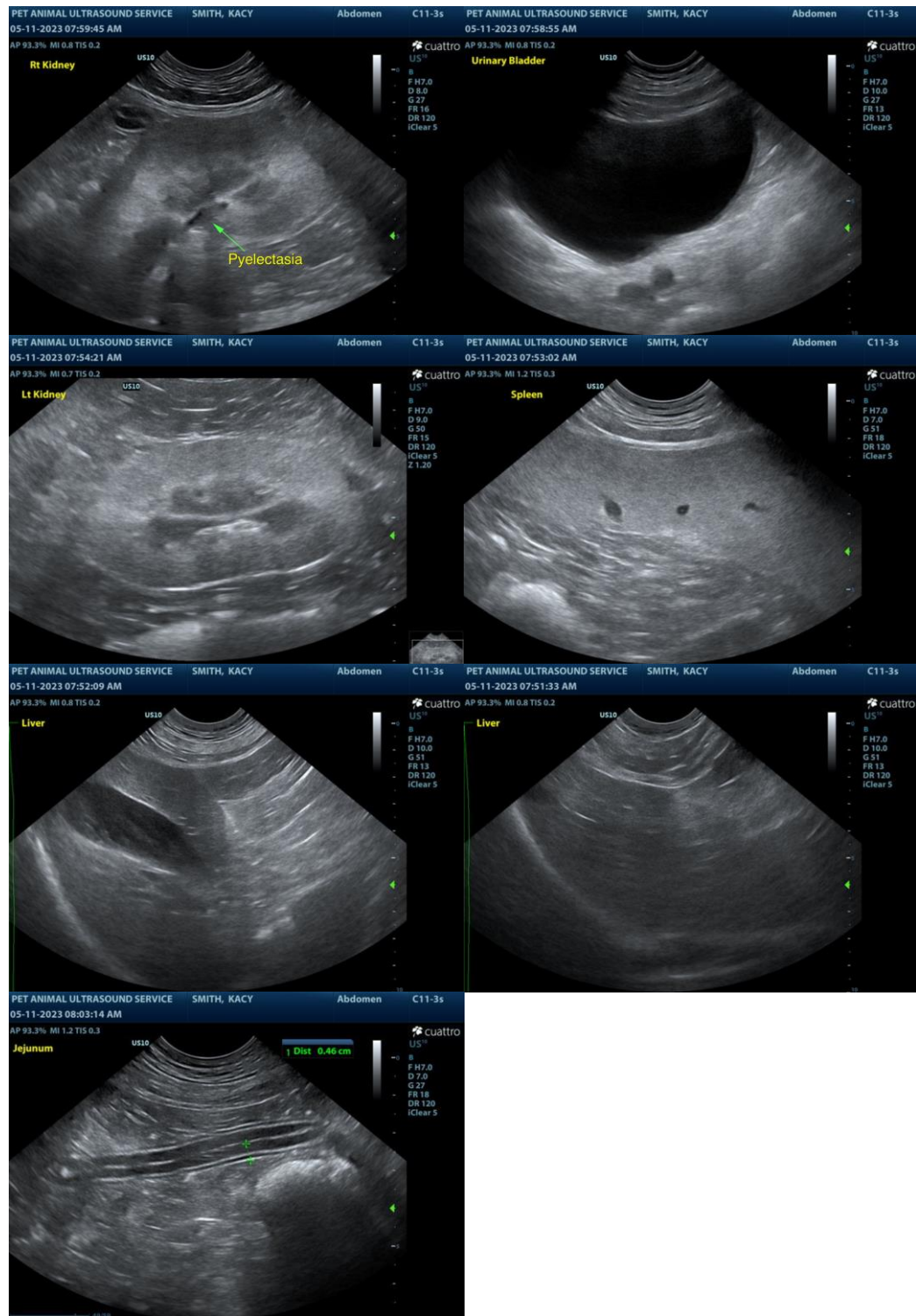
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Kacy Smith

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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info@SonoPath.com

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