



PATIENT

Carlota Bush

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

7 years

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Kiffney

INVOICE

14795

DATE

8/3/23

PRESENTING CLINICAL SIGNS

New patient from Mexico - Was treated at one point with 4 weeks of doxycycline due to positive 4dx for anaplasma and ehrlichia. Early July 2023: hookworm ELISA positive. UPC is 4.9 and there are hyaline casts Lepto PCR negative

Abnormal PE/Chem/CBC/UA Results: The low albumin without anemia UPC is 4.9 and there are hyaline casts Lepto PCR negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

No evidence of pathology was noted In the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

Normal size and overall renal margination were present in the kidneys. Subtle bilateral cortical hypertrophy with mild indistinct corticomedullary border demarcation was present with normal medullary volume. Mild bilateral pyelectasia was present with a solitary, small, thinly walled, caudal left kidney cortical cyst containing anechoic fluid. The left kidney measured 4.3 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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.

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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

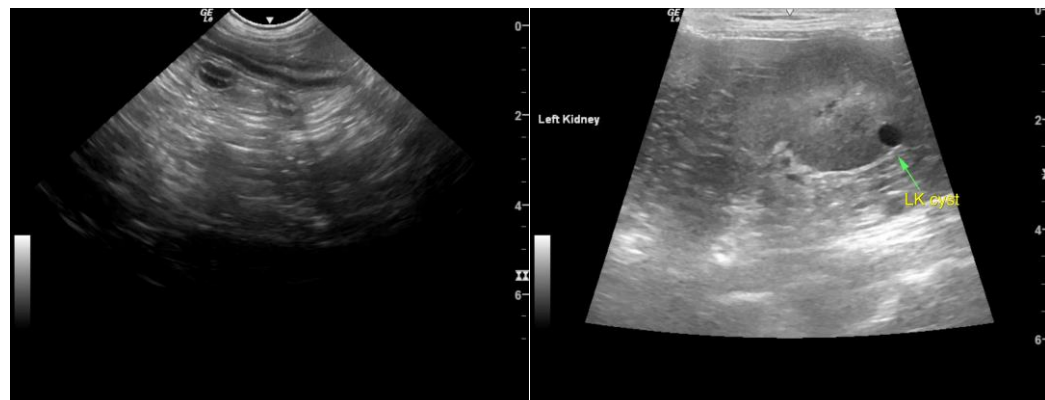
ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild chronic renal changes with mild bilateral pyelectasia and small left kidney cortical cyst
- Otherwise sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the kidneys were nonspecific yet consistent with nonspecific protein-losing nephropathy, given the elevated UPC level, quiet urinary bladder sediment, and decreased serum albumin levels. Potential considerations may include nonspecific glomerulonephritis or other glomerulopathy, amyloidosis, or other.

Renal biopsy would be required for a definitive diagnosis. Empirical therapy for protein-losing nephropathy, which may include a low-protein renal diet, ACE inhibitor or angiotensin receptor blocker medication, and anti-thromboembolic medications such as Plavix or low-dose Aspirin with monitoring of systemic BP and UPC level going forward, would be reasonable.





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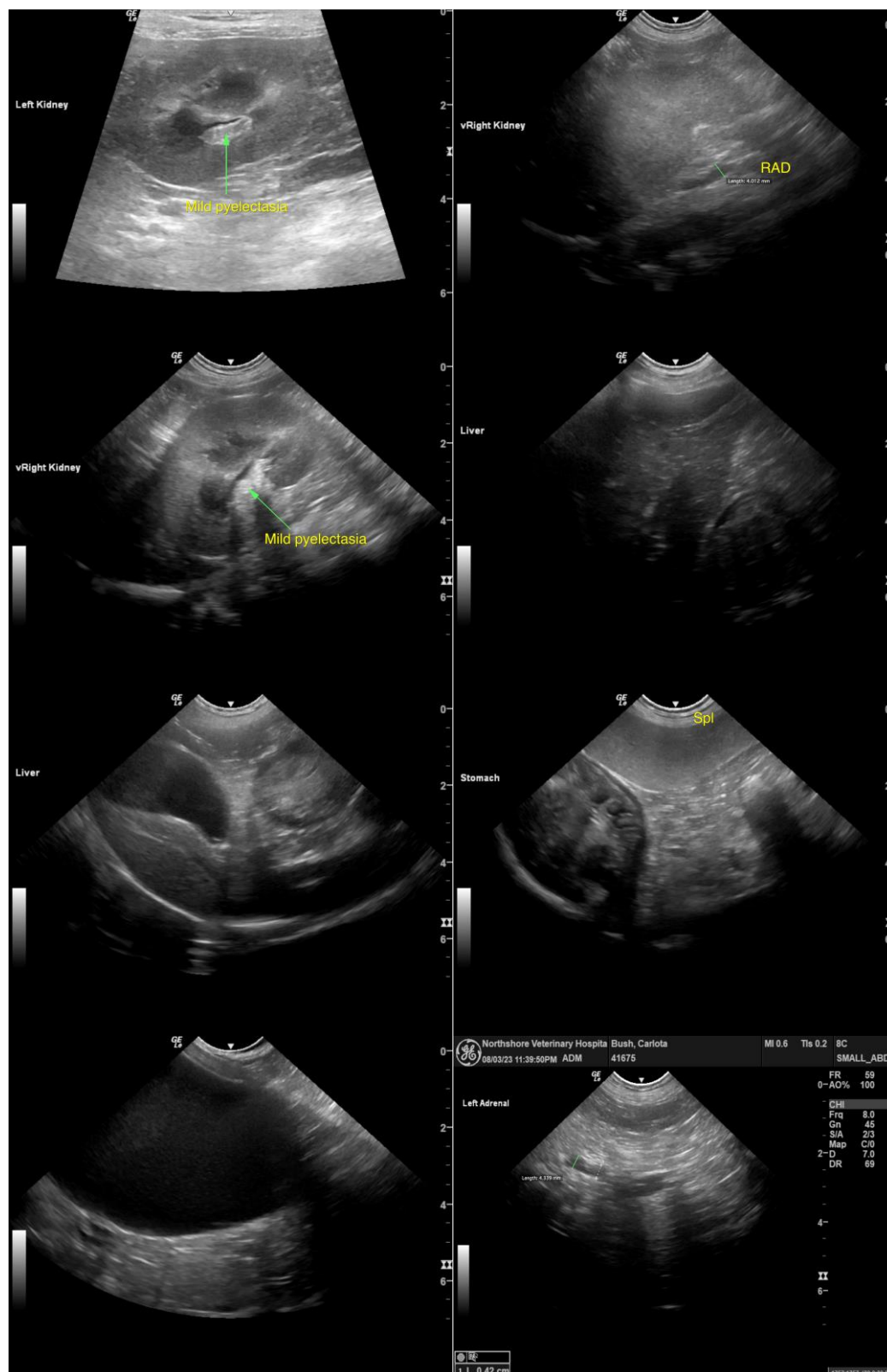
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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