



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Yohan Ibarra History: Suspected protein losing nephropathy.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Mixed breed Radiographic Findings: N/A.

SEX

MN

AGE

3 years

WEIGHT

13.4#

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.1 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal capsule and pelvis.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.4/0.50 cm, right 0.39/0.36 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

INVOICE

302716

DATE

1/29/22

IMAGING PERFORMED BY

Dr Finder

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr Finder



PATIENT *Free Abdomen*

Yohan Ibarra No mesenteric lymphadenomegaly.
No ascites.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Renal disease.

Secondary Findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the renal disease would be acute kidney injury, early chronic kidney disease (unusual in such a young dog), bacterial nephritis, Leptospirosis, congenital kidney disease, hypercalcemic nephropathy.

Initial further assessment (if not already done) would be urinalysis, hematology, and renal function (urea, creatinine, SDMA, electrolytes). Additional diagnostics would be urine culture, UPC, blood pressure, *Leptospira* titers/PCR, and screening for vector-borne disease

Specific therapy would be dependent on an etiological diagnosis.

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PATIENT IMAGES

Yohan Ibarra **Kidney**

SPECIES

Canine

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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.

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Dr Finder

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.

HOSPITAL NAME

Craig Road Animal
Hospital

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za

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