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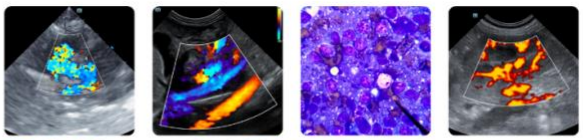

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Pearl Mediate

SPECIES

Canine

BREED

Labrador Retr

SEX

Female Spayed

AGE

2

WEIGHT

27 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Danielle Fraser

INVOICE

22363

DATE

1-2-2026

PRESENTING CLINICAL SIGNS

Presented for vomiting and diarrhea starting December 30th. Had a similar episode one month ago. CBC unremarkable. BUN 38. Creatinine 2.6. Isosthenuric. Patient is regurgitated prior to this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (6.33 cm in length) with an irregular shape. The cortex is variably thickened, and there is poor corticomedullary distinction. Moderate pyelectasia is present (0.64 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Foci of subcapsular fluid are visualized. Renal vasculature is normal.

The right kidney is not visualized despite an exhaustive search.

Adrenal Glands

The left adrenal gland is normal in size (0.50 cm at cranial pole) (0.64 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.80 cm at cranial pole) (0.47 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.90 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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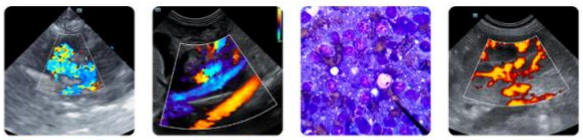

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Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes
A 1.77 x 0.82 cm medial iliac lymph node is visualized. One-to-two prominent mesenteric lymph nodes are also seen (one measuring 3.23x 0.67 cm). A 1.56 x 1.09 cm lymph node is also observed in the cranial abdomen.

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Right renal agenesis. The left renal changes could be consistent with dysplasia, prior insult (i.e., infection, toxin, hypotension, with subsequent chronic changes), compensatory hypertrophy, other. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof.

Secondary Findings

The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*It is unclear whether the patient's renal issues are causing the current clinical signs or if a concurrent disease process is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the renal changes, consider a urine culture and sensitivity. A UPC should also be considered. If proteinuria is present in the absence of infection, a baseline blood pressure measurement should also be obtained.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Regarding the GI signs, symptomatic care for acute gastroenteritis is recommended. If clinical signs persist despite medical management, further GI work-up (i.e., GI panel +/- GI biopsies) may be indicated).
- Given the regurgitation, also consider three-view thoracic radiographs to assess for occult aspiration pneumonia.

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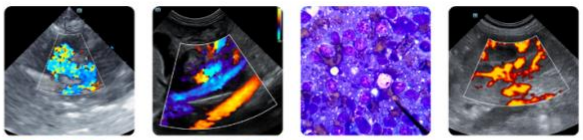

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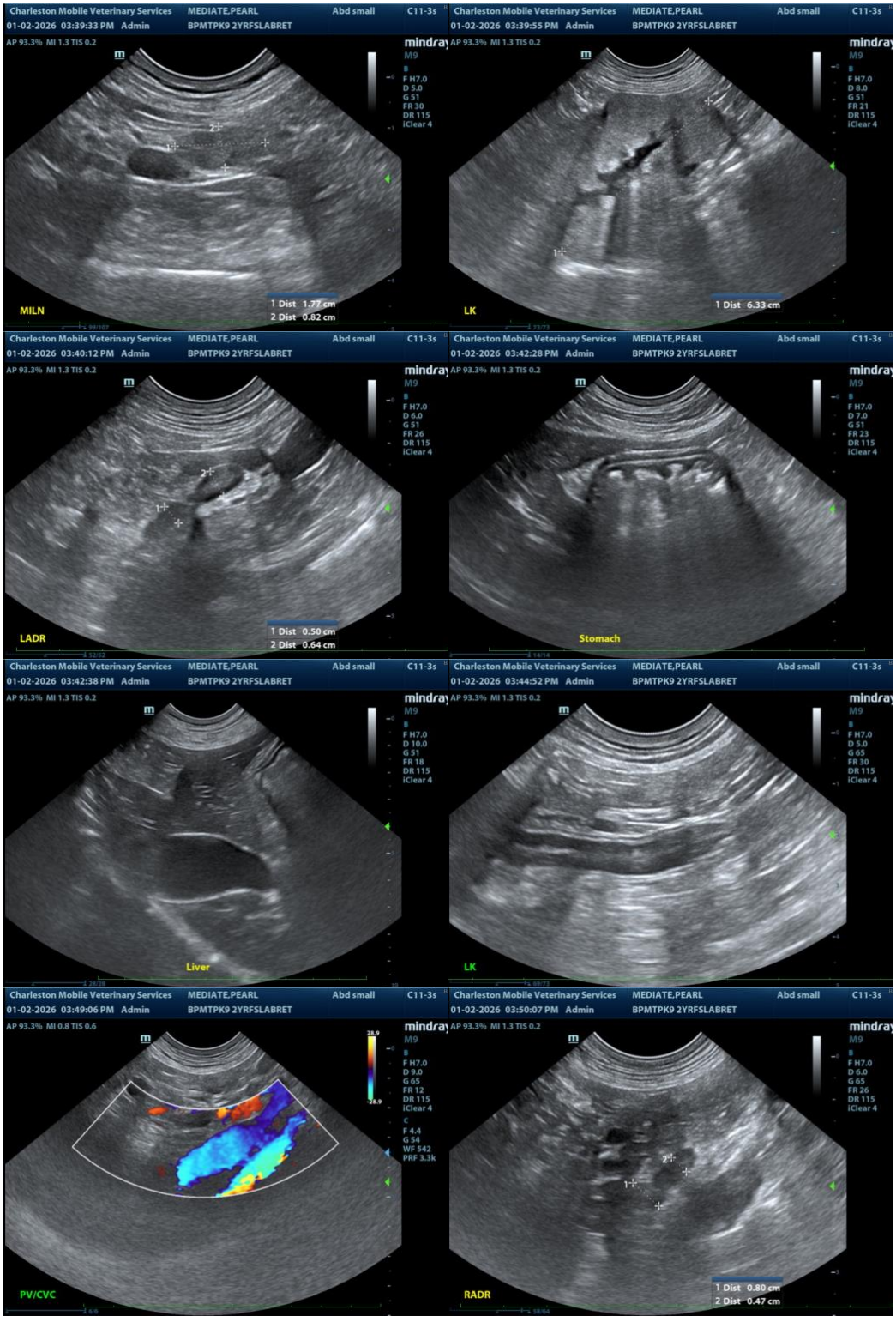

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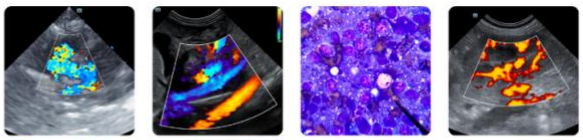

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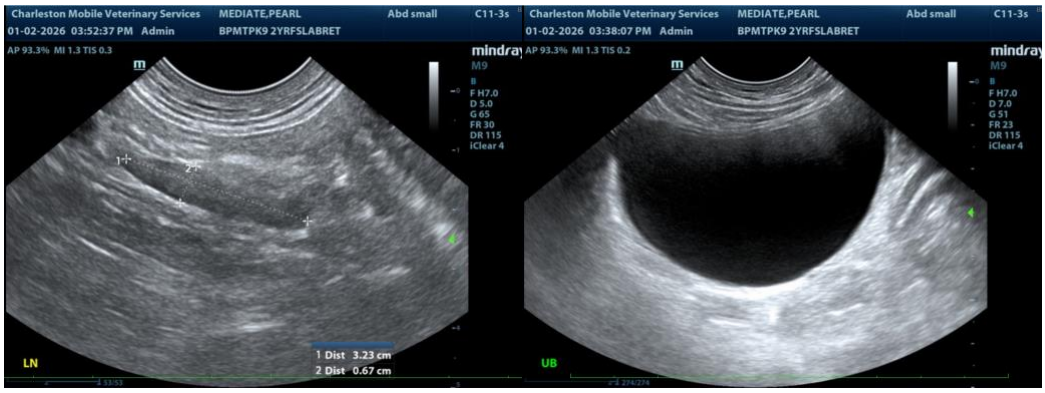

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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