



PATIENT

Sugar Marvelle

SPECIES

Canine

BREED

Frenchie

SEX

Female, spayed

AGE

2 Yrs.

WEIGHT

25 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(*Small Animal Internal
Medicine*)

IMAGING PERFORMED BY

Christina Wagner

HOSPITAL NAME

Angeles Clinic for
Animals

REFERRING VET

Dr. Kelly Hill

INVOICE

13418

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Owner reports intermittent lethargy, vomiting.
- Hx episodes of UTI - cultures positive w/ increased WBC in urine at the time

Abnormal PE/Chem/CBC/UA Results: Most recent CBC - NSF Chem - Creat 2.1, BUN 31 USG 1.023
Most recent cystatin B 370 (December) BP avg 115

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is difficult to discern in the available images.

The right kidney is subjectively normal in size with an irregular shape. The cortex is variably thickened with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.61 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 (RaAN cm at cranial pole) (RaAN 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 (1.55 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. 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 colonic wall is normal. There is no evidence of an obstructive pattern.



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Pancreas

The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Chronic nephropathy in the right kidney. Possible causes include prior insult (i.e., infection, toxin, hypotensive event), renal dysplasia, other. The left kidney is difficult to discern in the available images.

Secondary Findings:

- The pancreatic changes are as expected for a young canine patient.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for renal pathology, consider an abdominal CT scan.
- Other considerations include the following:
 1. Urine culture and sensitivity
 2. UPC (if proteinuria is present in the absence of infection)
 3. Leptospirosis testing (i.e., blood and urine PCR, serology)
 4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
 5. Transition to a prescription renal diet
 6. Serial monitoring of the patient's renal values is recommended to assess progression of the azotemia.



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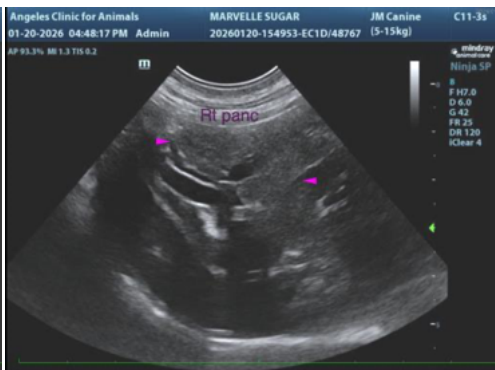
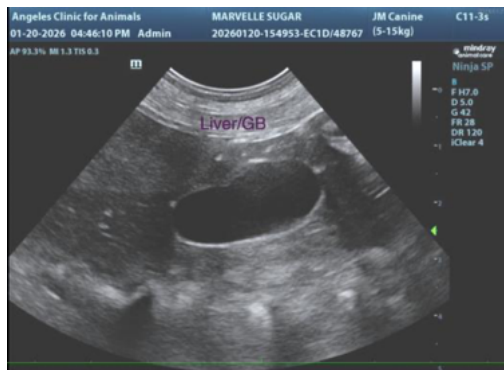
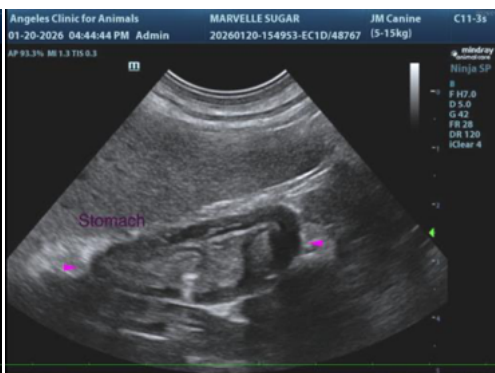
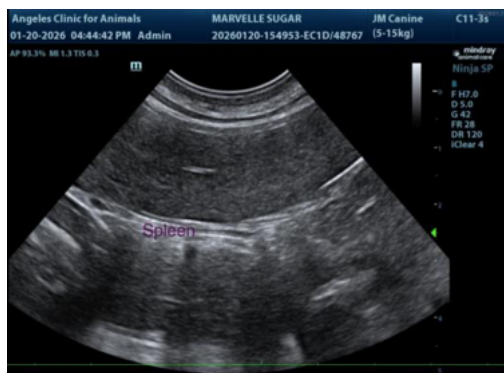
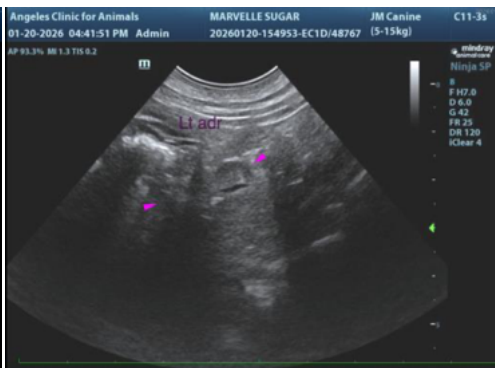
Dr. Kelly Hill

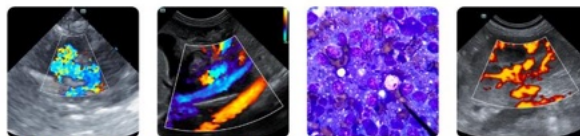
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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