



## PATIENT PRESENTING CLINICAL SIGNS

Lucy Dibb History: P presents for work up of weight loss, PU/PD, azotemia, occasional vomiting

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Mild monocytosis: 1.2 K/uL, rest of CBC WNL Chem 27: SDMA: 30 ug/dL Creatinine: 1.3 mg/dL BUN: 2.7 mg/dL USG: 1.018, otherwise normal UA with trace protein

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### BREED *Urinary System*

Toy Poodle 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 visible portion of the proximal urethra are normal.

### SEX

Female Spayed

The left kidney is normal in size (2.61 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 0.37 cm cortical cyst is seen at the lateral aspect. A few, small, nonobstructive mineralized foci are visualized. Mild pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

### AGE

14

### WEIGHT

6.4 lbs

The right kidney is normal in size (2.99 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. A few, small, nonobstructive mineralized foci are visualized. There is no evidence of infarcts or hydroureter.

## INTERPRETED BY

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

### *Adrenal Glands*

The left adrenal gland is normal in size (0.35 cm at cranial pole) (0.42 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.

## IMAGING PERFORMED BY

Saum Hadi

The right adrenal gland is normal in size (0.71 cm at cranial pole) (0.46 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.

## HOSPITAL NAME

Nimbus PH

### *Spleen*

The spleen is normal in size (1.08 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.

## REFERRING VET

Saum Hadi

### *Liver*

The liver is subjectively normal-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic-to-mineralized, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

## DATE

1-24-26

### *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



## PATIENT

Lucy Dibb

intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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Canine

### **Pancreas**

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

## BREED

Toy Poodle

### **Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

## SEX

Female Spayed

### **Free Abdomen**

There is no obvious evidence of free fluid.

## ULTRASONOGRAPHIC FINDINGS

### AGE

14

### Primary Findings

- Bilateral non-specific chronic renal changes with nonobstructive nephrolithiasis and pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD, or some combination thereof.
- The gallbladder changes are suggestive of a developing mucocele.

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6.4 lbs

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### Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy. Correlation with the patient's liver values is recommended.

## IMAGING PERFORMED BY

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the azotemia, consider the following:

1. Urinalysis with culture and sensitivity
2. UPC if proteinuria is present in the absence of infection
3. Baseline blood pressure measurement
4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

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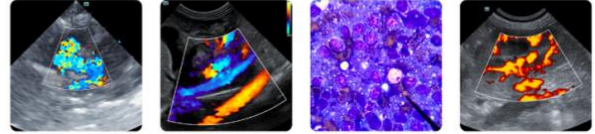
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- Also consider a fecal evaluation for ova and Giardia, as well as a GI panel (including serum cobalamin and folate, TLI and PLI and three-view thoracic radiographs) to assess for non-renal causes of vomiting and weight loss.

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- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.



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**SPECIES**

Canine

**BREED**

Toy Poodle

**SEX**

Female Spayed

**AGE**

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**WEIGHT**

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Diplomate ACVIM  
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**HOSPITAL NAME**

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**REFERRING VET**

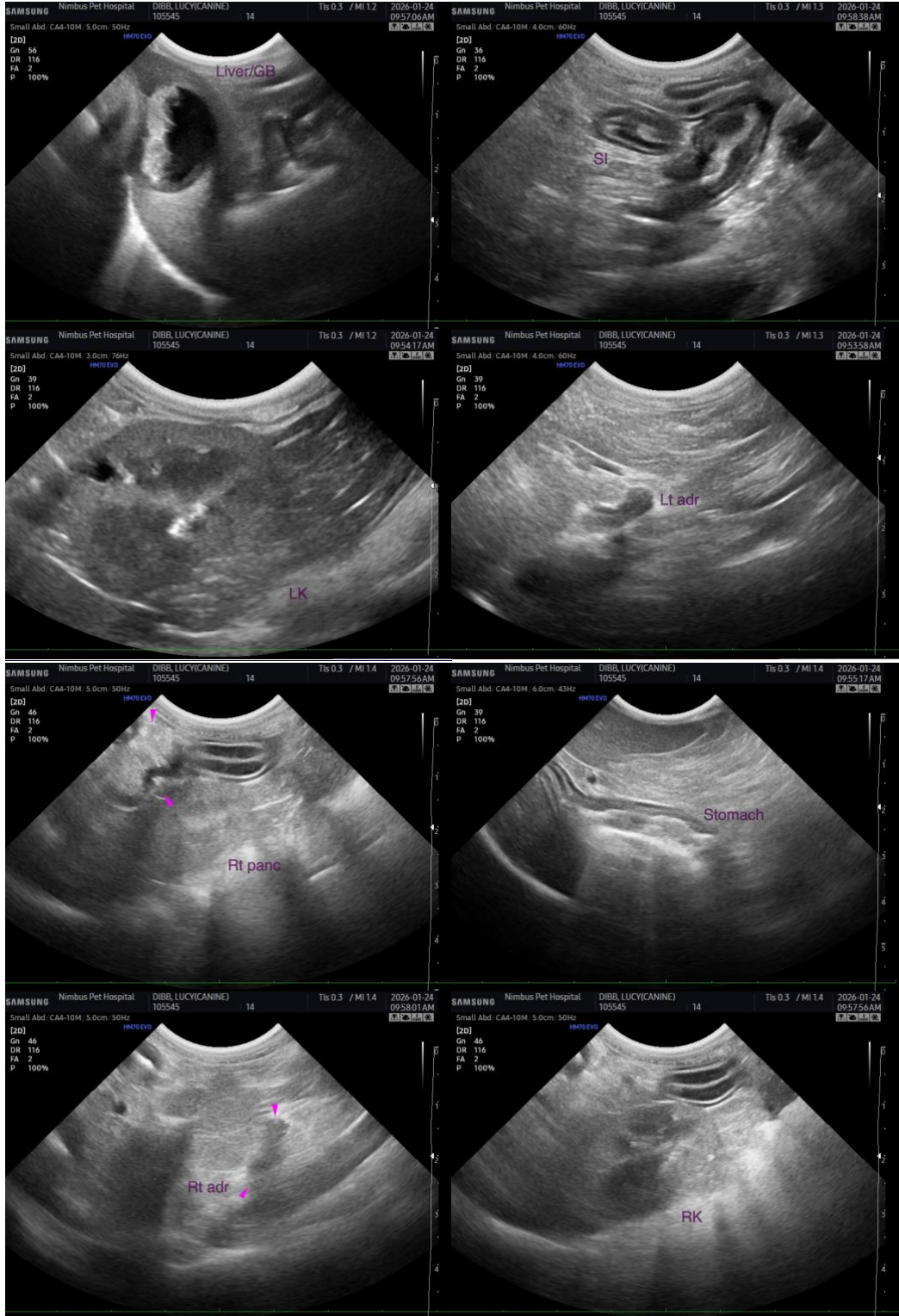
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

## SPECIES

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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.

## BREED

Toy Poodle

**Andrea Nicastro**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

## SEX

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## AGE

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## WEIGHT

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