



PATIENT

Betsy Baldwin

SPECIES

Canine

BREED

Bulldog/Beagle mix

SEX

Female, spayed

AGE

3/15/2016

WEIGHT

52 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Anette Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

Dr. Anette Anleu

INVOICE

13419

DATE

1/26/26

PRESENTING CLINICAL SIGNS

Pet presented 1/19/26 with possible UTI - frequent urinations 1/19/26; Urinalysis showed RBC and WBC and signs of infection, elevated BUN @74.2 (9.0-29.0), CREA 2.6 (0.4-1.4), PHOS 5.4 (1.9-5.0), x-ray radiology consult mentioned concern of round soft tissue mass within the left cranial abdomen; differentials included a mass arising from the spleen or liver, or possibly an atypically distended gastric fundus. 1/26/26; Pet is currently being treated with for UTI and infection is improving, however BUN 70.4 (9.0-29.0) and CREA 2.4 (0.4-1.4) remain elevated. 1/26/26; Blood pressures: left rear 175/111; right rear 176/109 1/26/26; Pet was fed a small meal at 8am; imaging of the stomach occurred around 3pm. Abnormal PE/Chem/CBC/UA Results: 1/19/26; Urinalysis showed RBC and WBC and signs of infection, elevated BUN @74.2 (9.0-29.0), CREA 2.6 (0.4-1.4), PHOS 5.4 (1.9-5.0) 1/26/26; Blood pressures: left rear 175/111; right rear 176/109 1/26/26; Pet is currently being treated with for UTI and infection is improving, however BUN 70.4 (9.0-29.0) and CREA 2.4 (0.4-1.4) remain elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mostly anechoic urine. The wall in the region of the apex is moderately thickened (up to 0.97 cm). The wall tapers to a normal thickness as it extends through the cystourethral junction. The mucosal surface in the region of the apex is slightly irregular. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.96 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.21 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

No images provided.

Spleen

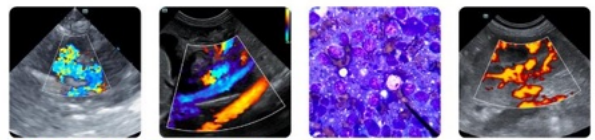
The spleen is normal in size (1.51 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 gall bladder 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



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The gastric lumen is mildly distended with ingesta. Within the ingesta, a 1 cm hyperechoic linear shadowing structure is visualized. The gastric wall is normal in thickness. 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 obvious evidence of an obstructive pattern.

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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

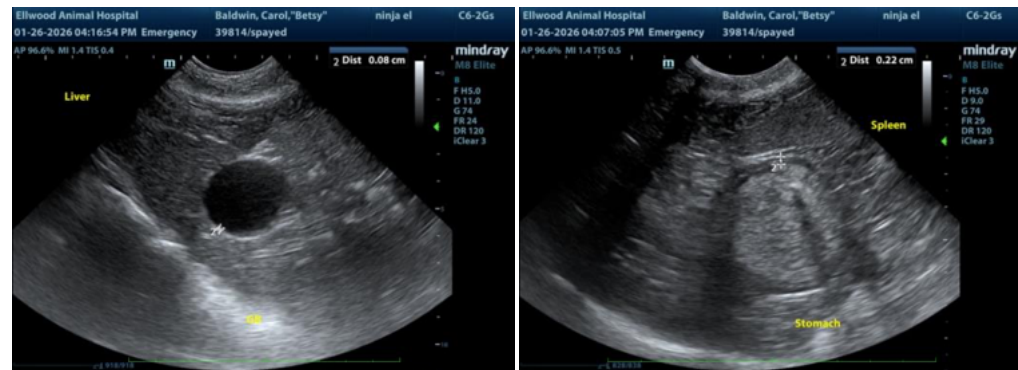
- Bilateral nonspecific, age-related renal changes
- Retained gastric ingesta. The small shadowing structure within the gastric lumen likely represents foreign material. It appears non-obstructive at the time of this study.

*There is no obvious evidence of an abdominal mass in the available images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the azotemia, consider the following:

1. Urinalysis with culture and sensitivity
2. UPC (if proteinuria is present in the absence of infection)
3. Fluid therapy and symptomatic care as needed
4. Serial monitoring of the patient's renal values to assess progression of the azotemia





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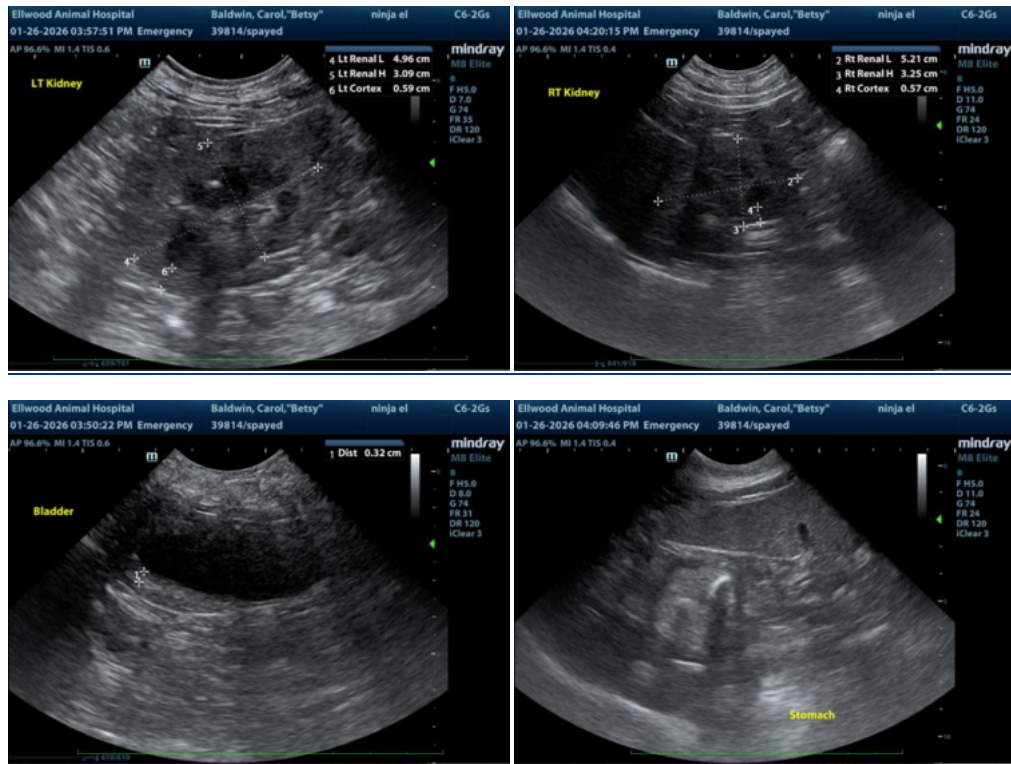
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com

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