



**PATIENT**

Lady Bug Sherman

**SPECIES**

Canine

**BREED**

Border Collie mix

**SEX**

Female, spayed

**AGE**

13 Yrs.

**WEIGHT**

57.8 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kristin Velasco

**HOSPITAL NAME**

Bethany Family Pet  
Clinic

**REFERRING VET**

Dr. Norman

**INVOICE**

14159

**DATE**

10/26/22

**PRESENTING CLINICAL SIGNS**

History: Lethargy, PU/PD, no V/D, no current meds, slow health deterioration since July, Blood Work in June was WNL.

Abnormal PE/Chem/CBC/UA Results: Elevated Phosphorus, BUN 74, CREA 6.0, PHOS 6.1, CA 11.8, WBC-WNL, HCT-45, T4 1.2, FECAL- NEGATIVE, UA- PENDING, CYSTOLIC BP 180/180 150/150

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is contracted/empty. The wall is of appropriate thickness for the level of repletion. No cystic calculi are observed.

The left kidney is small in size (4.49 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate pyelectasia is present (0.57 cm in the longitudinal plane). There is no obvious evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is subjectively normal size with normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.61 cm at caudal pole); normal shape; 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 size (1.13 cm at cranial pole) (0.68 cm at caudal pole); normal shape; 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 (2.02 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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic to mineralized gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*



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The gastric lumen is minimally fluid distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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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. See *Other*.

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**Free Abdomen**

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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Female, spayed

**Other**

A 2.24 x 1.39 cm multi-septated cystic nodule is observed in the cranial abdomen in the left cranial quadrant.

**AGE**

13 Yrs.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Bilateral mild chronic renal changes. Moderate left pyelectasia is present, which may be secondary to pyelonephritis, age-related remodeling, fluid therapy, PU/PD or some combination thereof.

**Secondary Findings:**

- The origin of the cystic nodule in the left cranial quadrant is unclear. It may be arising from liver, mesentery, lymph node, other. The lesion trends toward the benign with a lower possibility of an emerging vascular tumor or similar.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's clinical history and sonographic renal changes, consider the following:

- Urine culture and sensitivity.
- UPC (if proteinuria is present in the absence of a urinary tract infection).
- Leptospirosis testing (i.e., blood and urine PCR, serology).
- Close monitoring of the patient's urine output to assess for oliguria/anuria.
- IV fluid diuresis along with symptomatic care.
- Also consider initiation of broad spectrum antibiotics while awaiting urine culture and sensitivity results.
- Serial monitoring (i.e., daily) of the patient's liver values and electrolytes is recommended to assess for progression of disease.

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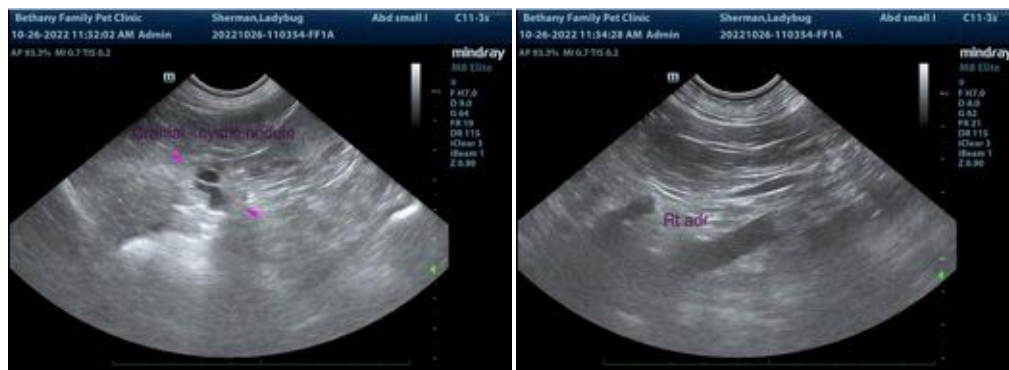
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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