

PATIENT PRESENTING CLINICAL SIGNS

Bella Teel History: recent diagnosis of PLN urinary incontinence- has been on Proin for that
Abnormal PE/Chem/CBC/UA Results: CBC/chem dec alb 2.5 ua sg 1.025 UP:C 7.3 negative accuplex
chest rads clear

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Weimaraner

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.

SEX

Female Spayed

The left kidney is subjectively normal-in-size with a normal shape, architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

10

The right kidney is normal in size (7.83 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. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

70 lbs

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is mildly enlarged (0.70 cm at cranial pole) (0.85 cm at caudal pole) with a prominent caudal pole. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.06 cm at cranial pole) (0.89 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.

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Dr. Scott

Spleen

The spleen is normal in size (1.65 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.

HOSPITAL NAME

Wyckoff VH

Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogenous in appear. Numerous, varying-sized hyperechoic nodules are observed throughout the organ, one measuring 1.49 cm in its longest dimension. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Eisenberg

INVOICE

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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. A few, small polypoid-like lesions are arising from the mucosal surface. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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11-1-25

Gastrointestinal

The lumen is mildly 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



PATIENT

pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Bella Teel

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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.

Canine

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Weimaraner

Free Abdomen

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

SEX

ULTRASONOGRAPHIC FINDINGS

Female Spayed

Primary Findings

AGE

- Bilateral nonspecific chronic renal changes

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Secondary Findings

WEIGHT

- Minor gastric fluid retention

70 lbs

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely. The hyperechoic hepatic nodules trend toward the benign (i.e., myelolipomas, regenerative nodules) with a lower possibility of emerging neoplasia or other pathology.

INTERPRETED BY

- Mild bilateral adrenomegaly

Andrea Nicastro, DVM,
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Medicine)

**IMAGING
PERFORMED BY**

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Scott

Given the protein-losing nephropathy, consider the following:

HOSPITAL NAME

1. Angiotensin II receptor blocker (e.g., telmisartan)
2. Antithrombotic (e.g., clopidogrel at 2.5 mg/kg PO q 24 hours)
3. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
4. Prescription renal diet
5. Baseline blood pressure measurement with serial monitoring thereafter
6. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease

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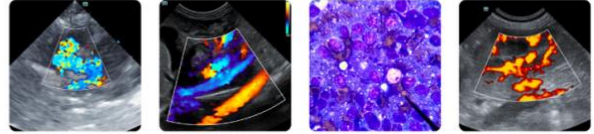
If the patient develops signs of Cushing's disease in the future, consider further testing (i.e., low-dose dexamethasone suppression test).

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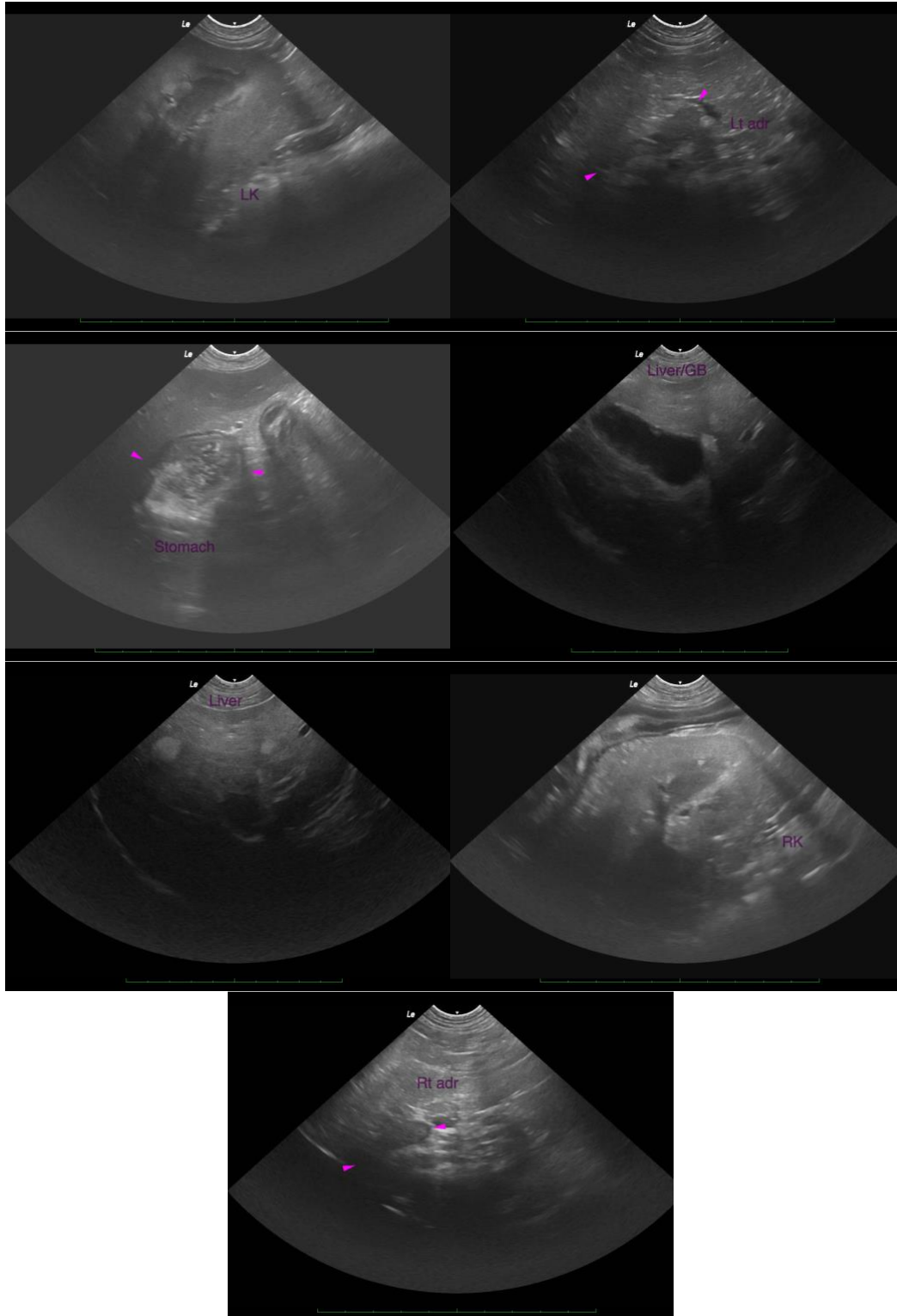
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

Weimaraner

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