



**PATIENT**

Clementine Upshaw

**SPECIES**

Canine

**BREED**

Lab Husky Mix

**SEX**

Female Spayed

**AGE**

04/15/2020

**WEIGHT**

31.8 KGS

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

BluePearl MP ER

**REFERRING VET**

Dr Marcario

**INVOICE**

22269

**DATE**

11-17-25

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Clementine, FS, 5-year-old Labrador mix presents for lethargy. P was seen yesterday for ingesting Halls Cough Drops. O called while P was hospitalized and mention P could've gotten into 15-20 200mg Advil. Per O, px had 2-3 cases of bloody, liquid diarrhea prior to being given metronidazole around 2/3pm today. O mentioned px has been extremely restless, not wanting to eat nor drink as well. no other changes since visit this morning.

Abnormal lab-work values: CBC HCT 40% WBC 20K Neut 17K Mon 2.3K. Chem 17 BUN 100 Creat 2.3 Phos 8.3 Na 138 (lo) K+ 3.2 (lo) CL 98 (lo)  
Current Medications: changed from metro to Unasyn 30mg/kg IV Q8H increased fluid rate to 140ml/hr IV + 20 MeqKCl/L

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The left kidney is normal in size (7.80 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (7.78 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.73 cm at cranial pole) (0.73 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 (0.80 cm at cranial pole) (0.48 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 (2.12 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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/not seen.



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**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 ileoceocolic junction and colonic wall are normal. There is no 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.

**Other**

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

\*Given the patient's clinical history of suspected Advil ingestion and azotemia, an acute nephrotoxic event is suspected. Although there is no obvious evidence of gastroduodenal ulceration, microulcerations/erosions cannot be excluded.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A baseline blood pressure measurement is recommended to evaluate for systemic hypertension.
- A urinalysis with a culture and sensitivity should also be considered.
- If proteinuria is present in the absence of infection, a UPC should also be performed
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- While awaiting test results, IV fluid diuresis and other symptomatic measures are recommended. Also consider empirical treatment of gastric ulceration.



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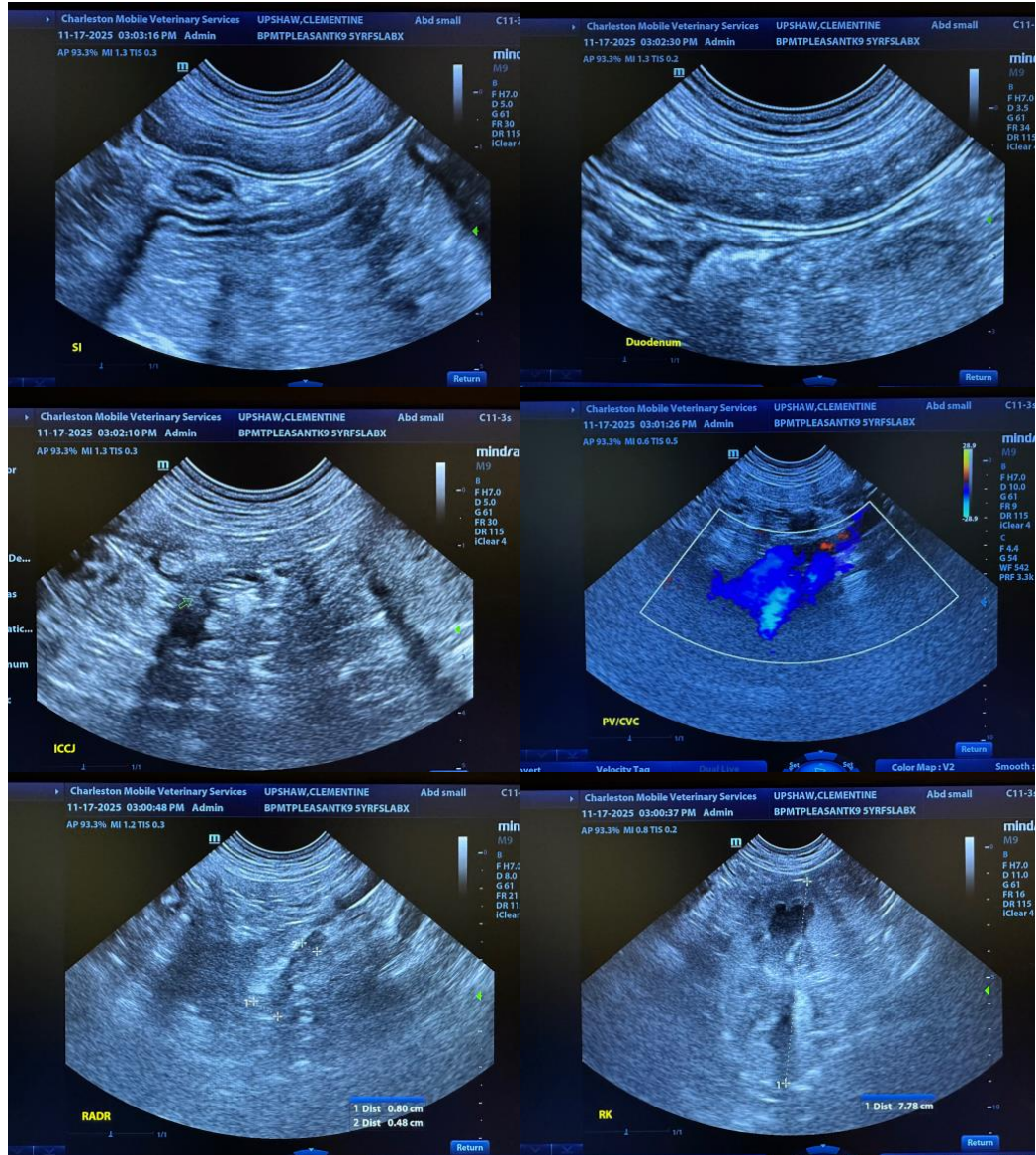
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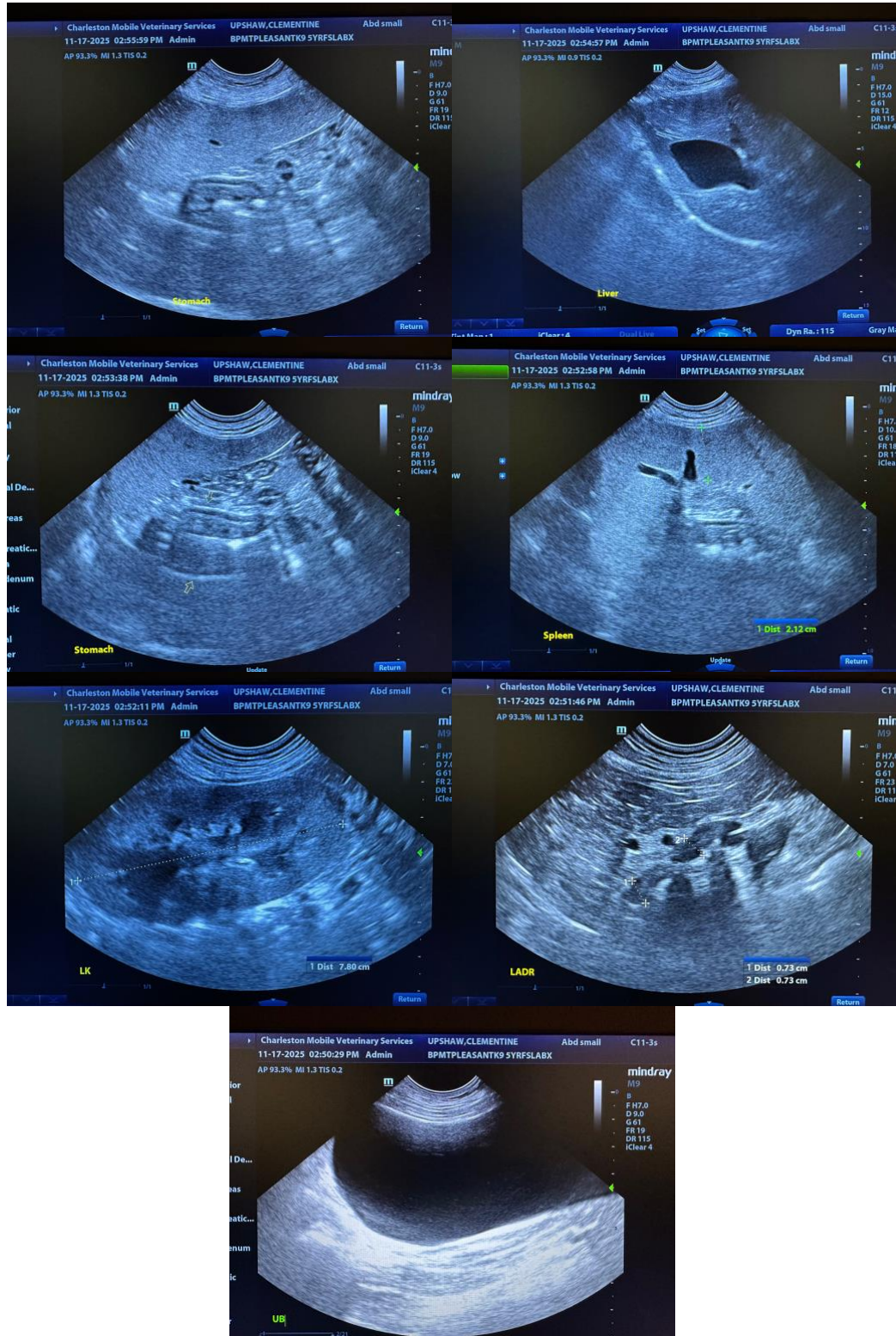
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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](mailto:info@SonoPath.com)

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