



PATIENT

Chloe Lagowski

SPECIES

Canine

BREED

Toy Poodle

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

8.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Greil

INVOICE

13361

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: P presented 11/18/2025 for ADR (vomiting, inappetence, and 0.5 lb weight loss in a month). P had an azotemia with hyperphosphatemia. We were unable to obtain a UA so o dropped off a urine sample this morning as o had declined hospitalization overnight. P is Addisonian and monthly Zycortal injection was given yesterday and p is on Prednisone 0.5 mg SID. LRS and injectable Cerenia given yesterday. O approved abdominal ultrasound today. TPR WNL both days. Abnormal PE/Chem/CBC/UA Results: CBC: Neut 12.12 K/uL (2.95-11.64) H ; Eos 1.61 K/uL (0.06-1.23) H Chem 17: Glucose 58 mg/dL (70-143) L ; Creatinine 5.9 mg/dL (0.5-1.8) H ; BUN 35 mg/dL (7-27) H ; Phos 9.2 mg/dL (2.5-6.8) H ; ALT 147 U/L (10-125) H ; ALP 361 U/L (23-212) H Lytes: Chloride 104 mmol/L (109-122) L UA: USG 1.014, pH 5, Urine Protein 30 mg/dL, Glucose 50 mg/dL, Ketones 15 mg/dL, WBC <1/hpf, RBC 1/hpf, occ cocci present, non-hyaline casts >1/LPF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is minimally to mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.23 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.30 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.05 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 peripheral contours. The parenchyma is hypoechoic relative to the spleen. On the right side, a 2.9 x 2.6 cm cyst is observed. A scant amount of echogenic debris is observed within the cyst. The remaining parenchyma is homogeneous in appearance. 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. A few polypoid like lesions are arising from the mucosal surface. A moderate amount of echogenic to mineralized, mostly gravity-dependent debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not 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. 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Minor bilateral nonspecific age-related renal changes with subtle dystrophic mineralization. Possible causes for the azotemia include Addisonian crisis, acute or acute on-chronic insult (i.e., infection, toxicity, hypotensive event), other.

Secondary Findings:

- Large hepatic cyst, likely a benign incidental finding.
- Gallbladder debris/sand, non-mucocele

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. Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if the clinical suspicion for disease is high
4. Baseline blood pressure measurement
5. While awaiting test results, IV fluid diuresis and supportive care is recommended with close monitoring of the patient's renal values to assess progression of the azotemia.



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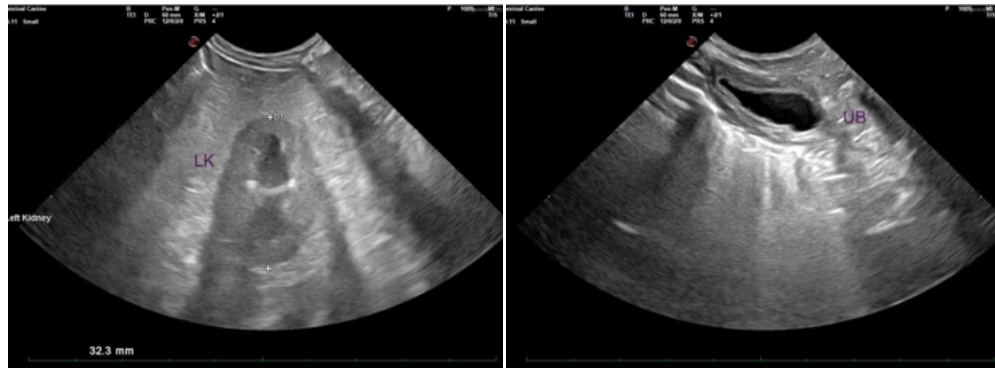
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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