



PATIENT

Charles Brewer

SPECIES

Canine

BREED

Corgi mix

SEX

Male Neutered

AGE

05-06-2013

WEIGHT

35.0

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

Salt Marsh AH

REFERRING VET

Dr Christina Wiles

INVOICE

22287

DATE

11-20-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Gums are slightly tacky but still pink with 1-2 second refill time. O noted lethargy. Temp: 100.0. HR: 84. Resp: 24. Urine was concentrated when the patient was azotemic at CBRC.
Abnormal lab-work values: Persistent azotemia. In-house urinalysis today revealed a urine specific gravity of 1.035. Some blood in urine, possibly secondary to cystocentesis. Some proteinuria.
Current Medications: Ondansetron 8mg PO yesterday afternoon
Radiographic Findings: Included in CVRC summary attached in email

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 mildly thickened (up to 0.46 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.18 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.26 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 mildly enlarged (0.72 cm at cranial pole) (0.75 cm at caudal pole) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

The right adrenal gland is normal in size (1.00 cm at cranial pole) (0.53 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

Previously splenectomized. The region of the splenic fossa is unremarkable.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 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

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal



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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

One-to-two prominent mesenteric lymph nodes are observed adjacent to the ileoceocolic junction (one measuring 1.06 x 0.42 cm).

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral nonspecific age-related renal changes. The trace left pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), or some combination thereof.
- The urinary bladder wall changes are suggestive of cystitis. Correlation with the patient's urinalysis findings is recommended.

Secondary Findings

- Minor geriatric hepatic parenchymal changes
- Mild left adrenomegaly
- The prominent mesenteric lymph nodes are likely reactive with a lower possibility of emerging neoplasia.

*It is unclear whether the patient's azotemia is secondary to dehydration, early renal disease, other. Given the presence of azotemia in the absence of excessively concentrated urine, some degree of renal insufficiency is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended.
- Also consider a UPC if proteinuria persists the absence of infection. The sample should be obtained via free catch, preferably a pooled sample collected over 24-48 hours.
- Also consider a baseline blood pressure measurement
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Depending on the results of the above diagnostics, further work-up may be indicated.



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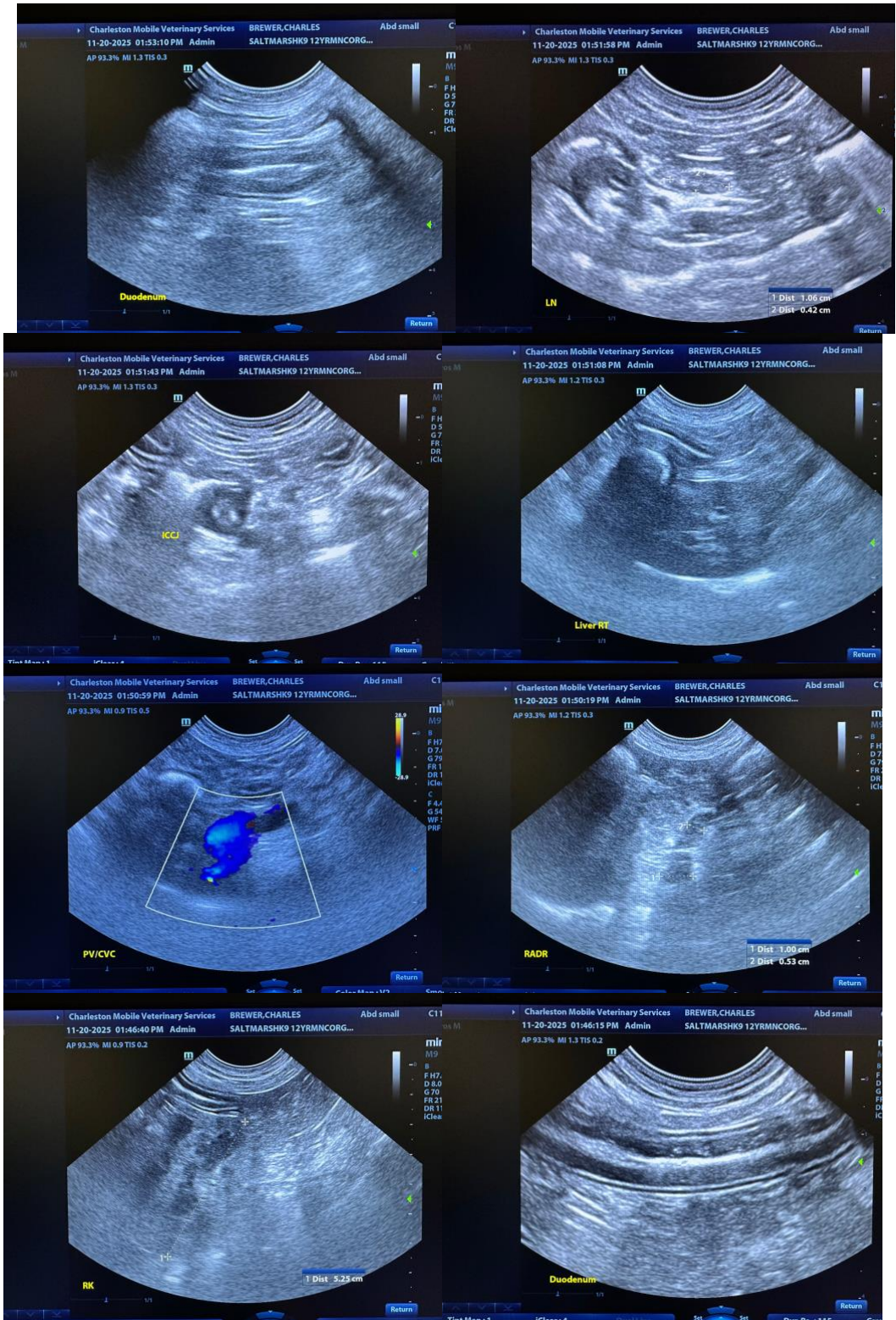
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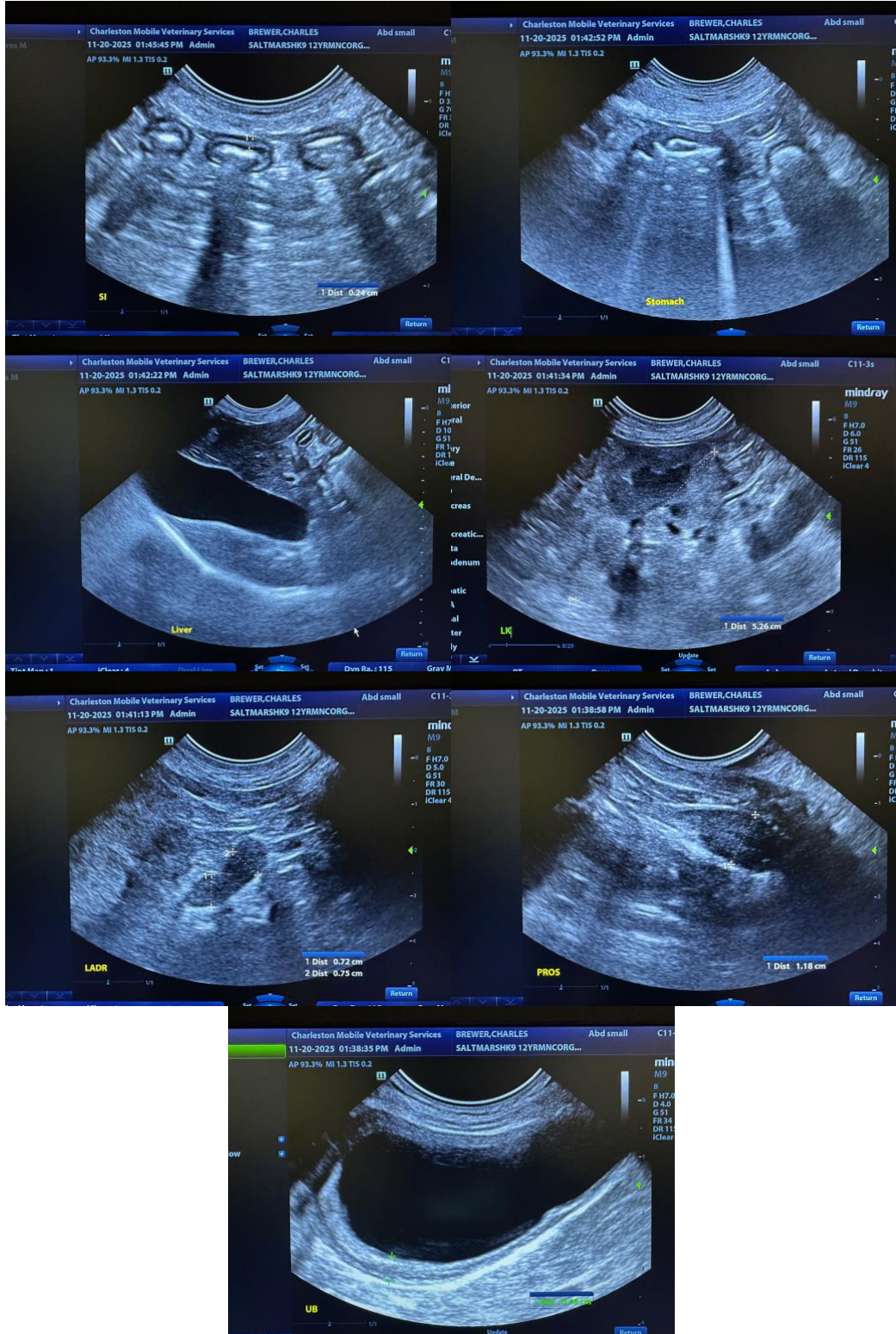
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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