

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kendra Kuitems
SPECIES Canine
BREED Soft-coated Wheaten
SEX Female Spayed
AGE 11
WEIGHT 34.6 lbs

History: 11yo FS Soft-Coated Wheaten with a long history of liver disease with calcifications in the liver and kidneys. Recently, was diagnosed with hypertension and proteinuria. Resolved with telmisartan. Pt is on Ursodiol, omeprazole, and Pepcid. Also has long history of GERD. Most recently, has had an increase in vomiting bile and decreased appetite. Ultrasound to rule out other causes before starting her on metoclopramide.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with mostly anechoic urine. The wall is variably thickened (up to 0.59 cm) with a slightly irregular mucosal surface. No cystic calculi are observed.

The left kidney is normal in size (5.17 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. A few cortical cysts are also seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (5.35 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. A few cortical cysts are also seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.59 cm at cranial pole) (0.67 cm at caudal pole) with slightly swollen peripheral contours. A 0.59 x 0.31 cm hyperechoic nodule is observed at the caudal pole. Glandular echogenicity and detail at the cranial pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (1.43 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. One-to-two, small, ill-defined myelolipomas are observed near the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogenous in appearance. No distinct focal lesions are observed. Intrahepatic biliary stones are present. Hepatic vasculature is of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic-to-mineralized, gravity-dependent debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with fluid and gas. The gastric wall is normal to mildly thickened (up to 0.55 cm) with retention of the normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. 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 obvious evidence of an obstructive pattern.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

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INVOICE

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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.

SPECIES

Canine

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

BREED

Soft-coated Wheaten

Free Abdomen

There is no obvious evidence of free fluid.

SEX

Female Spayed

Other

A brief visualization of the heart reveals no obvious evidence pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

AGE

11

Primary Findings

- The gastric wall changes are suggestive of gastritis with a lower possibility of hypertrophy or emerging neoplasia. Mild gastric fluid retention is present.
- Bilateral nonspecific age-related renal changes with dystrophic mineralization and cortical cysts. Given the patient's breed and recent history of proteinuria and hypertension, a protein-losing nephropathy is of top concern.

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Secondary Findings

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof. Intrahepatic biliary stones are present.
- Gallbladder debris/sand, non-mucocele
- The urinary bladder wall changes are suggestive of cystitis but may be artifactual due to lack of full repletion. Correlation with the patient's clinical history and urinalysis findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the gastric wall changes, consider an upper GI endoscopy with biopsies. Also consider a GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level. Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia.

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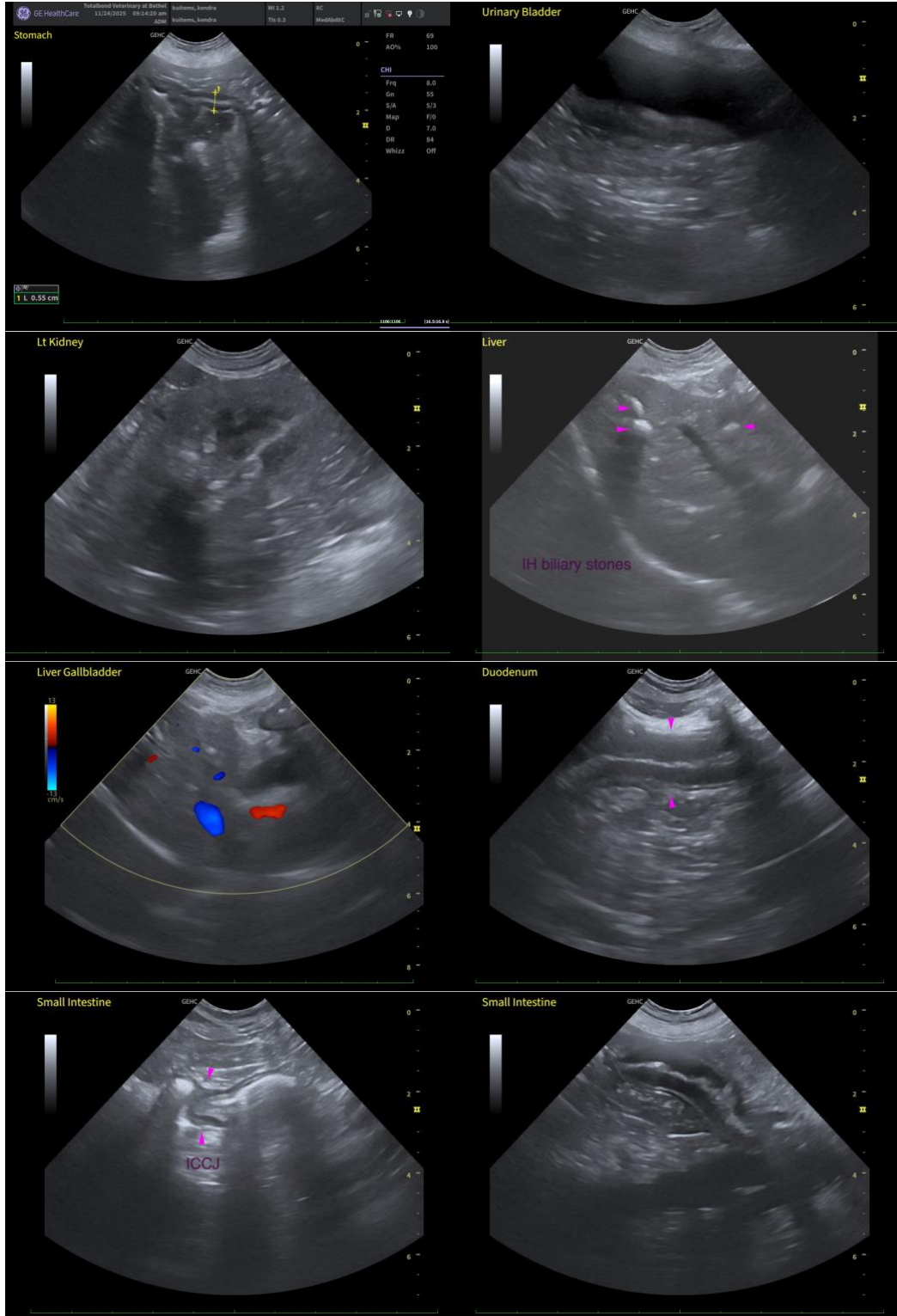
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

BREED

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