



PATIENT PRESENTING CLINICAL SIGNS

Freja Brown History: Referral from local animal clinic for abdominal ultrasound - Had UA run on 11/18/25, increased RBCs and low SG (1.011), treated with Baytril - Recheck urine on 12/3/25 - no RBCs but still low SG (1.008) - Labs on 12/4/25 - SDMA - 19, Ca - 14.2

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Siberian Husky

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

SEX

Female Spayed

The left kidney is normal in size (5.87 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.

AGE

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The right kidney is normal in size (5.59 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.

WEIGHT

46 lbs

Adrenal Glands

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

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

Spleen

The spleen is normal in size (1.78 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.

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Christina CVT

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Animal Health VC

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.

REFERRING VET

Dr. Rodriguez

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 colonic wall is normal. There is no evidence of an obstructive pattern.

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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.

DATE

12-11-25

Lymph Nodes

The abdominal lymph nodes are normal/not visible.



PATIENT

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Minor geriatric hepatic and renal changes

BREED

Siberian Husky

*An obvious cause for the patient's hypercalcemia is not definitively identified in this study. Considerations include primary hyperthyroidism, occult neoplasia, infectious (i.e., fungal) disease, hypoadrenocorticism, other.

SEX

Female Spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the hypercalcemia, consider the following:

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1. Rectal examination to assess for anal gland tumors
2. Three-view thoracic radiographs to assess for occult neoplasia in the chest
3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
4. PTH/PTHrP/ionized calcium
5. Depending on the results of the above diagnostics, further work-up may be indicated.

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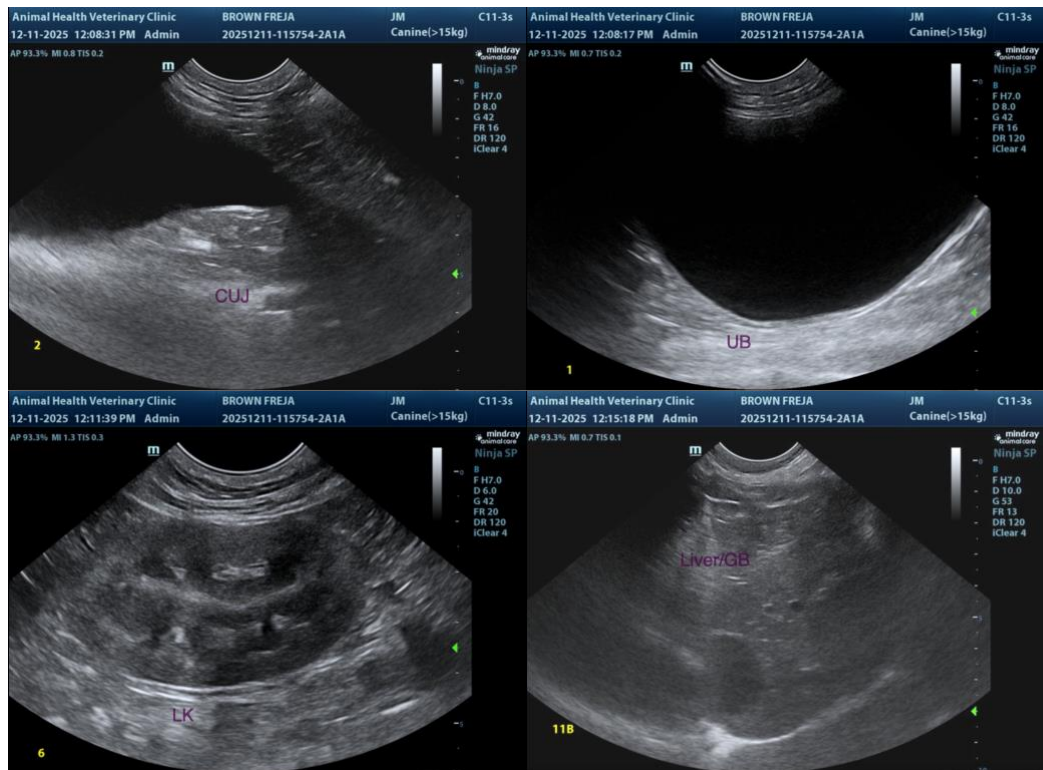
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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