



PATIENT PRESENTING CLINICAL SIGNS

Moose Shattuck History: P presents for work up of azotemia/dilute early morning USG, mildly increased ALKP, intermittent hyporexia

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: SDMA 21 ug/dL (mild elevation) Creatinine 1.5 mg/dL (high normal) USG 1.018 (low, early morning sample) Cortisol 1.8 ug/dL (mildly decreased)

BREED

Bernese Mt Dog

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Intact Male

The region of the prostate is not visualized due to its pelvic location.

AGE

2

The left kidney is normal in size (7.03 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.

WEIGHT

110

The right kidney is normal in size (7.18 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.37 cm at cranial pole) (0.51 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.

IMAGING PERFORMED BY

Saum Hadi

Spleen

The spleen is normal in size (1.64 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.

HOSPITAL NAME

Nimbus PH

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.

REFERRING VET

Saum Hadi

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.

INVOICE

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Gastrointestinal

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 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.

DATE

2-14-26



PATIENT *Pancreas*

Moose Shattuck

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 *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

BREED *Free Abdomen*

Bernese Mt Dog

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

SEX

Intact Male

Structurally unremarkable abdomen. An obvious cause for the patient's azotemia is not definitively identified in this study. Considerations include infection, nephrotoxicity, hypotensive event, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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HOSPITAL NAME

Nimbus PH

REFERRING VET

Saum Hadi

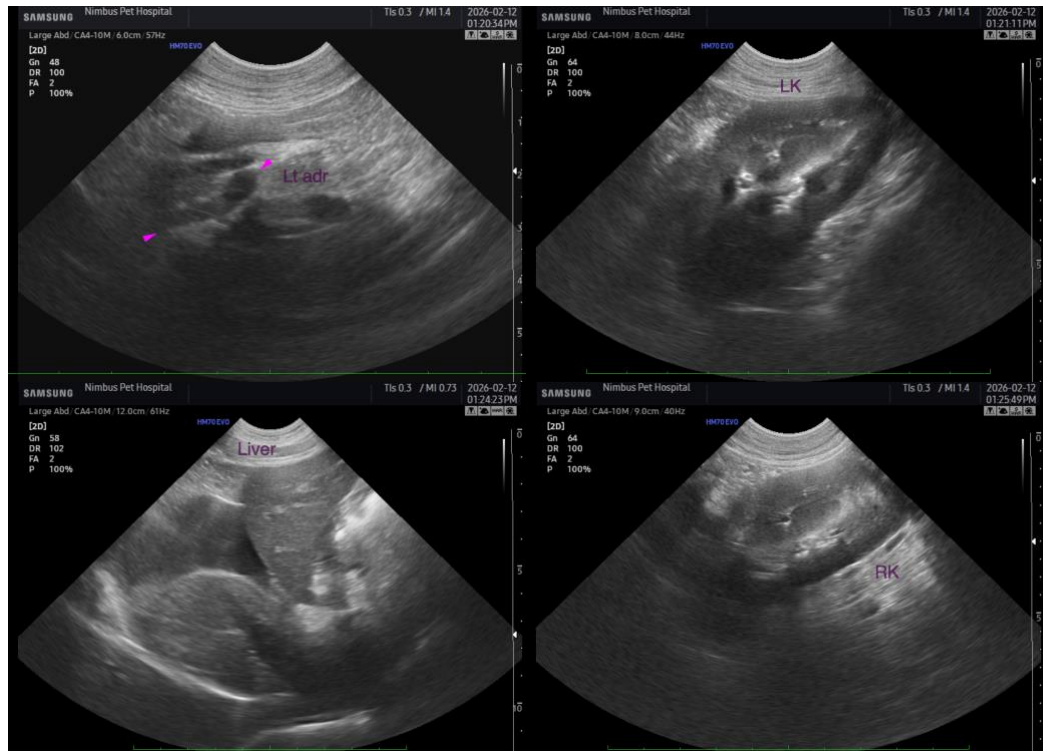
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DATE

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- A urinalysis with a urine culture and sensitivity are recommended.
- Also consider a UPC if proteinuria is present in the absence of infection.
- Consider a full ACTH stimulation test to rule out hypoadrenocorticism.
- A baseline blood pressure measurement should also be obtained to assess for systemic hypertension.
- If the above diagnostics confirm primary renal disease, consider transitioning to a prescription renal diet.





PATIENT

Moose Shattuck

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

Bernese Mt Dog

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SEX

Intact Male

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