**PATIENT**

Finn Esch

**PRESENTING CLINICAL SIGNS**

History: Chronic hyposthenuria. SDMA: 22. Urine protein negative. BP normal=  
 Abnormal PE/Chem/CBC/UA Results: (02/14/2022) U/A: USG 1.009.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Golden Retriever

**Urinary System**

The urinary is moderately distended. The wall is normal in thickness with a smooth mucosal surface. 0.25 cm cystic calculi is visualized. The remaining luminal contents are anechoic. The region of the trigone and the visualized portion of the proximal urethra are normal.

**SEX**

Neutered Male

The prostate is normal in size (3.09 x 1.50) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

5 years 9 mo

The left kidney is normal size (6.22 cm in length); normal shape and architecture with 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**

70 lbs

The right kidney is normal size (6.25 cm in length); normal shape and architecture with 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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.37 cm at cranial pole) (0.50 cm at caudal pole) (2.25 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.36 cm at cranial pole) (0.53 cm at caudal pole); normal shape; 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**

Potomac Mobile  
 Veterinary Ultrasound

**Spleen**

The spleen is normal in size (1.85 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**

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 Village

**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. No pathological hepatic lymphadenopathy observed.

**REFERRING VET**

Dr. Cathy Jarrett

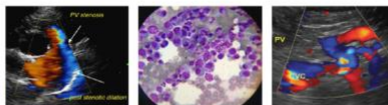
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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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***Gastrointestinal***

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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. No obstructive or overt infiltrative disease is noted.

***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.

***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.55 cm colic lymph node is visualized.

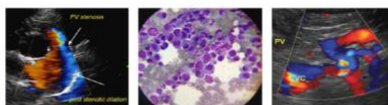
**ULTRASONOGRAPHIC FINDINGS****Primary Findings**

- Bilateral mild chronic non-specific renal changes
- Tiny cystic calculus

\*\*It is unclear whether the patient's clinical signs are secondary to underlying renal disease or another concurrent disease process.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Further workup for PU/PD could include the following:
  1. Baseline lab work, including a CBC Chemistry panel, T4 is recommended, if not already performed.
  2. Urine culture and sensitivity to assess for occult *E. coli* pyelonephritis
  3. Pre-and post-prandial serum bile acids to assess for occult hepatic dysfunction
  4. ACTH stimulation test to assess for hypo- and hyperadrenocorticism
  5. Leptospirosis testing (i.e., blood and urine PCR, serology)
  6. +/- DDAVP trial (to assess for central diabetes insipidus)
  7. +/- modified water deprivation test (to assess for psychogenic polydipsia and nephrogenic diabetes insipidus).
- Given that this is a large-breed female, she may pass the urinary bladder stone on her own. However, a recheck ultrasound can be considered in 3-4 weeks to determine if the stone is still present.



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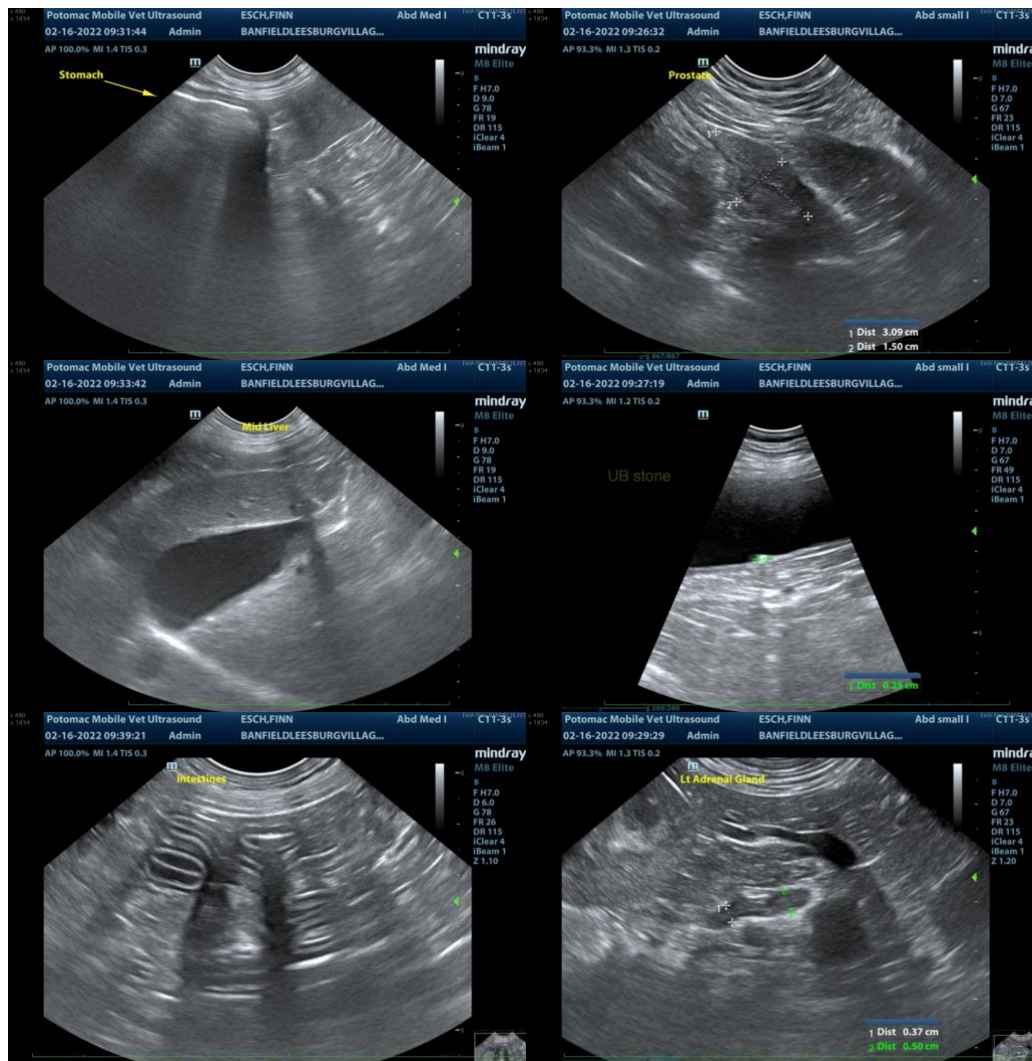
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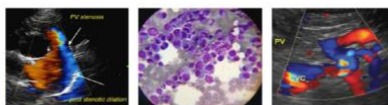
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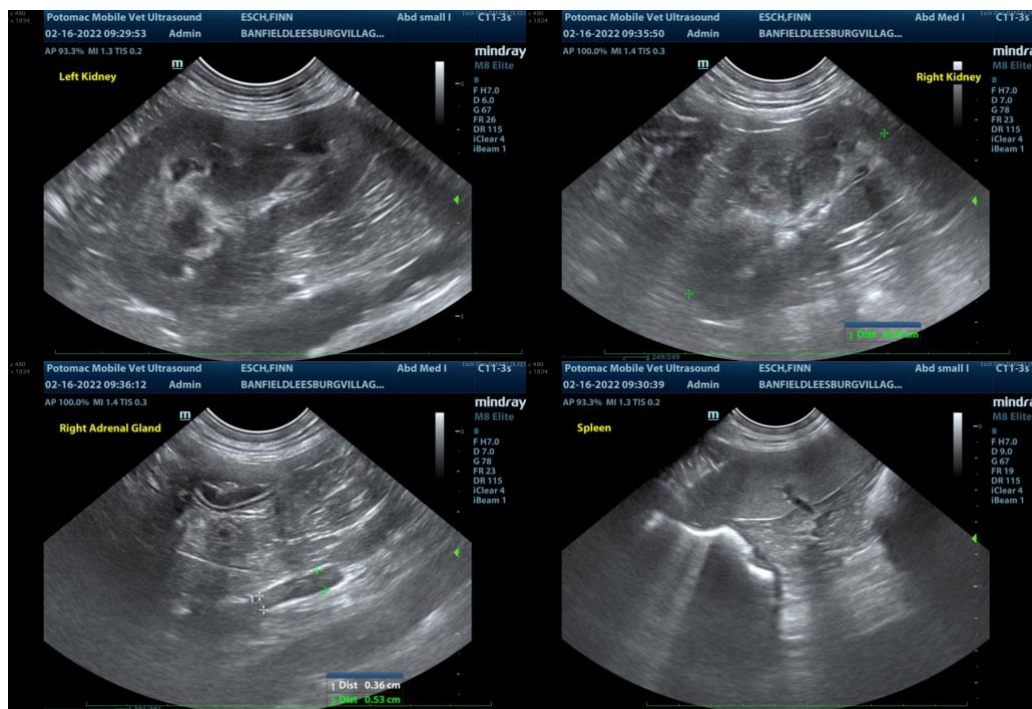
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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