

PATIENT

Zoey Corrado

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

5-16-2013

WEIGHT

9.2

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Zoey is a 12yr 8mo who presents for recheck labs for history of kidney cysts. O states overall she has been doing ok at home. Mrs. Corrado mentioned Zoey shaking from time to time and is a little lethargic in the mornings. E/D, no V/D/C/S. Also asks that we check her anal glands as well. Recent bloodwork reveals a lymphocytosis, monocytosis and thrombocytosis. SDMA 16. Creatinine 0.9. BUN 20. ALP 801. USG 1.020, no proteinuria – mild hematuria. 4dx negative. Fecal negative. Previous ultrasound with Dr. Nicastro 10 months ago.

Problem List:

- Grade 3/6 murmur
- Mast cell tumor
- Intermittent hematuria
- Grade 2 PD
- Non obstructive nephroliths - bilateral
- Cyst on left kidney
- Endothelial decompensation OD
- Pigmentary keratopathy and nuclear sclerosis OU
- Back/hind end pain (r/o IVDD, OA, spondylosis, hip dysplasia)
- Carpal valgus deformity
- Hx of bladder stones (cystotomy performed in 2022, P on Hill's c/d)

Current Medications: Hill's Prescription Diet c/d Multicare Urinary Care, Gabapentin

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

IMAGING PERFORMED BY

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The left kidney is enlarged (at least 6.7 cm in length) with an irregular shape. A 6.7 x 5.8 cm cystic structure containing suspended echogenic debris and tissue is arising from the medial aspect. The structure is causing distortion of the normal renal architecture. In the more normal-appearing portion of the kidney at the lateral aspect, there is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.2 cm in the longitudinal plane). A few nonobstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Ashley Pines AH

The right kidney is normal in size (4.05 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate-to-severe loss of corticomedullary distinction. At least one, small, cortical cyst is seen. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

REFERRING VET

Dr Savannah Lavallee

Adrenal Glands

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The left adrenal gland is mildly enlarged (0.59 cm at cranial pole) (0.58 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.

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The right adrenal gland is normal in size (0.38 cm at cranial pole) (0.49 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.



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Spleen

The spleen is normal in size (0.77 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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Liver

The liver is subjectively normal-in-size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A few nonobstructive cholelith are observed within the lumen, along with some suspended echogenic debris. The cystic and common bile ducts are normal/not seen.

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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 ileoceocolic junction and colonic wall are normal. There is no obvious 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.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

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Primary Findings

- Bilateral chronic renal changes with nonobstructive nephrolithiasis. A large cystic structure is arising from the left kidney. It is approximately double-in-size compared to the previous sonogram. Considerations include a benign cortical cyst, or less likely, abscess, tumor, other.

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Secondary Findings

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- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- Nonobstructive choleliths
- Mild left adrenomegaly (previously-observed)



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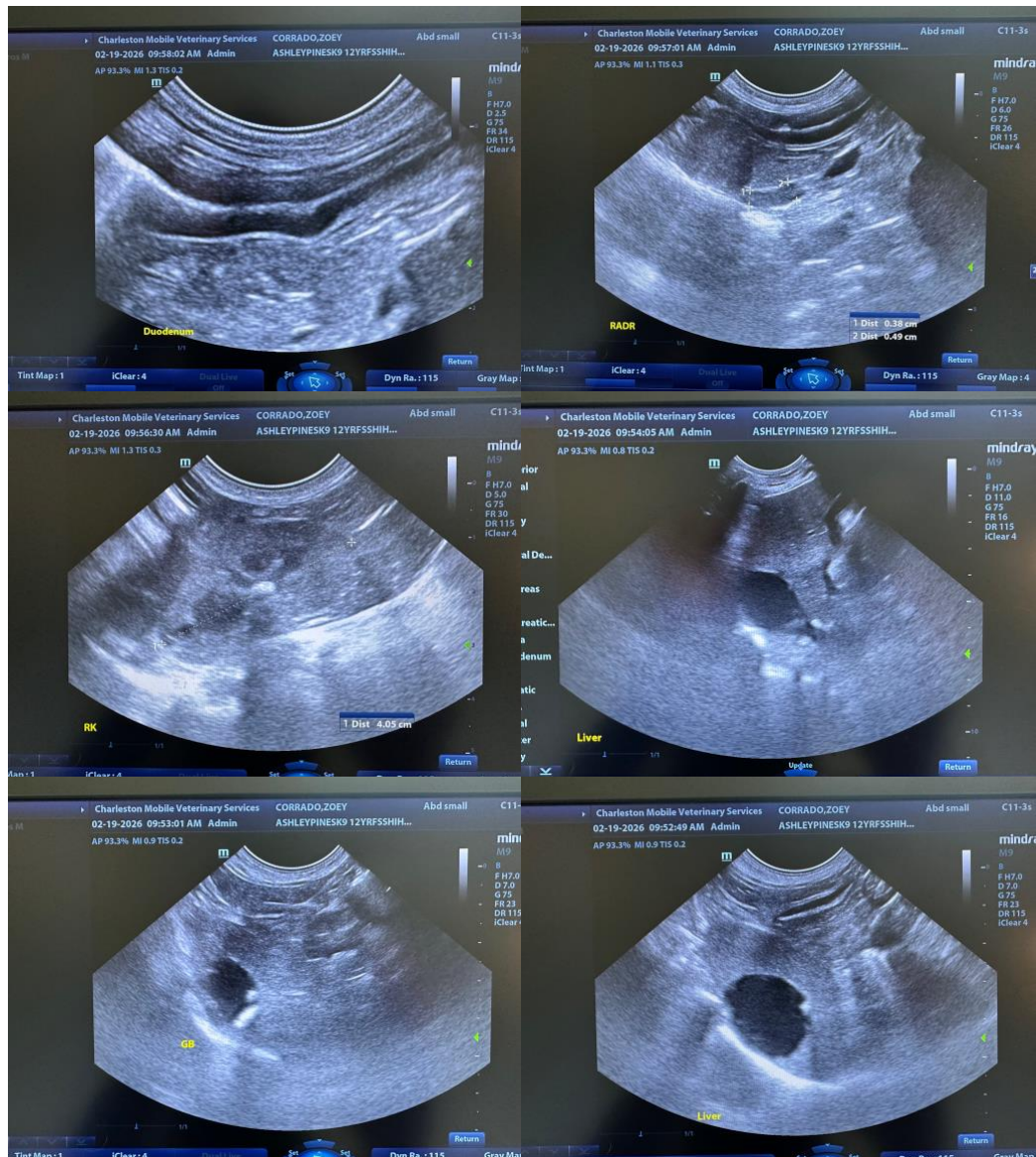
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued monitoring of the patient's renal values is recommended to assess for development of azotemia, which is not present at this time, although the SDMA is now elevated. Fine-needle aspiration of the left renal cystic structure can be considered (assuming normal clotting status and blood pressure). However, cytology results may be inconclusive.
- If the patient needs to go under anesthesia, IV fluid diuresis for several hours before, during and after the procedure is recommended to help maintain adequate renal perfusion.





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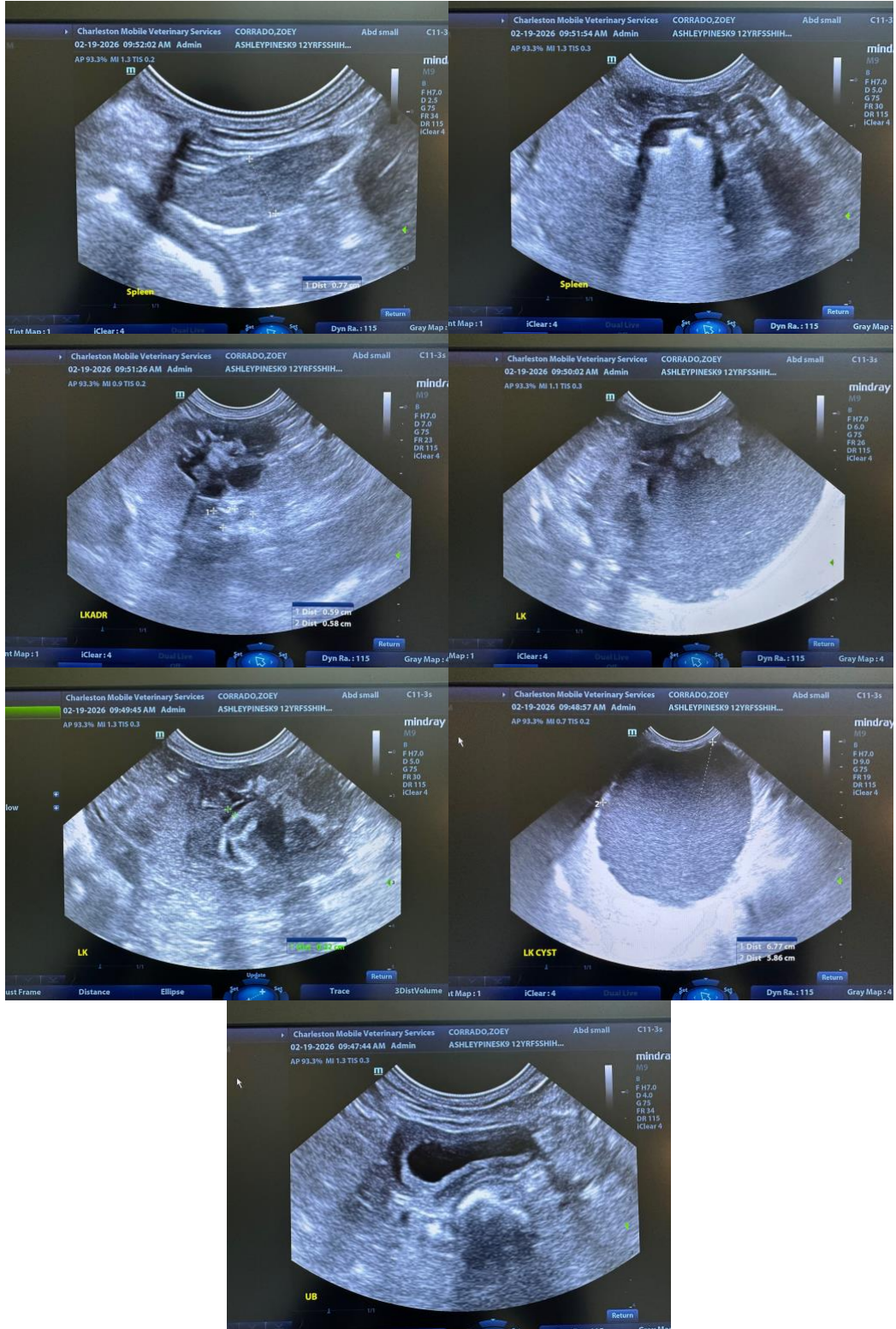
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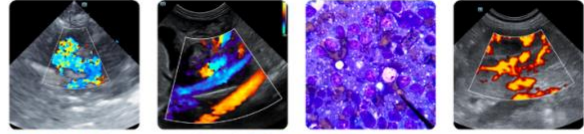
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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