



PATIENT PRESENTING CLINICAL SIGNS

Luna Herrity
SPECIES History: Patient presented on 2/6/26 for lethargy and inappetence for several days. Vomiting bile, diarrhea. Trembling. She has a history of renal disease and typically eats Purina NF. Tense/painful on abdominal palpation. Snap in-house cPL was elevated, treatment for pancreatitis was initiated with IVC placement, fluids, metronidazole, famotidine, buprenorphine, Cerenia.

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

7 years 10 mos

WEIGHT

62.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Bray

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Melissa Earp

INVOICE

22536

DATE

2-9-26

Patient returned on 2/7 for continued care and was discharged due to the clinic not being open on Sundays. Returned today with no improvement over the weekend.

Patient does have a PLN and a history of a thyroid carcinoma that was surgically removed at VRA.

Patient takes Incurin for urinary incontinence, Telmisartan, and Benazepril.

Doppler systolic blood pressure today is around 70, typically around 150 for her.

Abnormal PE/Chem/CBC/UA Results: Bloodwork from February 8 reveals: creatinine 6.3. BUN 97.

Cystatin B elevated. Phosphorus 10.8. ALP 474. Lymphopenia. USG 1.013, 2+ proteinuria, inactive sediment. T4 normal. (Senior profile is attached from Saturday).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small-to-moderate 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 2-3 cm, are normal.

The left kidney is normal in size (7.06 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 corticomedullary distinction. A 2.14 x 1.75 cm cortical cyst is observed at the caudomedial aspect. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.38 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.64 cm at cranial pole) (0.57 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.

The right adrenal gland is normal in size (1.01 cm at cranial pole) (0.62 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.

Spleen

The spleen is normal in size (2.15 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.

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



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pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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

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.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Bilateral nonspecific age-related renal changes

Secondary Findings

The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the azotemia, consider the following:

1. Urine culture and sensitivity
2. UPC if proteinuria is present in the absence of infection
3. Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if clinical suspicion for disease is high
4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
5. IV fluid diuresis and supportive care, with close monitoring of the patient's renal values to assess progression of the azotemia.



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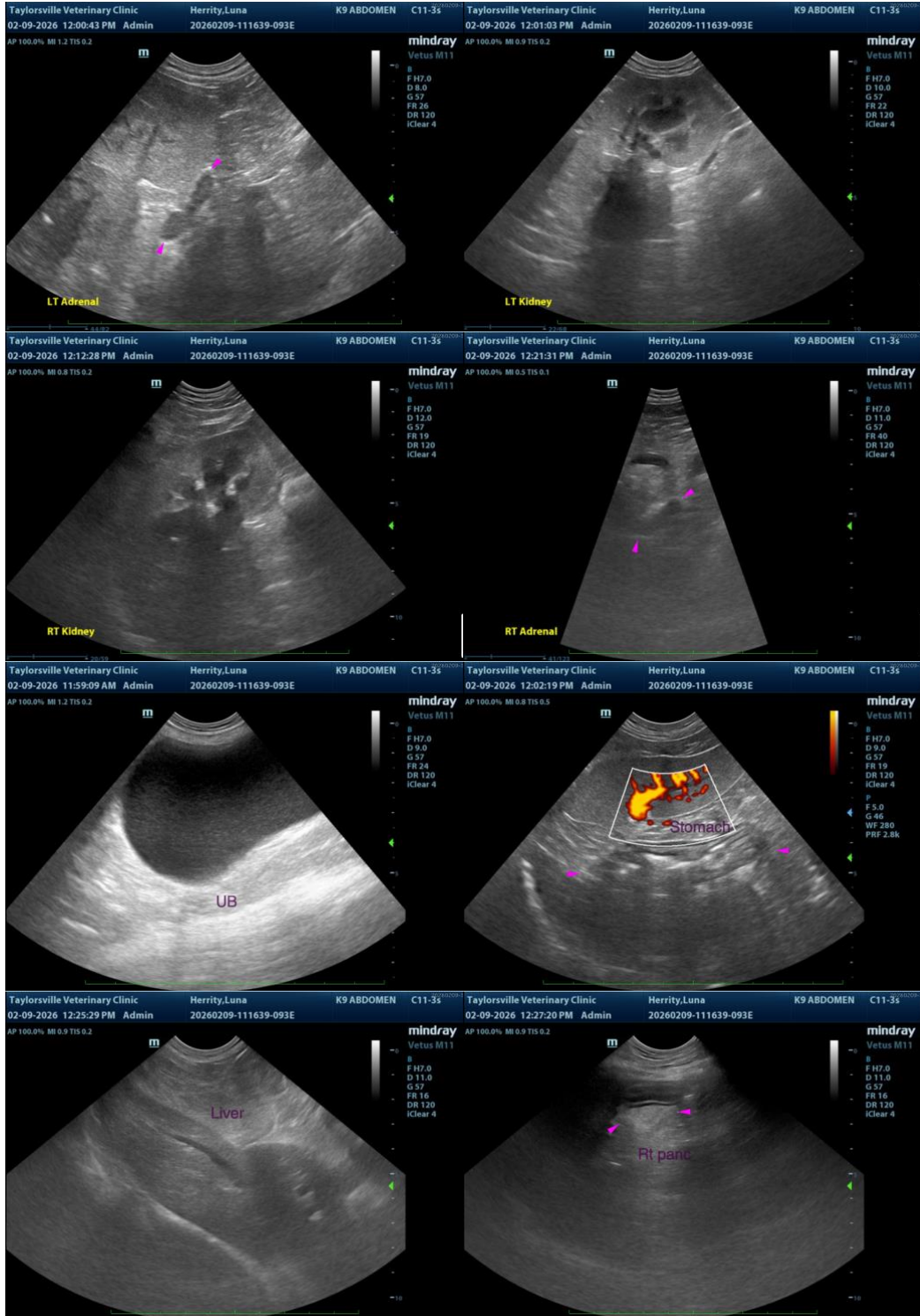
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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