



PATIENT

Diva Kravec

SPECIES

Canine

BREED

Brussels Griffon Mix

SEX

Spayed Female

AGE

2/15/2018

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside AH

REFERRING VET

Dr. Jaime Carroll

INVOICE

10556

DATE

3/17/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

Subjective: BAR, Euhydrated: Normal condition

MM: Pink, CRT: <2sec normal condition

Body Condition Score: Normal condition.

Comments: BCS 5/9

Oral Health: Normal Condition.

Comments: Dental Dz Grade- 1/4

Eyes: Normal Condition.

Comments: Corneas clear, no scleritis or ocular discharge

Ears: Normal Condition.

Comments: No erythema or abnormal exudate observed

Cardiovascular: Normal Condition.

Comments: Heart auscults normally, peripheral pulses strong and synchronous

Respiratory: Normal Condition.

Comments: Lungs auscult normally with no crackles/wheezes

Abdominal: Normal Condition.

Comments: Abdomen palpates soft and non-painful with no organomegaly or masses

Genitourinary: Normal Condition.

Comments: External genitalia unremarkable

Musculoskeletal: Normal Condition.

Comments: No pain upon longbone palpation, musculature symmetrical and adequate

Integumentary: Normal Condition.

Comments: Clean haircoat, skin appears normal

Neurological: Normal Condition:

Comments: Appropriate mentation, CNs intact, CPs norm. Limited exam

Lymph Nodes: Normal Condition.

Comments: Lymph nodes palpate small, soft, and symmetrical.

Rectal: vD did not examine

Diagnostics/Comments: UA - USG - 1.008, otherwise NAF

Assessment/Comments: PU/ PD, dilute urine. rec Baseline BW to r/o ckd, other endocrine

Abnormal Labwork Values: BW results, K - 7.0, NaK - 22, TCO2 - 32Glob - 4.2, Plt - 569

PRE-ACTH CORTISOL 4.3 ug/dL. POST ACTH CORTISOL 25.2 ug/dL

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 is normal.

The left kidney is small in size (2.43 cm in length); with a slightly irregular shape. The cortex is diffusely thickened and mildly heterogenous in appearance. There is poor corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (3.06 cm in length); with a slightly irregular shape. The cortex is diffusely thickened and mildly heterogenous in appearance. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.



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Adrenal Glands

The left adrenal gland is normal size (0.32 cm at cranial pole) (0.38 cm at caudal pole) (1.24 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 (0.55 cm at cranial pole) (0.34 cm at caudal pole) (1.30 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.

Spleen

The spleen is normal in size (0.69 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 pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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

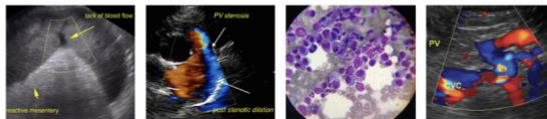
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

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



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilaterally abnormal kidneys. Differentials include prior insult (i.e., toxin, infection), versus congenital renal dysplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Urine culture and sensitivity
2. UPC (if proteinuria is present)
3. Consider transitioning to a prescription renal diet
4. Serial monitoring of the patient's renal values is recommended. If the patient becomes azotemic, a baseline blood pressure measurement should be considered, along with symptomatic care if needed.



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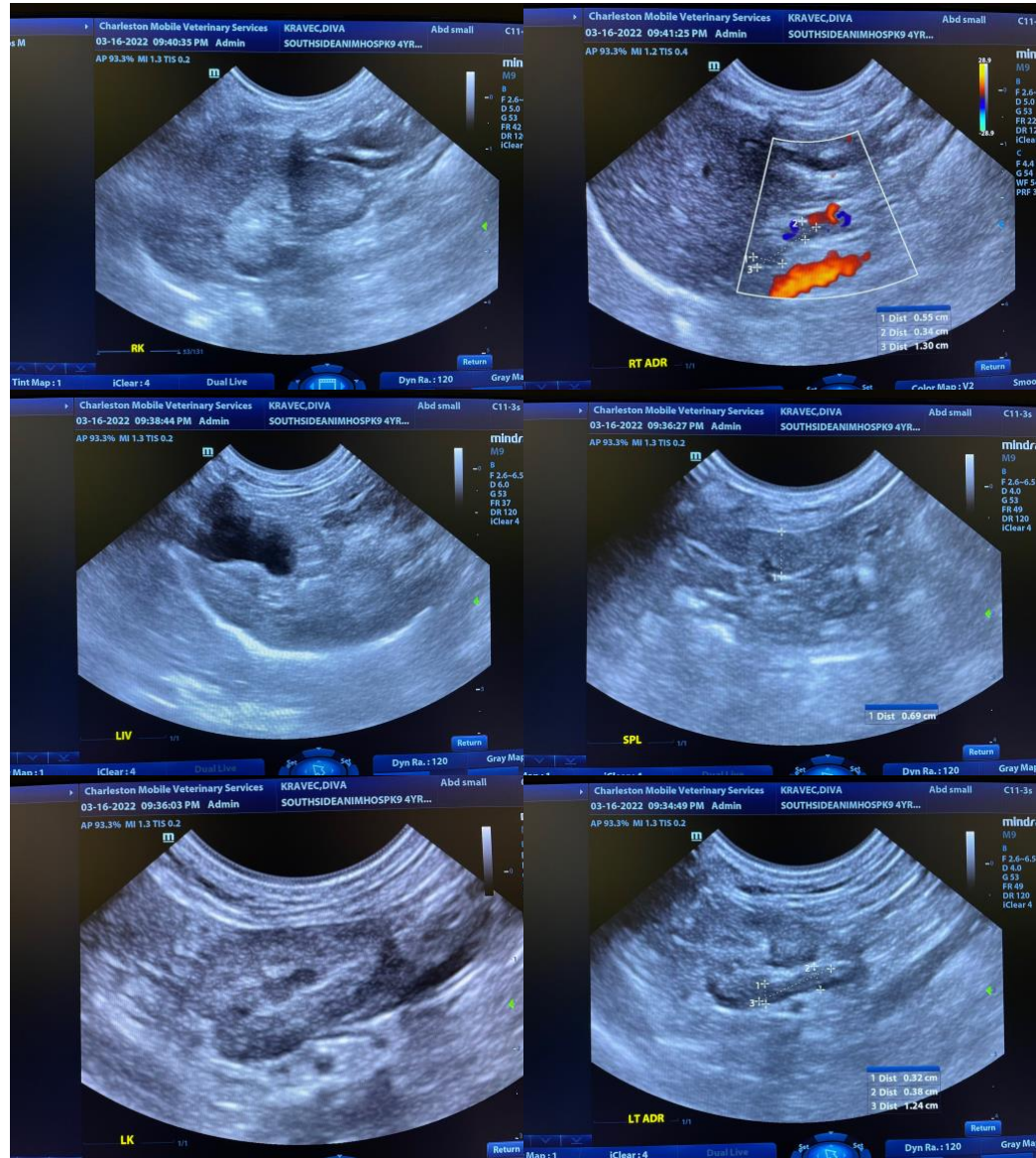
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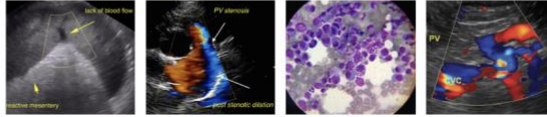
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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