

## PATIENT

Ethal Hartnett

## SPECIES

Canine

## BREED

Hound mix

## SEX

Female, spayed

## AGE

7 Yrs.

## WEIGHT

16.6 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Massa

## HOSPITAL NAME

Animal Emergency  
Hospital Volusia

## REFERRING VET

Dr. Massa

## INVOICE

14784

## DATE

3/22/23

## PRESENTING CLINICAL SIGNS

**History:** Patient presented for anorexia. Patient did not eat for six days. Previously diagnosed stage two kidney failure. BUN: 82 CREA: 5.78 PHOS: 10.5 Radiology report: The peritoneal and retroperitoneal detail is adequate. The urinary bladder is small. The prostate is also small. The colon contains incompletely formed feces intermixed with gas. The colon is normal in position and size. The liver is triangular and extends beyond the costal arch with rounded margin. The stomach is predominantly normal in size containing a medium amount of heterogeneous and partially formed contents. In the left lateral projection, similar contents are present in the pyloric antrum region. Overall the small intestines contains gas and similar heterogeneous contents to the stomach, but are subjectively normal in size throughout. The spleen and kidneys are unremarkable. No aggressive bone lesions are seen. The caudal lungs have diffuse bronchial pulmonary pattern.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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

The left kidney is normal size (6.16 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. Moderate pyelectasia is present (0.63 cm in the transverse plane). A small cortical cyst measuring 0.57 cm in diameter is observed at the corticomedullary junction. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.11 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. Mild pyelectasia is present (0.26 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

### Adrenal Glands

No images provided.

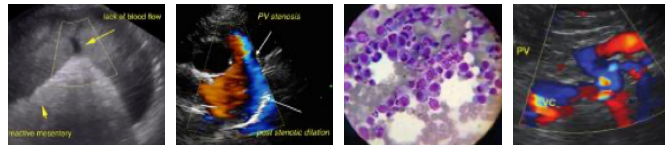
### Spleen

The spleen is normal in size (6.16 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris is observed within the lumen, some of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal



**PATIENT**

Ethal Hartnett

The gastric lumen is mildly gas distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

**SPECIES**

Canine

***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.

**BREED**

Hound mix

***Free Abdomen***

There is no obvious evidence of free fluid. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 3.69 cm in length. The nodes are normal in shape and echogenicity.

**SEX**

Female, spayed

**AGE**

7 Yrs.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Mild bilateral, chronic renal changes. The bilateral pyelectasia may be secondary to pyelonephritis, age-related remodeling, fluid therapy or some combination thereof.

**WEIGHT**

16.6 kg.

**Secondary Findings:**

- Gallbladder debris- non-mucocele.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Bowel pattern consistent with inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- A urine culture and sensitivity is also recommended along with a baseline blood pressure measurement.
- If proteinuria is present in the absence of infection, a UPC should also be considered.
- If the patient's azotemia has worsened, IV fluid diuresis, symptomatic care and broad-spectrum antibiotic therapy (while awaiting urine culture and sensitivity results) is recommended.

**IMAGING PERFORMED BY**

Dr. Massa

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

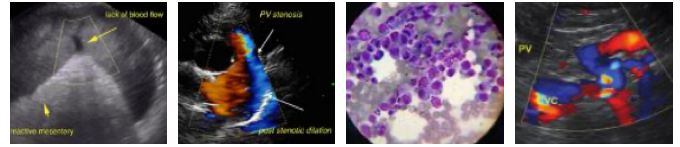
Dr. Massa

**INVOICE**

14784

**DATE**

3/22/23



## PATIENT

Ethal Hartnett

## SPECIES

Canine

## BREED

Hound mix

## SEX

Female, spayed

## AGE

7 Yrs.

## WEIGHT

16.6 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Massa

## HOSPITAL NAME

Animal Emergency  
Hospital Volusia

## REFERRING VET

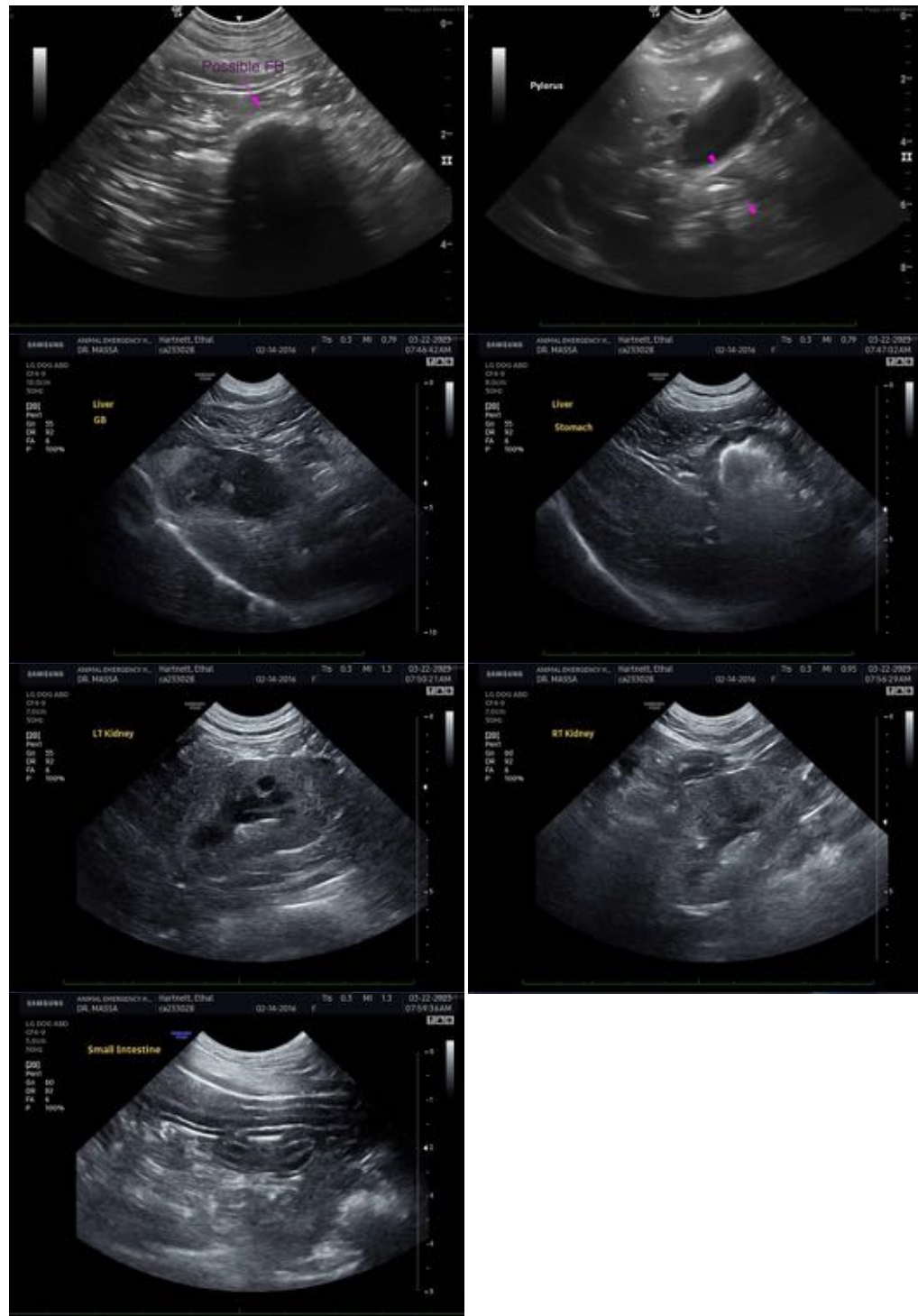
Dr. Massa

## INVOICE

14784

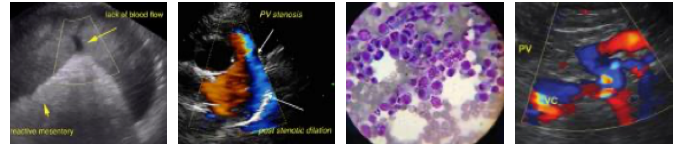
## DATE

3/22/23



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.



**PATIENT**

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

Ethal Hartnett

**SPECIES**

Canine

**BREED**

Hound mix

**SEX**

Female, spayed

**AGE**

7 Yrs.

**WEIGHT**

16.6 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Massa

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Massa

**INVOICE**

14784

**DATE**

3/22/23