



PATIENT PRESENTING CLINICAL SIGNS

Bosley Kennedy
SPECIES Canine
BREED Mini Schnauzer

History: Patient is a 3.5yr MN miniature schnauzer presented for not eating and lethargy. P had dental with 13 extractions on 3/17. O reports that P has not been himself since. The first few days following the dental P would eat and then vomit up the food and sometimes vomit up any water consumed. Now for the last 5 days P showing no interest in food at all. P was still receiving Meloxicam for a few days but O stopped this early because of the vomiting. O has been syringing P some broth. P last vomited in the middle of the night 3 days ago. P not moving much and just wanting to lay on heating pad. Owner reports no diarrhea, coughing, or sneezing.

Current diet: homemade (sardine or mackerel, turkey, liver, eggs, mushrooms, carrots, broccoli, bison - occasionally with coconut oil)

SEX Leptospirosis PCR – pending.

Neutered Male
 March 26, 2026, bloodwork: Pre- and post-cortisol samples high. BUN 127. Creatinine 3.5. SDMA 50.4. Phosphorus 12.3. Mild leukocytosis with a neutrophilia and lymphocytosis. USG 1.013. 1+ proteinuria. Inactive sediment.

AGE March 27, 2026, bloodwork: Creatinine 2.3 Phosphorus 9.7.

3 years 6 mos

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT *Urinary System*

4

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

INTERPRETED BY

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

The left kidney is normal in size (3.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

IMAGING PERFORMED BY

Celia Galanti, DVM

Adrenal Glands

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.40 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.

HOSPITAL NAME

Craig Road AH

The right adrenal gland is normal in size (0.62 cm at cranial pole) (0.41 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.

REFERRING VET

Celia Galanti, DVM

Spleen

The spleen is normal in size (0.68 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative



PATIENT

pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Bosley Kennedy

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

SPECIES

Canine

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.

BREED

Mini Schnauzer

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.

SEX

Neutered Male

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

AGE

3 years 6 mos

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

WEIGHT

4

ULTRASONOGRAPHIC FINDINGS

Trace left pyelectasia. This may be secondary to IV fluid therapy, pyelonephritis, parenchymal remodeling (less likely), PU/PD (if applicable) or some combination thereof. The abdomen is otherwise structurally unremarkable.

INTERPRETED BY

Andrea Nicastro, DVM,
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Medicine)

*An obvious cause for the patient's azotemia is not definitively identified in this study. Given the sonographically-normal-appearing kidneys, an acute nephropathy is suspected. Top differentials include infection, toxicity, or hypotensive event.

IMAGING

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- A urine culture and sensitivity is recommended.
- A UPC should also be considered if proteinuria persists in the absence of infection.
- A baseline blood pressure measurement should be obtained to evaluate for systemic hypertension.
- IV fluid diuresis and supportive care should be initiated/continued, with close monitoring of the patient's renal values to assess progression of the azotemia.
- If the patient's appetite resumes, consider a transition to a prescription renal diet.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Celia Galanti, DVM

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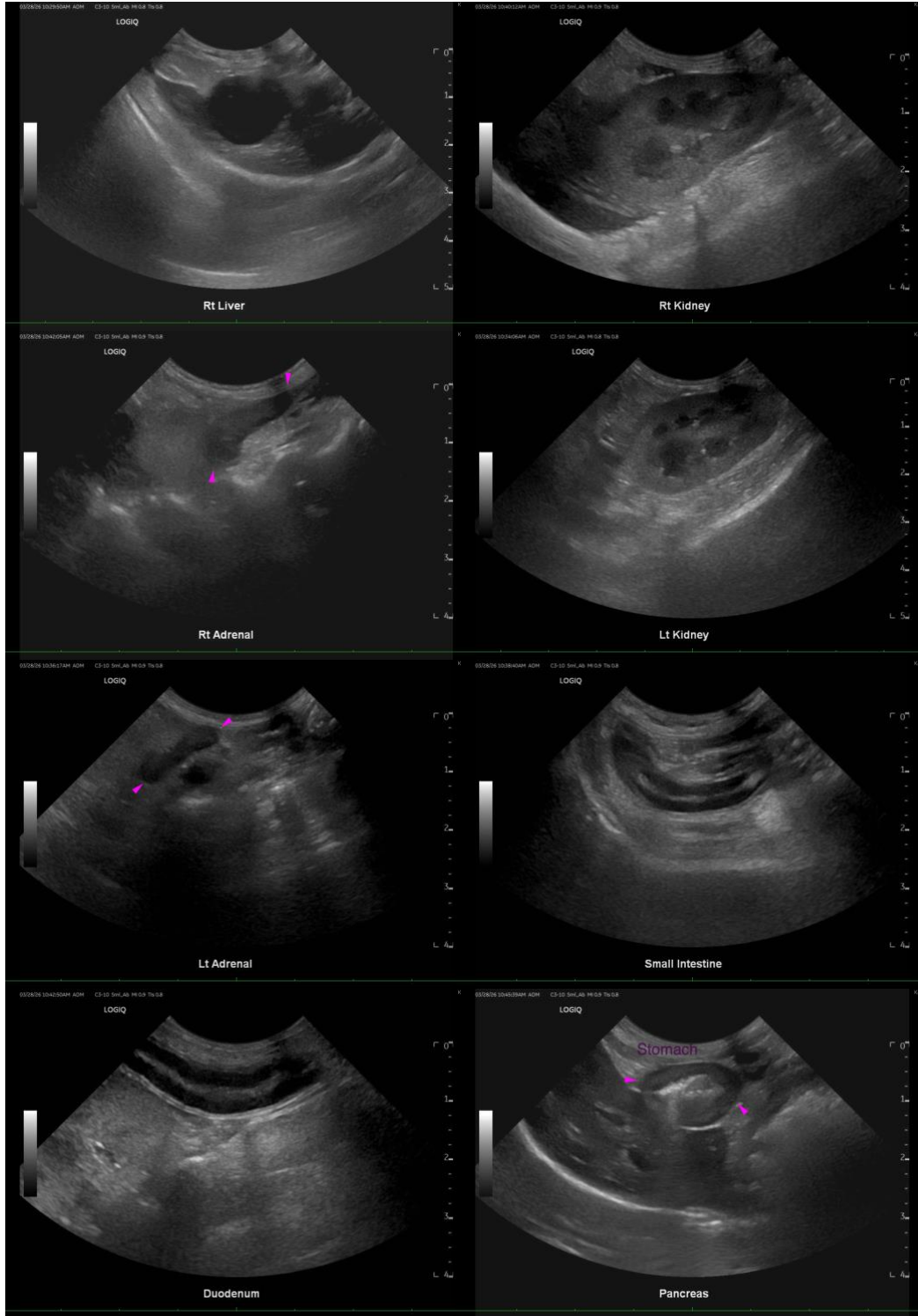
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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