



PATIENT

Ruby Toaldo

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

11 years

WEIGHT

52 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Wyman-Greenwald

INVOICE

10476

DATE

3/3/22

PRESENTING CLINICAL SIGNS

History: Hematuria, PU/PD. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALT 121, ALKP 820, GGTP 26, TBil 0.3, Chol 613, abs neut 12546, abs mon 1224. USG 1.011, Prot 3+, BLD 3+, wbc 11-20, RBC 4-10

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (6.38 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.17 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.86 cm at cranial pole) (0.83 cm at caudal pole) (2.59 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 enlarged (1.18 cm at cranial pole) (1.10 cm at caudal pole) (3.06 cm in length); with a slightly irregular shape. A 1.29 x 0.98 cm irregular hyperechoic to slightly heterogenous nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.62 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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.



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Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no 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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Free Abdomen

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

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Other

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Bilateral degenerative renal changes with dystrophic mineralization
- Urinary bladder debris

INTERPRETED BY

Secondary Findings

- Mild bilateral adrenomegaly. The right adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of an emerging neoplastic process.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The small intestinal mucosal speckling could be associated with enteritis/inflammation. However, correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of hematuria, a urine culture and sensitivity is recommended.
- Given the history of PU/PD and the sonographic changes, consider further testing for Cushing's Disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test).

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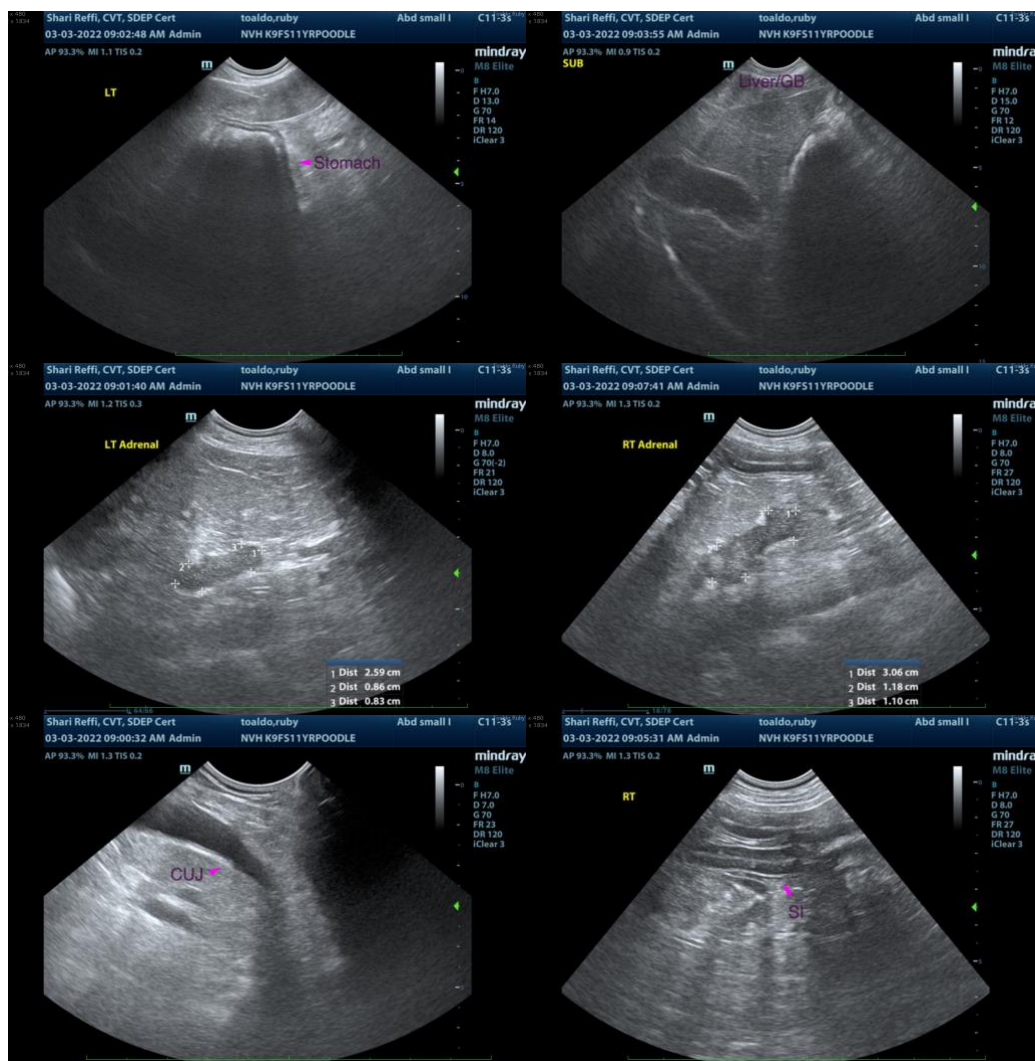
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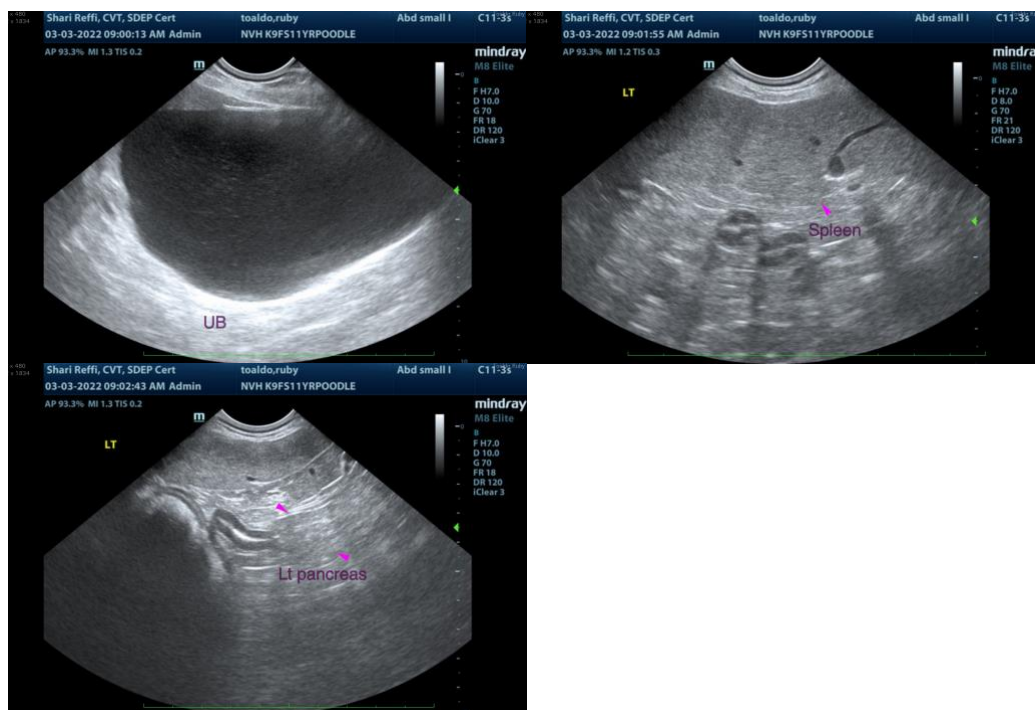
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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