

**DATE**

4-24-26

**PRESENTING CLINICAL SIGNS**

**Patient History:** Weight loss, persistent proteinuria and less than ideal USG. BP 110

**PATIENT**

Ellie Davies

**Current Medications:** No current medications other than flea/tick/heartworm preventives. She has been receiving Fortiflora calming care for about 6 weeks. Started Welactin 3TA 4/13/26.

**Labwork Results:** Labwork not attached, reported as: First am USG persistently around 1.021 along with proteinuria. First UPC was 0.9; pooled 3-day UPC was 1.0 two weeks later. Lepto PCR negative.

**SPECIES**

Canine

Leptospirosis serology positive for several strains. Urine culture negative.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Dex/Torb. PO ACE- AM

**Stat Report:** Not requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**BREED**

Mixed Breed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Female Spayed

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**AGE**

1/1/2018

The left kidney is normal in size (7.36 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 loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

65lbs

The right kidney is normal in size (7.07 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 loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**Adrenal Glands**

The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.61 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.

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The right adrenal gland is normal in size (0.97 cm at cranial pole) (0.61 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**

Dr. Davies

**Spleen**

The spleen is normal in size (1.82 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.

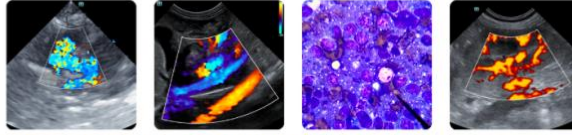
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**Liver**

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic- to hypoechoic relative to the spleen. A 0.75 x 0.75 cm hyperechoic nodule is observed approximately mid-liver, adjacent to the gallbladder. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended



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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 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.

**Lymph Nodes**

A 1.4 x 0.5 cm lymph node is observed approximately mid-abdomen.

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule or myelolipoma) with a lower possibility of more insidious hepatic pathology.
- The prominent midabdominal lymph node is likely reactive, with a lower possibility of emerging neoplasia.

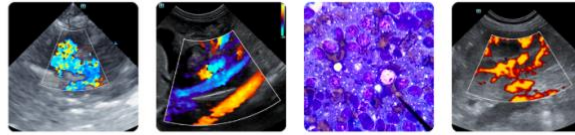
**Secondary Findings**

- Bilateral nonspecific age-related renal changes. Given the patient's history of mild proteinuria, an early protein-losing nephropathy is of top concern. Protein-losing nephropathies are usually idiopathic. However, infectious, inflammatory, immune-mediated, and neoplastic etiologies are possible. Therefore, and underlying cause should be sought.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider further testing for underlying diseases (i.e., infectious disease testing, thoracic radiographs).
- Other considerations include the following:
  1. Prescription renal diet
  2. Initiation of omega 3 fatty acids
  3. Angiotensin receptor blocker
  4. Serial monitoring of the patient's renal values, albumin, UPC, and blood pressure to assess progression of disease.

Imaging performed by



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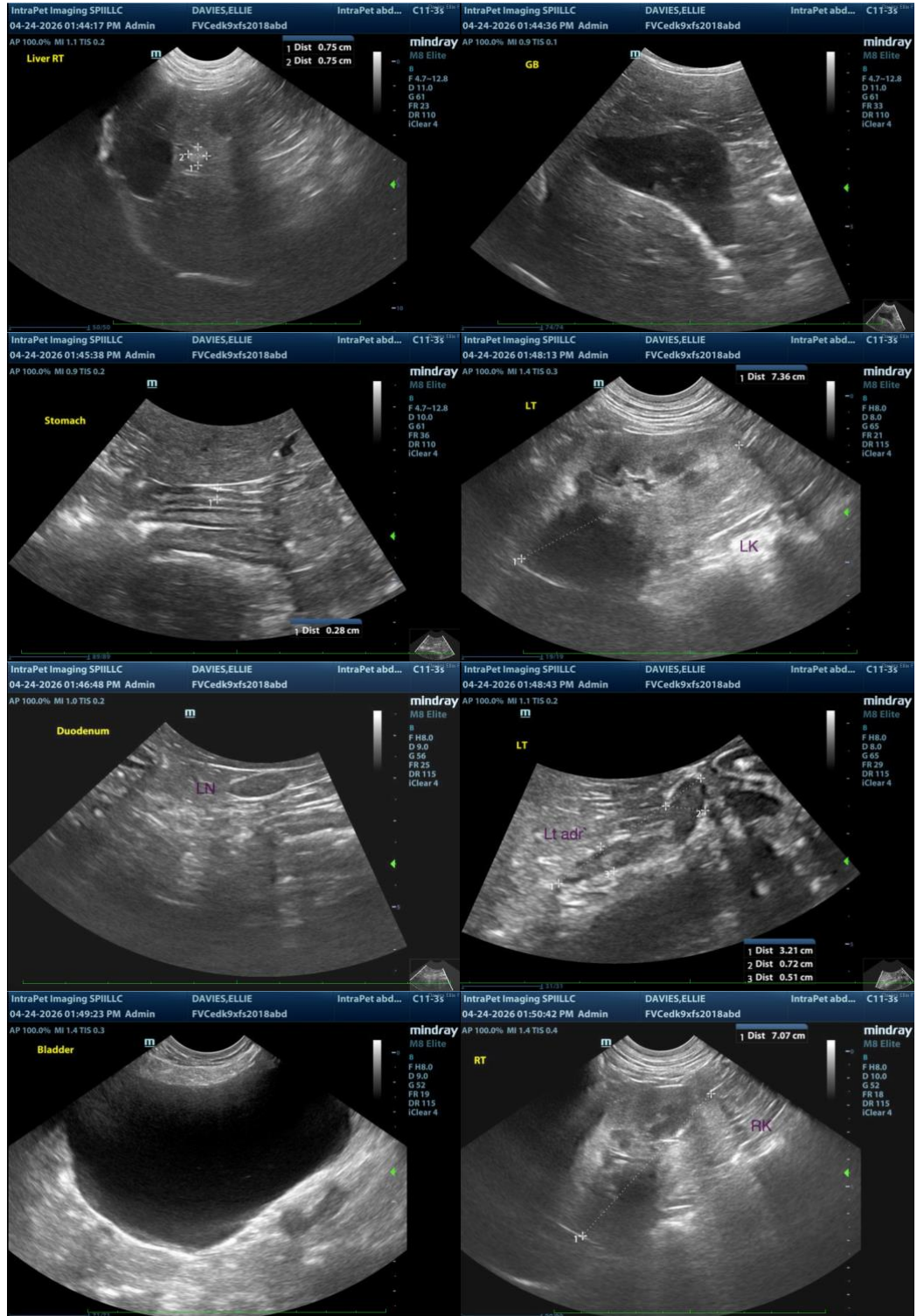
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## REFERRING VET

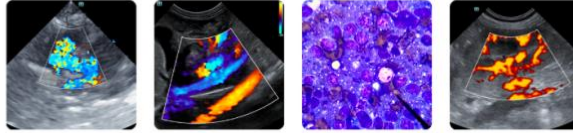
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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