



DATE

4-24-26

PATIENT

LiliBeth Flood

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

7/16/2023

WEIGHT

7.1kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Eastern Animal
Hospital

REFERRING VET

Dr. Valero

INVOICE

22923

PRESENTING CLINICAL SIGNS

Patient History: Chronic elevation of kidney values. Even after hospitalization on IVF therapy, kidney values did not fully normalize, and increased back up. Creat 2.7 and BUN 57 on 3/21/26.

Current Medications: None listed.
Labwork Results: Labwork not submitted.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.67 cm in length) with a slightly irregular shape and relatively smooth peripheral contours. The cortex is variably thickened and hyperechoic relative to the spleen, with poor corticomedullary distinction. Mild pyelectasia is present (0.17 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.55 cm in length) with a slightly irregular shape and relatively smooth peripheral contours. The cortex is variably thickened and hyperechoic relative to the spleen, with poor corticomedullary distinction. A small cortical cyst is seen at the lateral aspect. Mild pyelectasia is present (0.023 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. There is a questionable cortical infarct at the lateral aspect. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.29 cm at cranial pole) (0.45 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.

The right adrenal gland is normal in size (0.71 cm at cranial pole) (0.44 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.

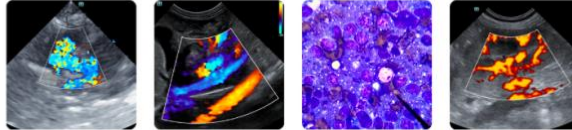
Spleen

The spleen is normal in size (1.15 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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic nephropathy. Considerations include prior insult (i.e., infection, toxin, hypotensive event), renal dysplasia, other.

Secondary Findings

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- A urinalysis with culture and sensitivity are also recommended, along with a baseline blood pressure measurement.
- Consider a UPC if proteinuria is present in the absence of infection.
- Leptospirosis testing (i.e., blood and urine PCR, serology) should also be considered, particularly if the clinical suspicion for disease is high.
- Consider transitioning to a prescription renal diet if the patient will tolerate it.
- Serial monitoring of the patient's renal values is recommended to assess progression of the azotemia.

Imaging performed by



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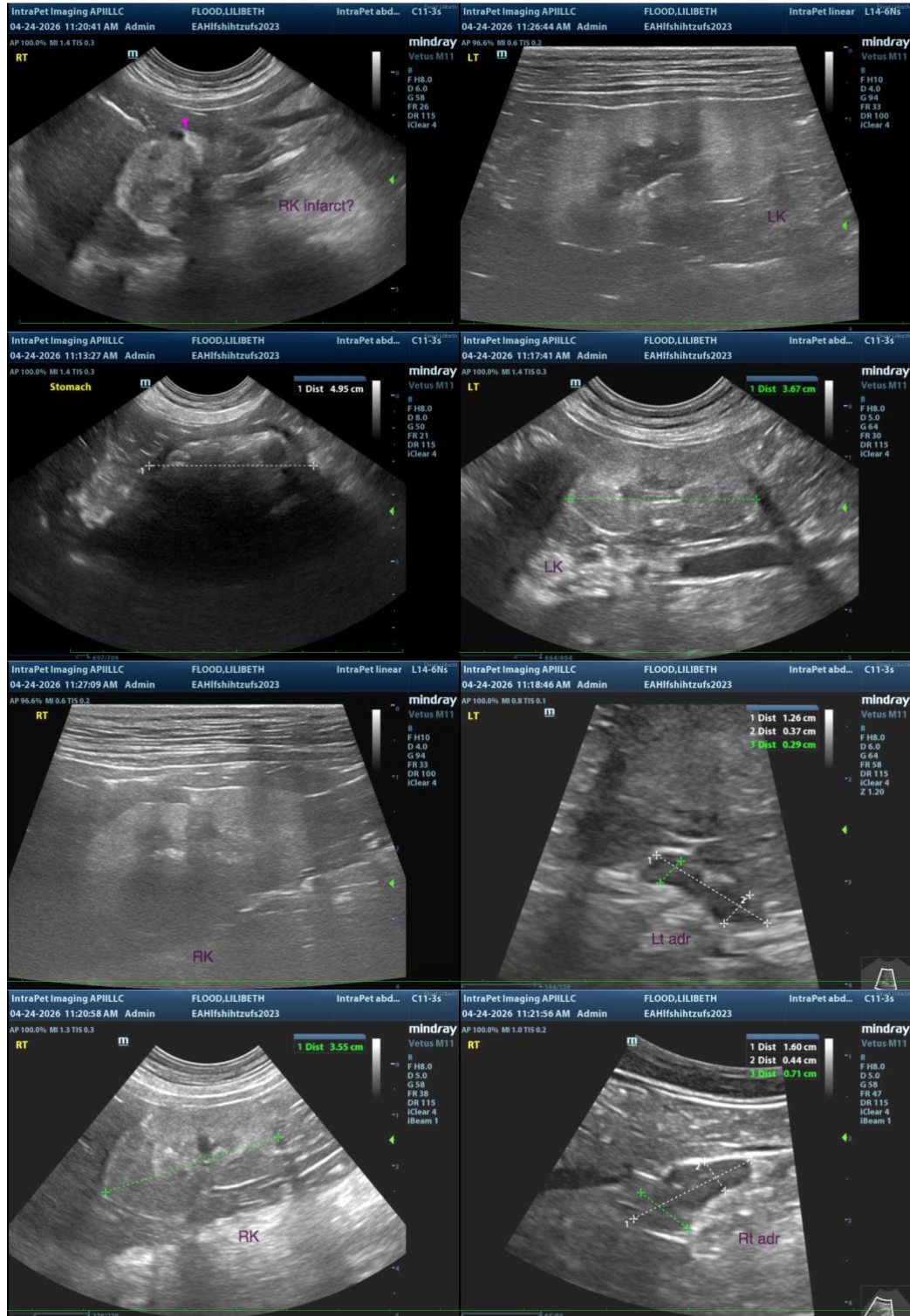
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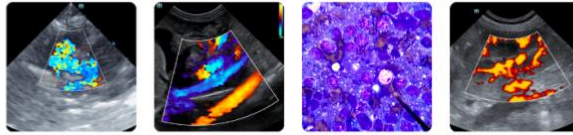
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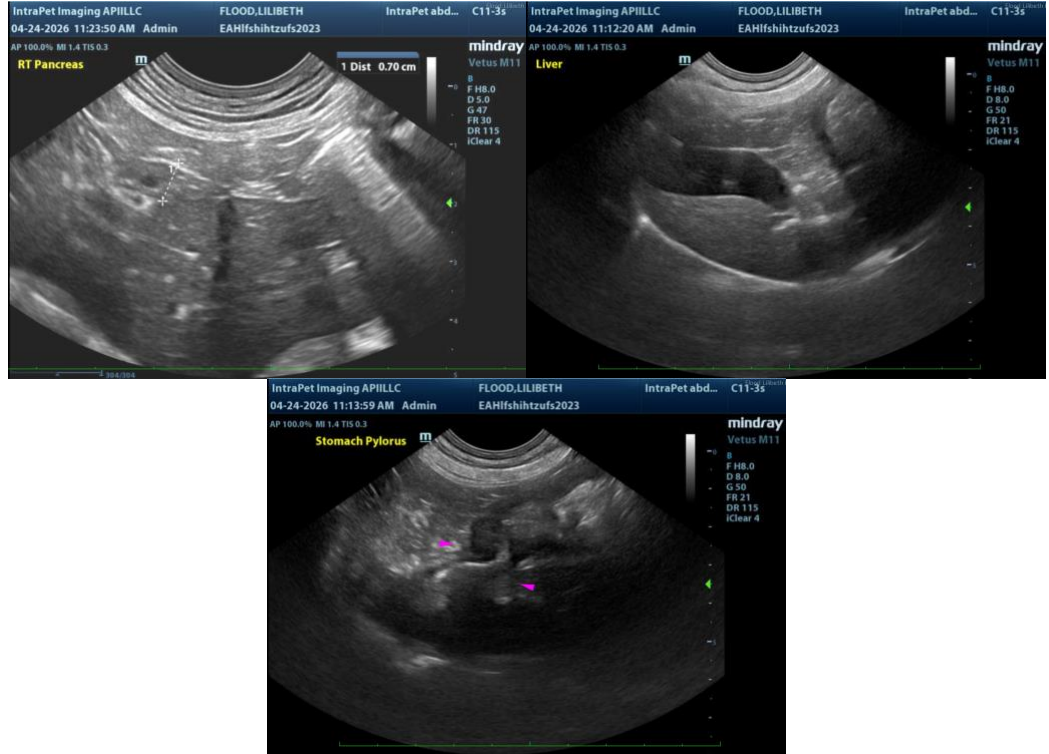
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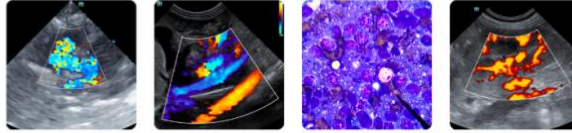


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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