

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bertie Manigault  
**SPECIES** Canine  
**AGE** 11/23/12  
**WEIGHT** 33 lbs  
**SEX** Neutered Male  
**INTERPRETED BY** Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)  
**IMAGING PERFORMED BY** Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)  
**HOSPITAL NAME** Olde Towne Vet Clinic  
**REFERRING VET** Dr. Kelli Klein  
**INVOICE** 37100  
**DATE** 4/25/22

Was seen last week for annual exam. BW came back 4/25 with azotemia. Over the weekend patient became anorexic, PU/PD, and lethargic. No history of illness and not on any medications. Normal PE and vitals. Blood pressure today was normal.  
 4/22- BUN 45, crea 3.4, phos 6.8, neutrophilia  
 4/25- BUN >180, crea 7.9, Phos > 20, Na 130, Na:K 25 (no CBC)  
 Waiting on UA

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Cocker 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 scant amount of suspended echogenic debris is observed 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 prostate is normal in size (0.71 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.5 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild 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 (6.53 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild 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 normal size (1.05 cm at cranial pole) (0.60 cm at caudal pole) (3.07 cm 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.

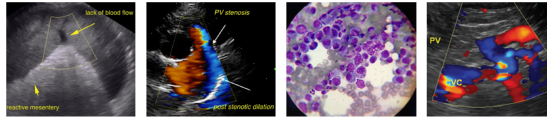
The right adrenal gland is normal size (0.65 cm at cranial pole) (0.55 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.86 cm) 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.



**PATIENT**

Berti Manigault

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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Canine

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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**Pancreas**

**SEX**

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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**

- Mild chronic, non-specific age related renal changes with dystrophic mineralization – Given the patient's history, considerations include acute on chronic renal failure, disease (i.e., Leptospirosis, Lyme nephritis), nephrotoxicity, hypoadrenocorticism, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Urine culture and sensitivity
- UPC (if proteinuria is present)
- Leptospirosis testing (i.e., blood in urine PCR, +/- serology)
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Supportive care for renal failure is recommended including fluid therapy, gastroprotectants, antiemetics, and broad-spectrum antibiotics (while awaiting urine culture and sensitivity results).
- Thoracic radiographs are recommended to assess cardiopulmonary status, particularly if the patient is to undergo diuresis.
- Serial monitoring (i.e., daily) of the patient's renal values is recommended, particularly while hospitalized, to assess progression of the disease.

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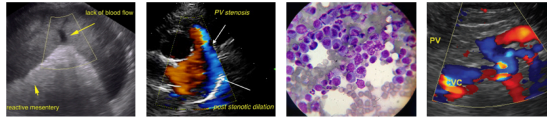
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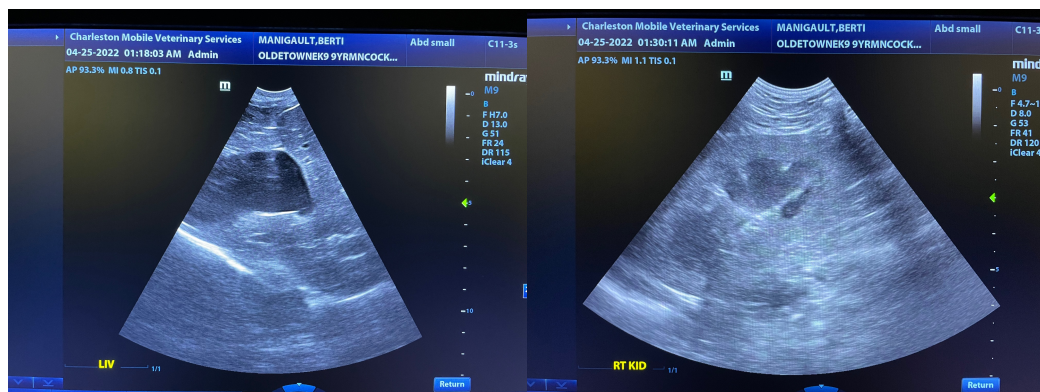
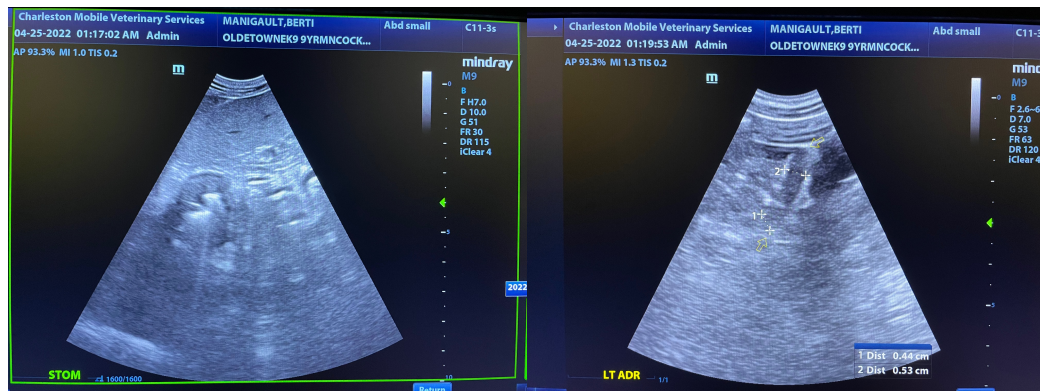
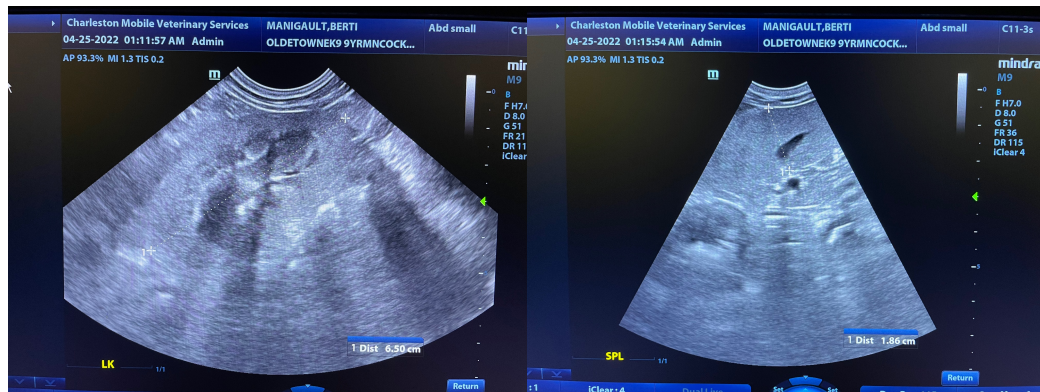
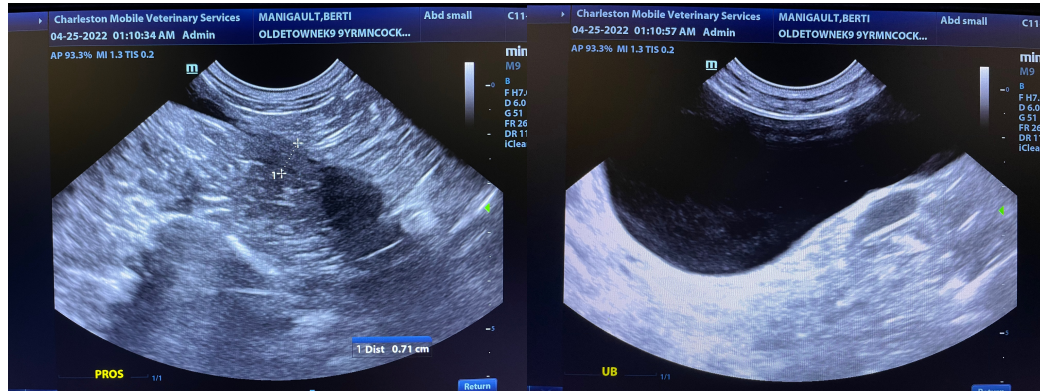
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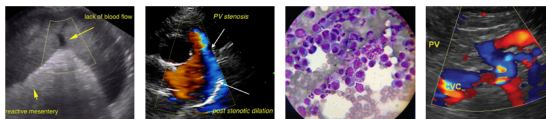
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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