



**PATIENT**

Sadie Koncewicz

**SPECIES**

Canine

**BREED**

Belgian Shepherd mix

**SEX**

Female, spayed

**AGE**

12 Yrs.

**WEIGHT**

31 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores Veterinary  
Emergency Center

**REFERRING VET**

Dr. Zippay

**INVOICE**

13386

**DATE**

5/17/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for whining, restlessness, panting, and urinating more. P has had symptoms on going for a week. O saw RDVM on Tuesday. Bloodwork and urine sample was sent out. O reports results were unremarkable. Thursday P had urinary accident on the couch which was very unusual. At that time RDVM prescribed antibiotics and ran additional in-house urinalysis. P continues with same symptoms after abx were prescribed.

Previous Health Concerns: arthritis, allergies

Current Medications: dasaquin, welactin, famotidine, CBD, proin, theophylline, carprofen, Apoquel

**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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.72 cm at caudal pole) (2.91 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 normal size (1.57 cm at cranial pole) (0.80 cm at caudal pole) (3.46 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.

*Spleen*

The spleen is normal in size (1.54 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.



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**Gastrointestinal**

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The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. 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 disease is noted.

**SPECIES**

Canine

**Pancreas**

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious pathology is seen.

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**Free Abdomen**

**SEX**

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

Female, spayed

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

- Minor geriatric hepatic and renal changes.

\*An obvious cause for the patient's clinical signs is not identified in this study.

**WEIGHT**

31 kg.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

- Consider repeating baseline labwork including a CBC and chemistry panel and T4 to assess overall metabolic function.
- A urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample, to assess for a resistant urinary tract infection.
- Orthopedic and neurologic evaluations are recommended to assess for non-metabolic causes for the patient's clinical signs.
- Given the history of panting, consider thoracic radiographs to assess for occult disease in the chest.
- A rectal examination is also recommended to evaluate for distal urethral and rectal pathology.

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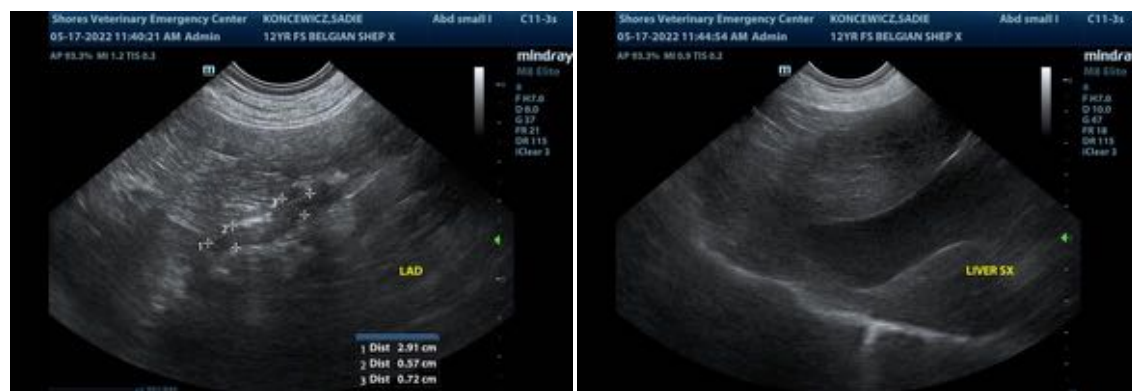
Dr. Zippay

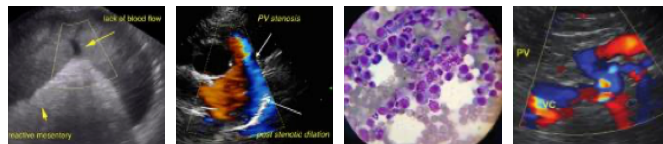
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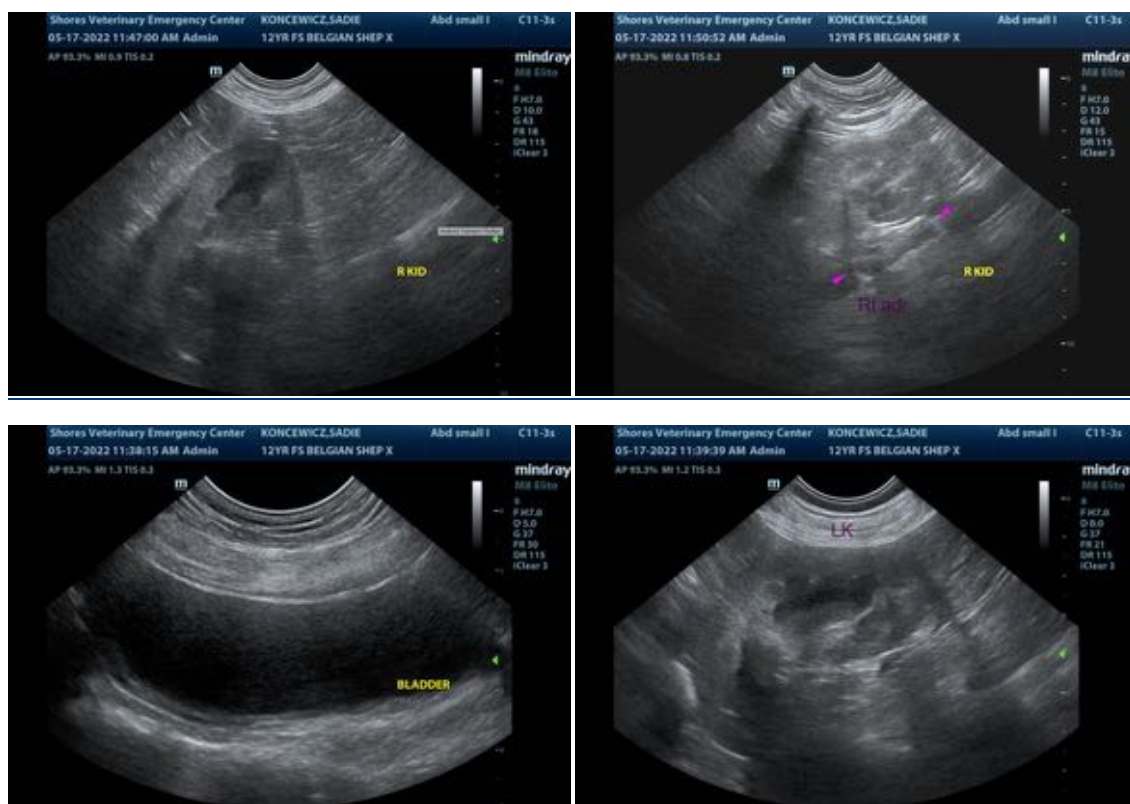
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com