

**PATIENT**

Chester Marques

**SPECIES**

Canine

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8/1/2009

**WEIGHT**

11.1 lbs

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Central VH Summerville

**REFERRING VET**

Dr Miller

**INVOICE**

23050

**DATE**

5-21-26

**PRESENTING CLINICAL SIGNS**

Patient went for vaccine at a different clinic approximately one month ago. Post-vaccine became ill. At the time of vaccine, patient's kidney values were normal, with a USG of 1.050. Currently, patient's creatinine is >10.0, BUN >100. Isosthenuric. Patient is inappetent.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small- to moderate amount of gravity-dependent mineralized sand is observed within the lumen. No distinct 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 (3.70 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. One- to two small, nonobstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.87 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.54 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.

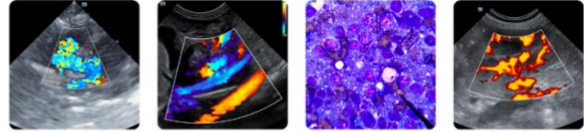
**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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.

**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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal- to mildly-thickened (up to 0.31 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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***Pancreas***

The left limb is visible/prominent in size, with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is borderline dilated (up to 0.24 cm in width).

***Lymph Nodes***

One- to two prominent mesenteric lymph nodes are visualized (one measuring 0.77 x 0.39 cm).

***Free Abdomen***

There is no obvious evidence of free fluid.

***Other***

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- Mild bilateral nonspecific age-related renal changes with left nonobstructive nephrocalcinosis. Given the patient's clinical history, acute kidney injury or acute-on-chronic renal failure is suspected. Considerations include infection, toxin, or hypotensive event.
- Urinary bladder sand
- The pancreatic changes are most consistent with chronic pancreatitis.
- Minor age-related parenchymal remodeling

**Secondary Findings**

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long-term clinical history is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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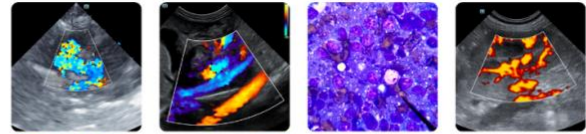
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A urine culture and sensitivity and baseline blood pressure measurement are recommended.
- While awaiting test results, IV fluid diuresis and supportive care should be initiated with close monitoring of the patient's renal values to assess progression of the azotemia.



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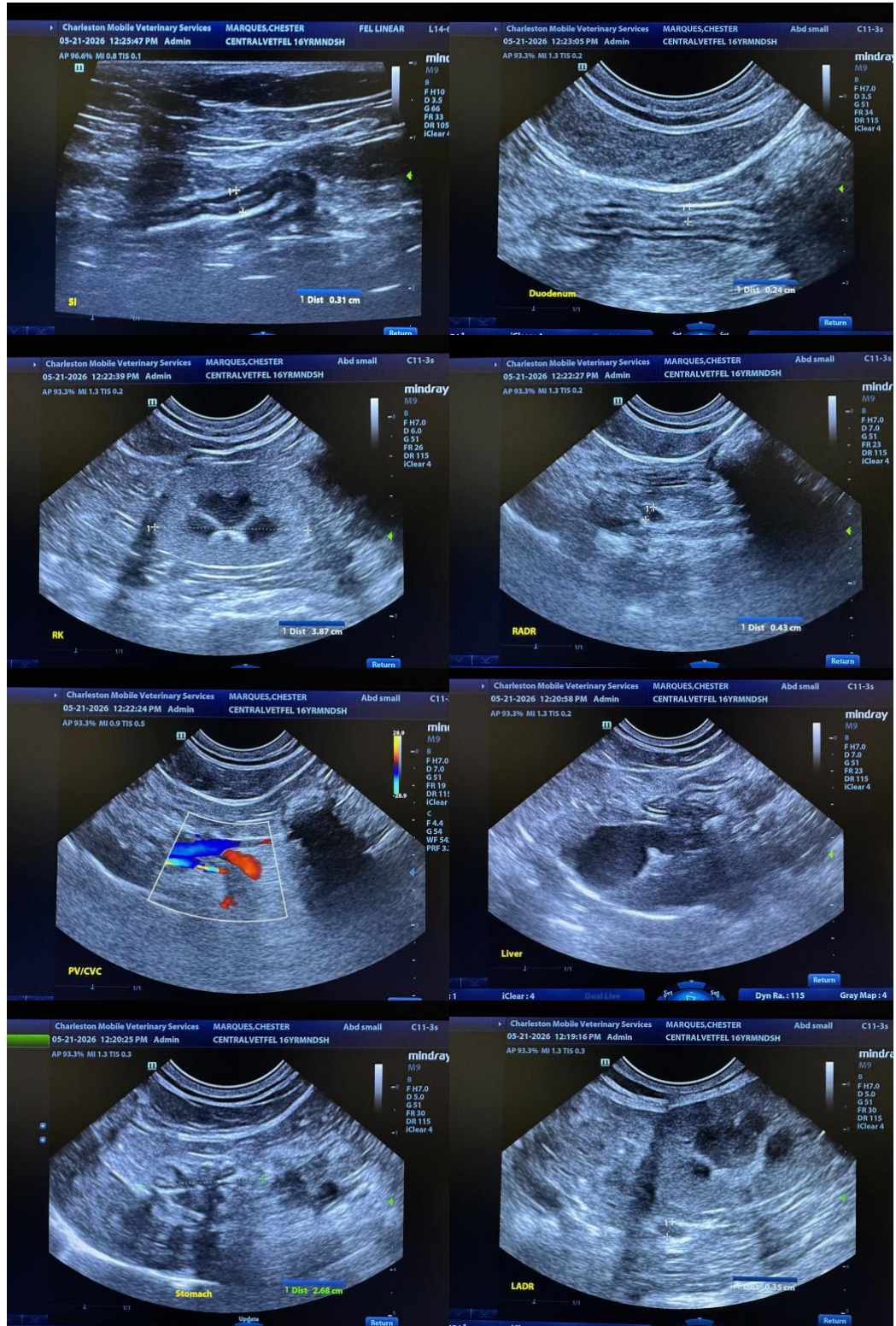
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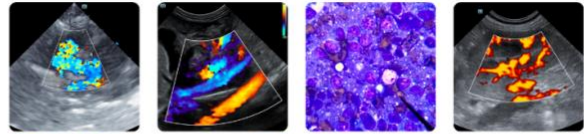
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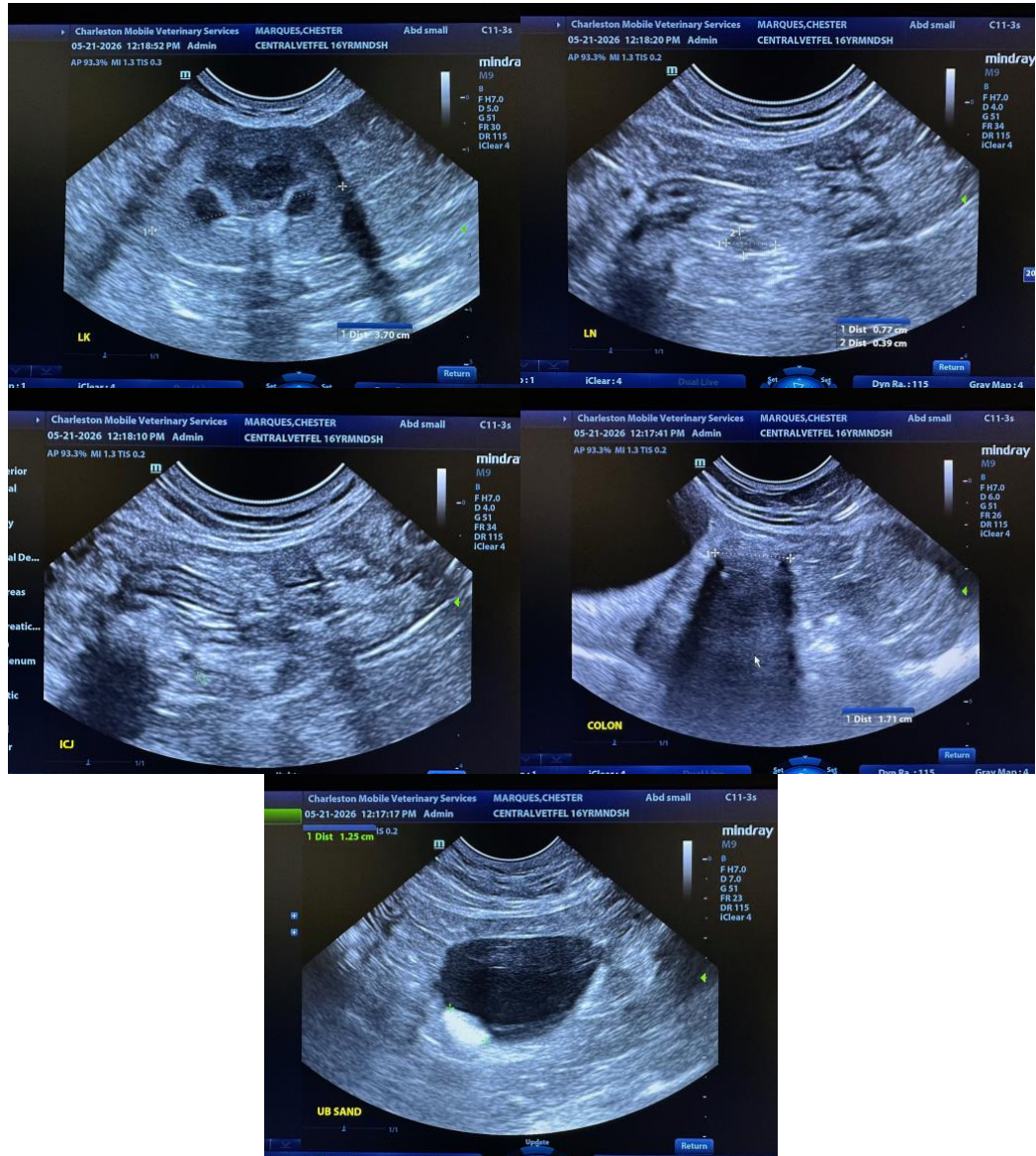
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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