



PATIENT

Shelby VanTassel

PRESENTING CLINICAL SIGNS

History: Urinary incontinence, lost 0.5 lb since 2/22
Abnormal PE/Chem/CBC/UA Results: PE: nsf, weight loss CBC: nsf CHEM: bun 90, crea 3.6, alt 130
UA sg 1.014

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

MBR

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

SEX

Female, spayed

The left kidney is normal size (4.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

12 yrs.

The right kidney is normal size (4.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

17.9 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.45 cm at caudal pole) (1.75 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.

INTERPRETED BY

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

The right adrenal gland is normal size (0.54 cm at cranial pole) (0.44 cm at caudal pole) (1.67 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.

IMAGING PERFORMED BY

Ashley Fatzner

Spleen

The spleen is normal in size (1.03 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.

HOSPITAL NAME

Andover AH

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. 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

DATE

5/4/2022



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The gastric lumen is mildly to 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.

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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.

BREED

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Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

AGE

12 yrs.

Primary Findings:

- Minor, non-specific chronic renal changes. An obvious cause for the patient's azotemia is not identified in this study. Considerations include acute on chronic renal failure, nephrotoxicosis, infection (i.e., pyelonephritis, Leptospirosis, Lyme disease), hypoadrenocorticism, other.

WEIGHT

17.9 lbs.

Secondary Findings:

- Trace ascites. This may be secondary to increased hydrostatic pressure, increased vascular permeability or low oncotic pressure, if applicable.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Ashley Fatzner

HOSPITAL NAME

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- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- Urine culture and sensitivity.
- UPC (if proteinuria is present). If protein losing nephropathy is documented, consider further testing for tick borne disease (i.e., Lyme).
- Baseline blood pressure measurement
- Thoracic radiographs (three-view) are recommended to assess cardiopulmonary status, particularly if fluid therapy is to be initiated.
- Supportive care for renal failure including fluid therapy, gastric protectants, antiemetics and broad spectrum antibiotics (while awaiting urine culture and sensitivity results).
- Once the patient is eating/stable, consider transitioning to a prescription renal diet.



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Ashley Fatzer

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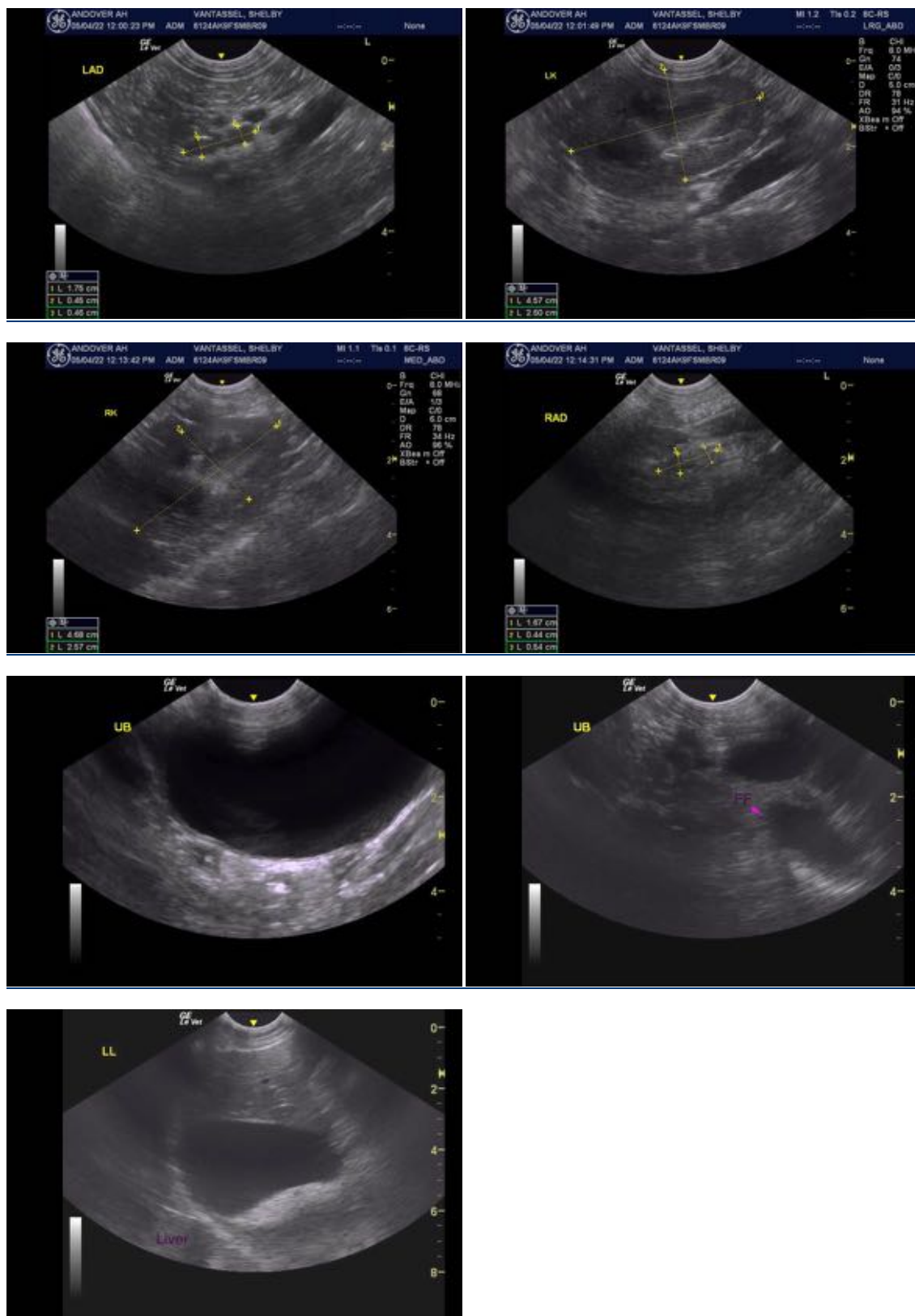
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The information and recommendations provided are based on the images presented by the referring



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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.

SPECIES

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

Andrea.nicastro@sonopath.com

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