



## PATIENT PRESENTING CLINICAL SIGNS

**Abbey Cline** History: Patient presented on 5/19 for hematuria. Not straining. Is polyureic and going more often. Patient is now not eating well and losing weight.

**SPECIES** Had diarrhea this morning.  
Patient is on NF as she has had elevated renal values in the past.

Canine

**BREED**

Mixed

**SEX**

Female Spayed

**AGE**

10

**WEIGHT**

77.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Keisha Smitley, CVT

## HOSPITAL NAME

Geary Veterinary  
Services

## REFERRING VET

Dr Curtis Geary, VMD

## INVOICE

23107

**DATE**

6-2-26

**Abnormal PE/Chem/CBC/UA Results:** CBC: Low platelets (0-3 seen phpf) Chemistry: SDMA 16 ALKP 428 Historically Lyme Positive UA, Culture and Cytology sent out. UA: SG: 1.013, 2+ Protein, 2+ Blood, RBC >100 hpf Culture: No growth Cytology: The sample contains an increased amount of blood, with no overt evidence of inflammation, with the low numbers of neutrophils present consistent with blood associated leukocytes, and no infectious organisms are seen. Additionally, no neoplastic cells are seen, with only rare well-differentiated squamous epithelial cells consistent with normal surface epithelium.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.47 cm in length) with a normal shape, architecture and 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 in size (7.58 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. Mild- to moderate pyelectasia is present (0.36 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. A scant amount of subcapsular fluid is observed at the caudal pole. Perirenal fat is mildly hyperechoic.

### Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.65 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 (1.01 cm at cranial pole) (0.50 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 (2.17 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. A few polypoid-like lesions are



**PATIENT**

arising from the mucosal surface. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Abbey Cline

**Gastrointestinal**

**SPECIES**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

Canine

**BREED**

**Pancreas**

Mixed

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.

**SEX**

**Lymph Nodes**

Female Spayed

The abdominal lymph nodes are normal/not visible.

**AGE**

**Free Abdomen**

10

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

- Bilateral nonspecific age-related renal changes with right pyelectasia and trace subcapsular fluid. These findings, in conjunction with the inflamed perirenal fat are suggestive of an inflammatory process (i.e., pyelonephritis, interstitial nephrosis/nephritis) with a lower possibility of emerging neoplasia.

77.3 lbs

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

- Despite the negative urine culture, consider empirical treatment for pyelonephritis with broad-spectrum antibiotics (i.e., fluoroquinolone) which has good renal tissue penetration.
- Given the thrombocytopenia and other clinical history, consider the following:

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Keisha Smitley, CVT

1. Three-view thoracic radiographs to assess cardiopulmonary status
2. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab is recommended. <https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease>)
3. Leptospirosis testing (i.e., blood and urine PCR, serology)

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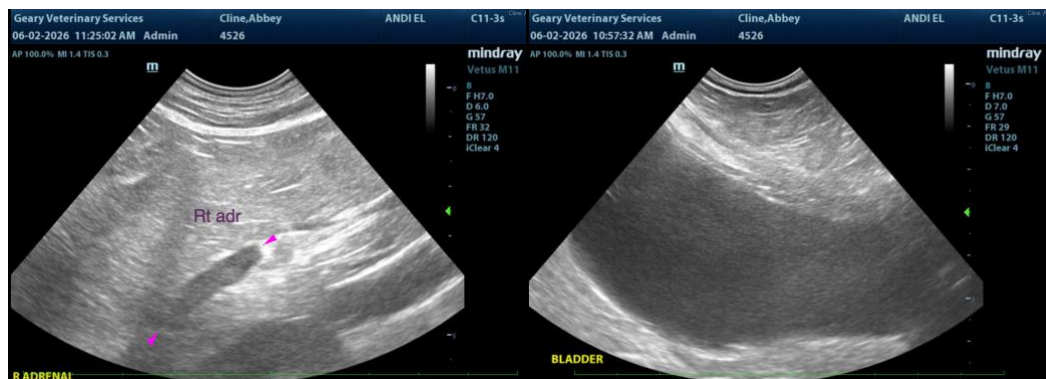
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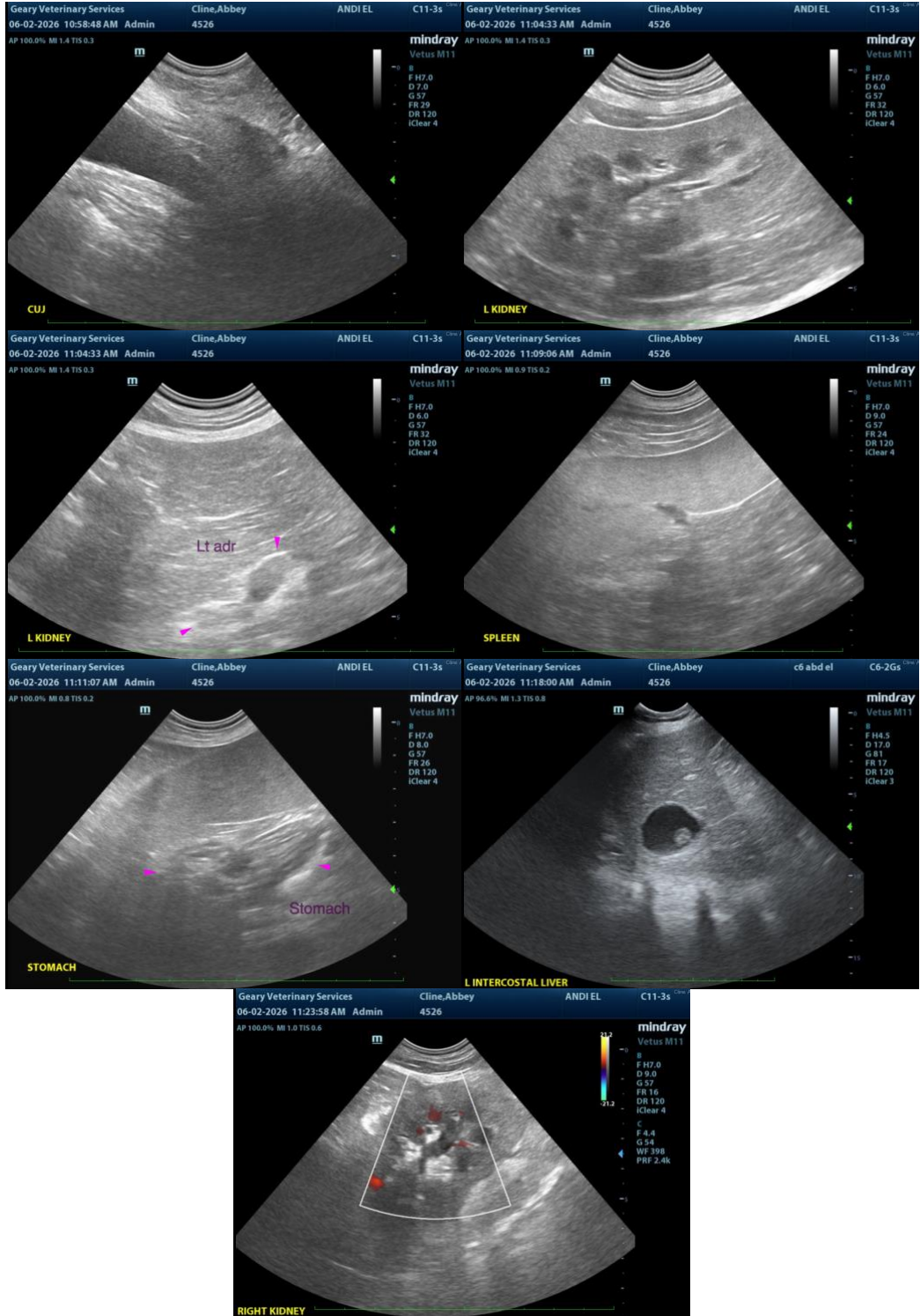
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## PATIENT

Abbey Cline

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.

## SPECIES

Canine

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.

## BREED

Mixed

**Andrea Nicastro**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

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Female Spayed

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