



PATIENT PRESENTING CLINICAL SIGNS

Lola Guma History: Presented to evaluate anorexia, vomiting and azotemia. Presented to rDVM on 6/6/26 with v/d, anorexia of approx 2 days duration. ddx pancreatitis.

SPECIES Abdominal Ultrasound recommended to better evaluate pancreas, hepatobiliary tract, kidneys, etc. She is currently on Cerenia, famotidine, Unasyn, metronidazole, propectalin, IV fluids, buprenorphine, gabapentin for abd. pain.

Canine

BREED Problems: Vomiting/diarrhea. Anorexia x 2 d. Elevated liver enzymes. Abnormal cPL azotemia. Hyperphosphatemia. Isosthenuria, proteinuria.

Shih Tzu

SEX Abnormal PE/Chem/CBC/UA Results: Bloodwork attached: 4DX: neg all original BW before hospitalization: Urine Specific Gravity 1.013 CHEM: CRE 3.5, BUN >130, phosph 12.7, ALT 129, ALp 224, Amyl 1951, Lipase 2623, cPLI did not read

Female Spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

14

Urinary System

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

WEIGHT

13.2 lbs

The left kidney is normal in size (3.84 cm in length) with smooth peripheral contours. The cortex is diffusely thickened and hyperechoic relative to the spleen, with several, small cortical cysts observed. There is moderate loss of of corticomedullary distinction. Trace pyelectasia is present (0.14 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

The right kidney is normal in size (3.91 cm in length) with smooth peripheral contours. The cortex is diffusely thickened and hyperechoic relative to the spleen, with several, small cortical cysts observed. There is moderate loss of of corticomedullary distinction. Trace pyelectasia is present (0.14 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

IMAGING PERFORMED BY

Gabriel Ferrer DVM

Adrenal Glands

The left adrenal gland is mildly enlarged (0.65 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape. A 0.15 cm hyperechoic focus/nodule is observed at the cranial- to mid-aspect. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Pulse Pet
Ultrasound Svcs

The right adrenal gland is upper limits of normal size (0.51 cm at cranial pole) (0.53 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.

REFERRING VET

Dra. Alma Alicea

Spleen

The spleen is normal in size (1.13 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.

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Liver

DATE

6-8-26

The liver is normal- to prominent-in-size. The parenchyma is hypoechoic relative to the spleen. An approximately 3.5 cm ill-defined, hyperechoic area/mass effect is observed on the right side adjacent to the gallbladder. In addition, several smaller hyperechoic nodules are seen. Hepatic vasculature and intrahepatic



PATIENT biliary tracts are of normal volume with no evidence of congestion.

Lola Guma The gallbladder is moderately distended. The wall is variably thickened (up to 0.24 cm), hyperechoic, and irregular. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.52 cm in width).

SPECIES

Canine

Gastrointestinal

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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

BREED

Shih Tzu

SEX

Female Spayed

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

AGE

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Lymph Nodes

One- to two medial iliac lymph nodes are visualized, but not overtly enlarged.

WEIGHT

13.2 lbs

Free Abdomen

There is no obvious evidence of free fluid.

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Medicine)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. Given the patient's clinical history, chronic or acute-on-chronic renal failure is suspected.
- The right hyperechoic hepatic area/mass could be consistent with a large regenerative nodule or a neoplastic process (i.e., adenoma, adenocarcinoma, myelolipoma, other). The smaller hepatic nodules trend toward the benign (i.e., regenerative nodules) with a lower possibility of neoplasia or other pathology.

HOSPITAL NAME

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- The gallbladder wall changes are suggestive of cholecystitis and/or benign age-related hyperplasia.

Secondary Findings

- Mild bilateral adrenomegaly. The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, or less likely, emerging adenocarcinoma, pheochromocytoma, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the patient's clinical history, consider the following:
 1. Urinalysis with culture and sensitivity
 2. UPC if proteinuria is present in the absence of infection
 3. Baseline blood pressure measurement
 4. Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if the clinical suspicion for disease is high



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HOSPITAL NAME

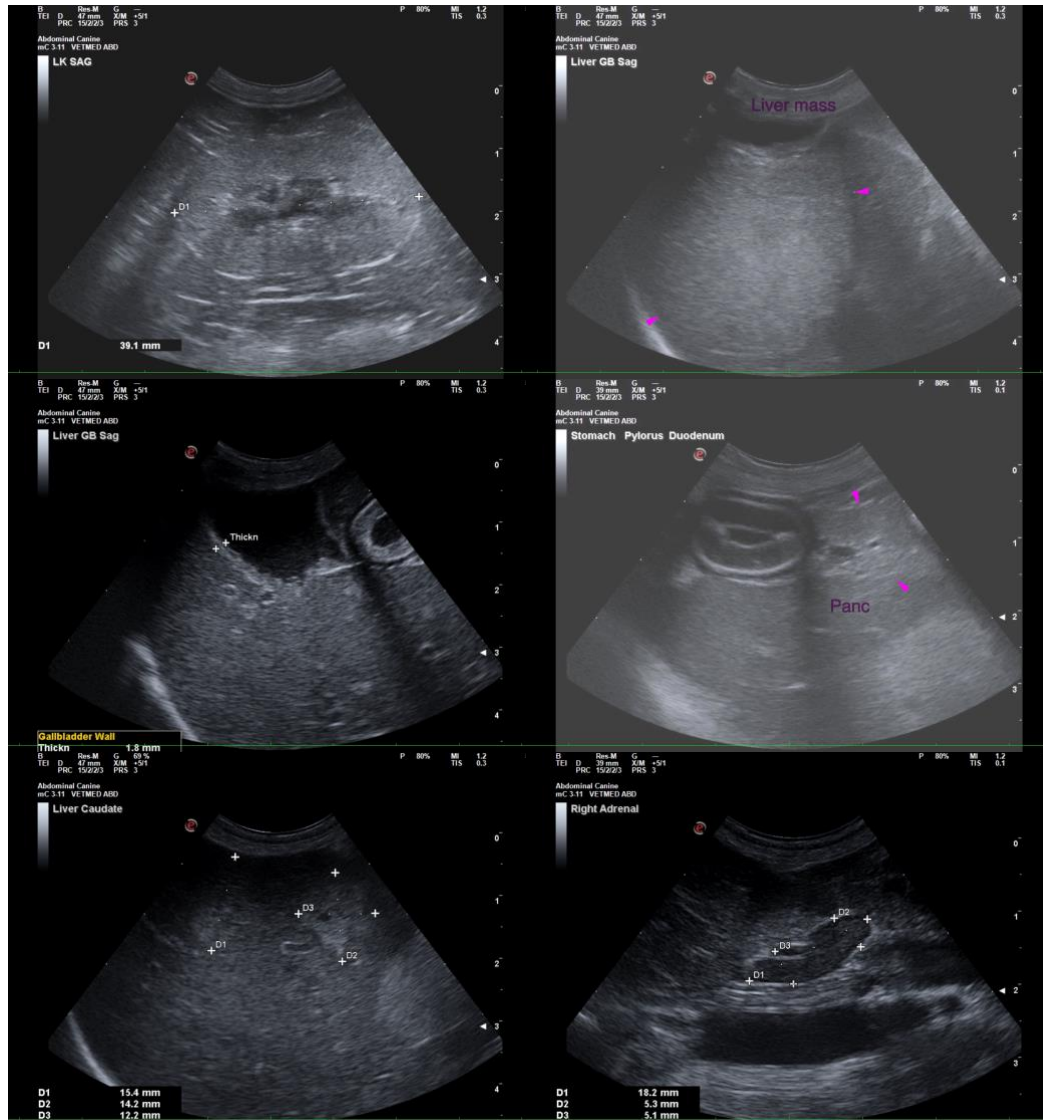
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5. IV fluid diuresis and supportive care with close monitoring of the patient's renal values to assess progression of the azotemia.

- Regarding the hepatic lesions, an abdominal CT scan, and/or histopathology would be useful in further evaluation. If not pursued at this time, consider a recheck ultrasound in 1-2 months to reassess the lesions.



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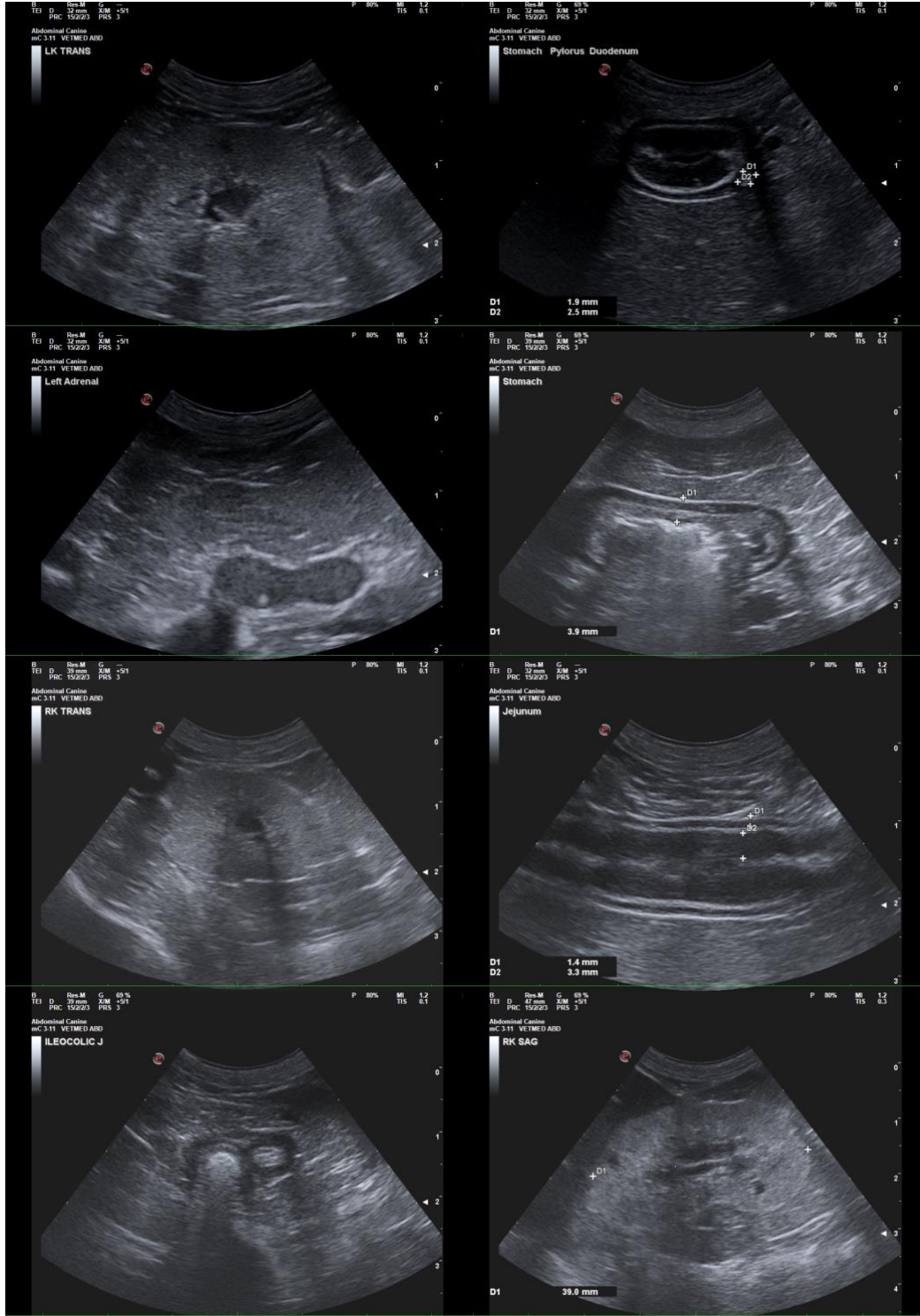
Dra. Alma Alicea

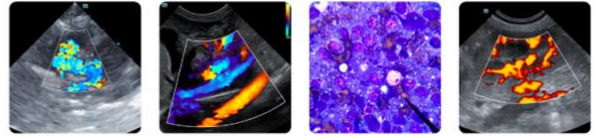
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Shih Tzu

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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