



PATIENT PRESENTING CLINICAL SIGNS

Luna Monslave
History: Azotemia, low end normal albumin and intermittent diarrhea. No current meds.
Abnormal PE/Chem/CBC/UA Results: BUN 74, creat. 1.8, albumin 2.8. USG: 1.028.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. There is questionable mineralized debris +/- tiny calculi within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Poodle mix

The left kidney is normal size (3.76 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Several nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

SEX

Female, spayed

The right kidney is normal size (4.39 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

13 Yrs.

WEIGHT

10.8 lbs.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.49 cm at cranial pole) (0.57 cm at caudal pole) (1.71 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 (0.52 cm at cranial pole) (0.48 cm at caudal pole) (1.57 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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

The spleen is normal in size (0.92 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several irregular hyperechoic nodules are observed throughout the organ, particularly in the region of the hilus. Splenic vasculature is normal.

HOSPITAL NAME

Animal General on
Hudson

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct 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.

REFERRING VET

Dr. Stefanie Long

Gastrointestinal

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The gastric lumen is minimally fluid distended. A region of gastric wall in the area of the fundus is moderately thickened (up to 1.07 cm) with retention of the normal layering pattern. The remaining gastric wall and pylorus are normal in thickness with a normal layering pattern and appropriate mural detail. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal

DATE

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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.

Pancreas

SPECIES

Canine

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Poodle mix

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

AGE

13 Yrs.

- Bilateral nephropathy with non-obstructive nephroliths.
- Suspected urinary bladder sand +/- tiny calculi.
- The gastric wall changes are most consistent with gastritis with a lower possibility of emerging neoplasia.

WEIGHT

10.8 lbs.

Secondary Findings:

- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gallbladder debris- incidental
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If proteinuria is present, a UPC +/- infectious disease testing is recommended.
- Other diagnostic/therapeutic considerations include the following:
 1. A urine culture is recommended to further evaluate for a urinary tract infection.
 2. Baseline blood pressure measurement
 3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
 4. Transition to a prescription renal diet if patient will tolerate it.

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5. Malabsorption panel

6. Fecal evaluation for ova/Giardia

7. Three-view thoracic radiographs are also recommended to evaluate cardiopulmonary status.

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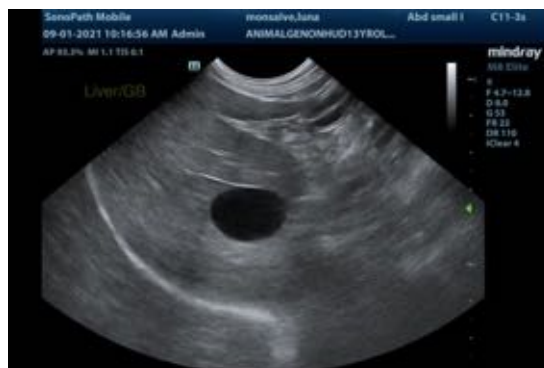
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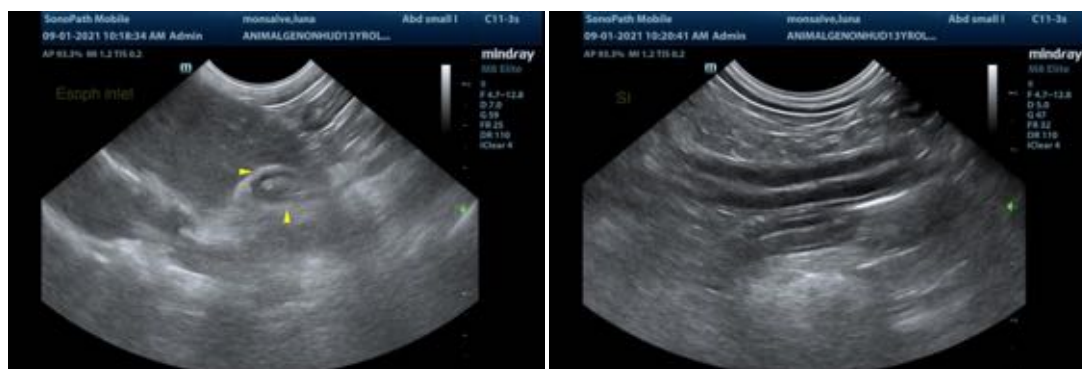
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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