



**PATIENT**

Bruce Ng

**SPECIES**

Canine

**BREED**

Peek-a poo

**SEX**

Male Neutered

**AGE**

8 Years

**WEIGHT**

11 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Banfield Gainesville

**REFERRING VET**

Dr. Jarrett

**INVOICE**

12258

**DATE**

9/24/21

**PRESENTING CLINICAL SIGNS**

History: Enlarged right kidney, discovered 5 years ago incidentally on radiographs. Previously diagnosed with hydronephrosis; suspected to be congenital. Has calcium oxalate crystals on eyes, client wondering if it could be related. Currently getting Clindamycin, fluconazole, allergy shots, NPD for eyes.

Abnormal PE/Chem/CBC/UA Results: 3/21- CBC/Chem WNL 7/6/21- USG 1.060, u/a NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*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 2 cm, are normal.

The prostate is normal in size (0.98 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is slightly heterogeneous in appearance with a few ill-defined hyperechoic foci. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is enlarged with an irregular shape. The kidney is severely hydronephrotic with only a thin rim of capsule and a few septations remaining. There is complete obliteration of the normal renal architecture. A scant amount of echogenic debris is suspended within the fluid. No nephroliths are seen.

*Adrenal Glands*

The left adrenal gland is normal size (0.29 cm at cranial pole) (0.35 cm at caudal pole) (1.68 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.

The region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious pathology is seen in this region.

*Spleen*

The spleen is normal in size (1.00 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. 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***

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 segmentally dilated with 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.

***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.

***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Right hydronephrotic kidney. Changes appear similar to the description from the previous sonogram. A congenital malformation is likely given the chronicity. The kidney is likely non-functional and may be a source of pyelonephritis for this patient.
- Mild chronic changes in the left kidney.

**Secondary Findings:**

- The prostatic parenchymal changes are most consistent with age-related remodeling with a low possibility of emerging neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If an aggressive approach is desired, consider referral to a board certified surgeon to discuss a right nephrectomy.
- If a more conservative approach is desired, consider periodic (i.e., every 3 months) urine culture and sensitivities to screen for occult pyelonephritis. If infection occurs, a right nephrectomy should be revisited.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.



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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



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image/video clips provided.

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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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