



**PATIENT**

Reign Lowrie

**SPECIES**

Canine

**BREED**

Husky

**SEX**

Female, spayed

**AGE**

10/4/2018

**WEIGHT**

56.4 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Meadowlawn

**REFERRING VET**

Dr. Heim

**INVOICE**

13342

**DATE**

11/12/25

**PRESENTING CLINICAL SIGNS**

Discussed NSAID panel - kidney values are stable/worse. IRIS stage 3-4/4. Has been azotemic since at least 2024. Recently started on Proin for urinary incontinence and kidney values increased within a month. Creatinine went from 5.2-6.0, BUN went from 50-110, phosphorus elevated at 8.1. UPC In September was 1.5, hematocrit in September 31%, non-regenerative.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is borderline small in size (6.42 cm in length) with a misshapen with a bulbous area of cortex at the cranial aspect. Moderate pyelectasia is present (0.41 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Despite an exhaustive search, the right kidney was not definitively visualized.

**Adrenal Glands**

The left adrenal gland is normal in size (0.47 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.

The right adrenal gland is normal in size (0.64 cm at cranial pole) (0.45 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 (1.35 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 portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is severely fluid distended and hypomotile. Echogenic debris and ingesta is observed within the fluid. 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



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detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

***Pancreas***

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

***Lymph nodes***

The abdominal lymph nodes are normal/not visible.

***Free Abdomen***

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The left renal changes are most consistent with congenital renal dysplasia. However, a prior insult (i.e., infection, toxin) cannot be excluded. The right kidney is not visualized despite an exhaustive search. Therefore right renal agenesis is suspected.

**Secondary Findings:**

- Retained gastric fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A urinalysis with a culture and sensitivity is recommended. If there is no evidence of infection, consider initiation of an angiotensin receptor blocker to address the proteinuria.
- A baseline blood pressure measurement is also recommended.
- Other considerations include the following:
  1. Prescription renal diet if the patient will tolerate it
  2. A phosphorus binder should also be considered.
  3. Symptomatic care as needed with close monitoring of the patient's renal values to assess progression of the azotemia. Unfortunately, given the degree of azotemia and the sonographic renal changes, the long term prognosis for this patient is considered guarded.



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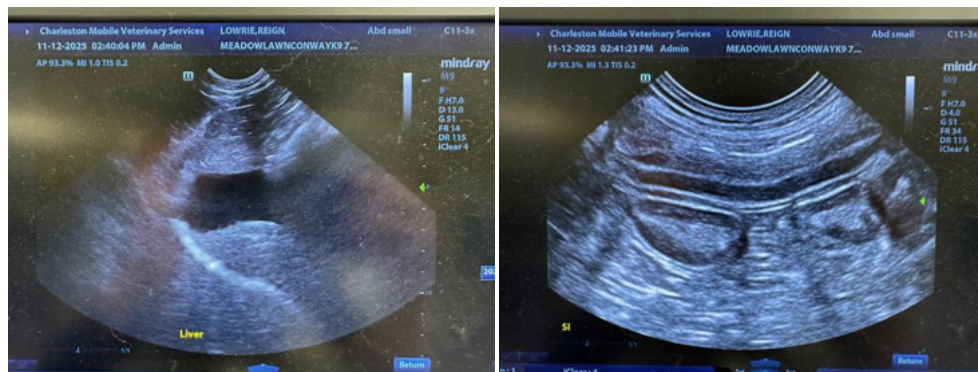
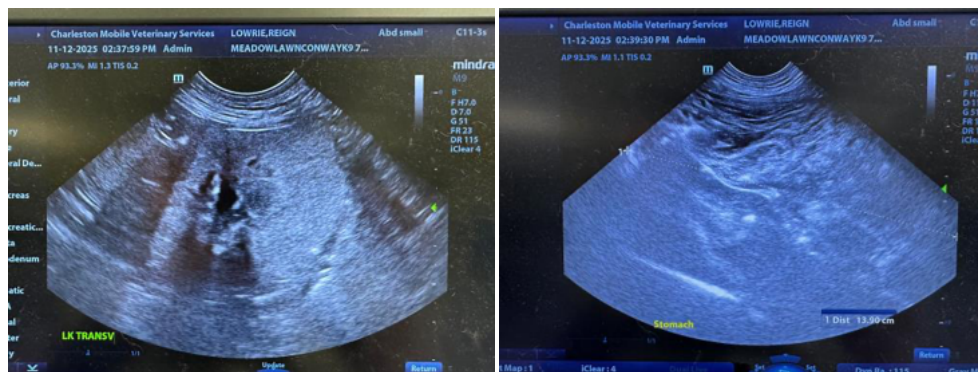
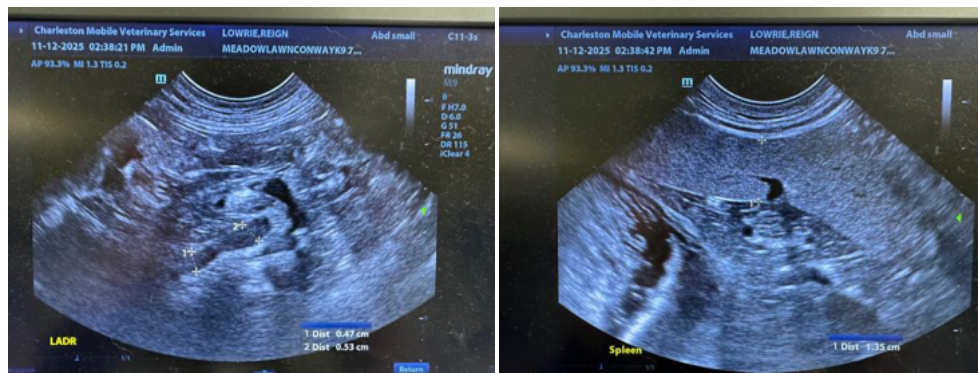
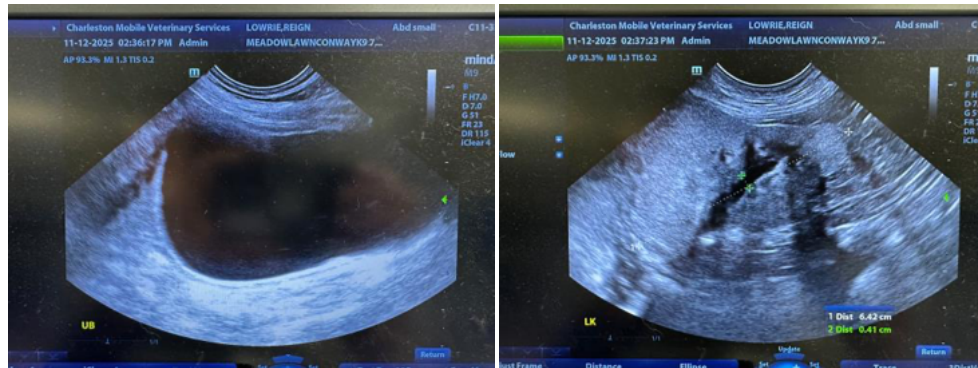
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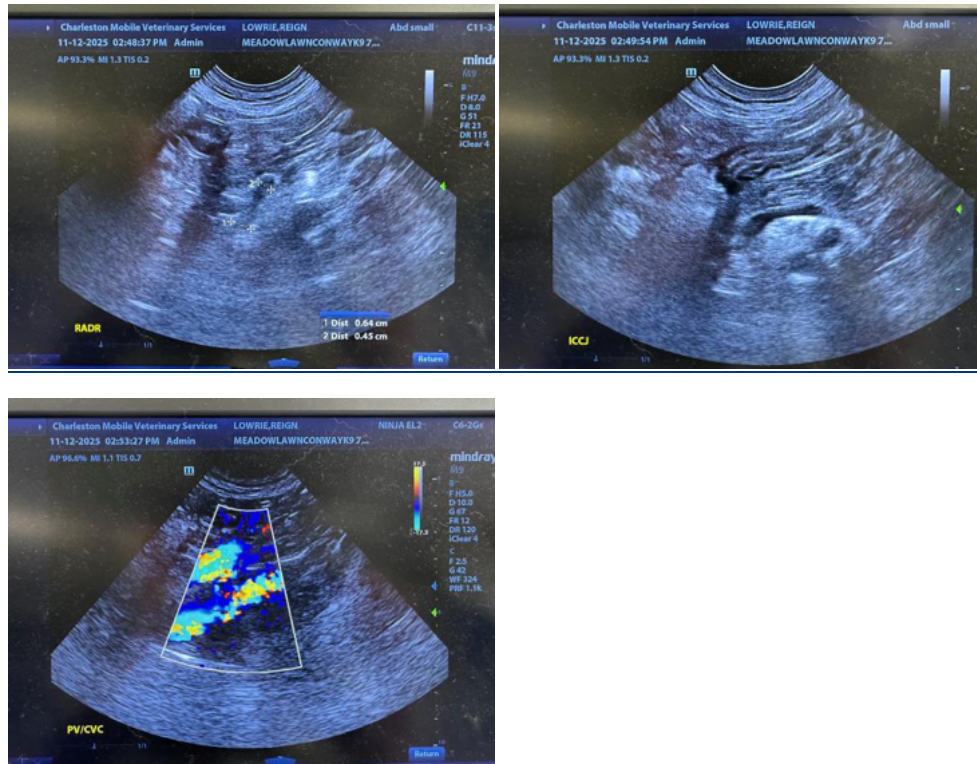
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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