



**PATIENT**

Gyda Zwicker

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Female, spayed

**AGE**

7/26/2016

**WEIGHT**

56.6 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 of  
Conway

**REFERRING VET**

Dr. Heim

**INVOICE**

13491

**DATE**

2/18/26

**PRESENTING CLINICAL SIGNS**

Pt has a history of chronic azotemia. Most recent bloodwork- borderline anemia at 41% non-regenerative, mild neutropenia, SDMA 20, creatinine 2.1, BUN normal at 17, USG 1.016, 1+ proteinuria, inactive sediment, T4 1.7. Pt is positive for Lyme and anaplasma. Pt is asymptomatic and needs a dental.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are mostly 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 normal in size (5.21 cm in length) with a normal shape, architecture and 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 normal in size (5.83 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.38 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 (1.02 cm at cranial pole) (0.62 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 (1.38 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. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is mildly to moderately distended with ingesta. 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



**PATIENT**

Gyda Zwicker

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Female, spayed

**AGE**

7/26/2016

**WEIGHT**

56.6 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 of  
Conway

**REFERRING VET**

Dr. Heim

**INVOICE**

13491

**DATE**

2/18/26

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.

***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.

***Lymph nodes***

The abdominal lymph nodes are normal/not visible.

***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

***Other***

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Mild bilateral nonspecific, age-related renal changes. The right pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable) or some combination thereof.

**Secondary Findings:**

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's clinical history, consider the following:
  1. Urine culture and sensitivity
  2. UPC (if proteinuria is present in the absence of infection)
  3. Baseline blood pressure measurement
  4. Resting cortisol level to screen for hypoadrenocorticism.
  5. Transition to a prescription renal diet if the patient will tolerate it
  6. Serial monitoring of the patient's renal values to assess progression of azotemia
- If the patient is to undergo anesthesia for a dental, care must be taken to avoid a hypotensive event which could exacerbate the renal disease. Therefore, consider IV fluid diuresis for several hours before, during and post-procedure to help promote adequate renal perfusion. Given the patient's age, three-view thoracic radiographs are also recommended prior to anesthesia.



**PATIENT**

Gyda Zwicker

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Female, spayed

**AGE**

7/26/2016

**WEIGHT**

56.6 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 of  
 Conway

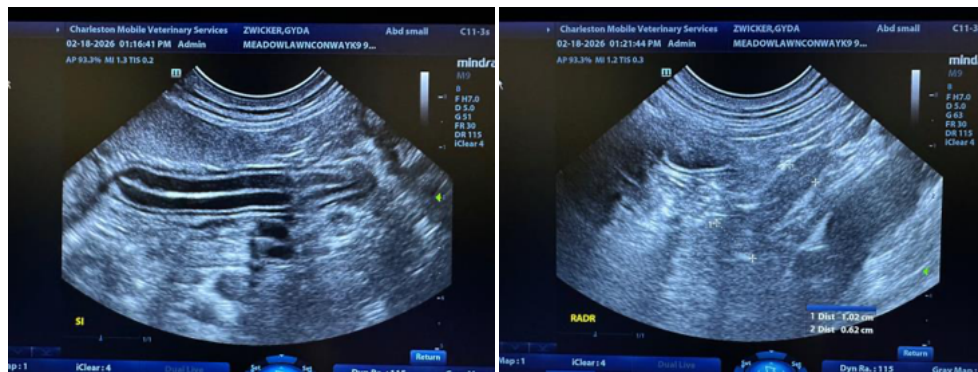
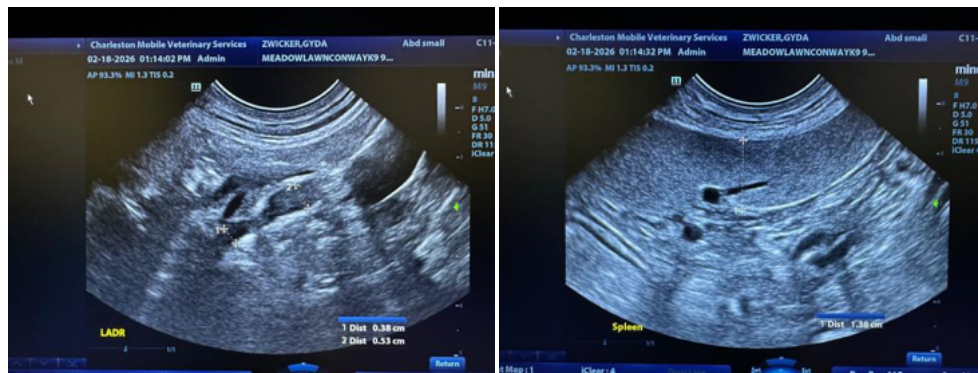
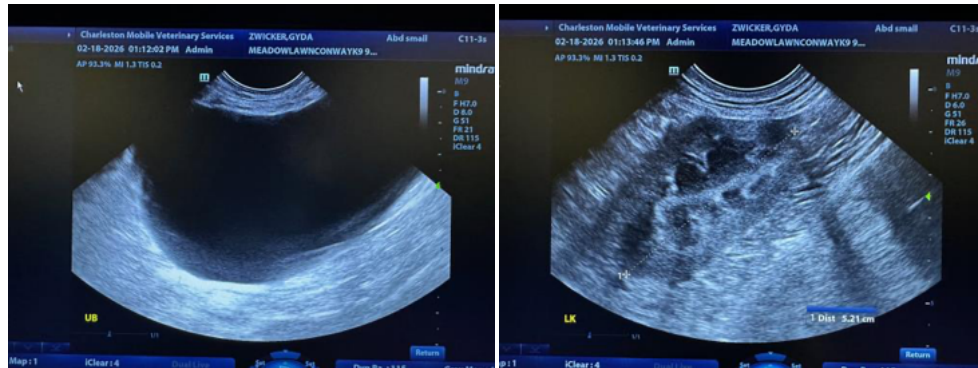
**REFERRING VET**

Dr. Heim

**INVOICE**

13491

**DATE**  
 2/18/26





**PATIENT**

Gyda Zwicker

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Female, spayed

**AGE**

7/26/2016

**WEIGHT**

56.6 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 of  
 Conway

**REFERRING VET**

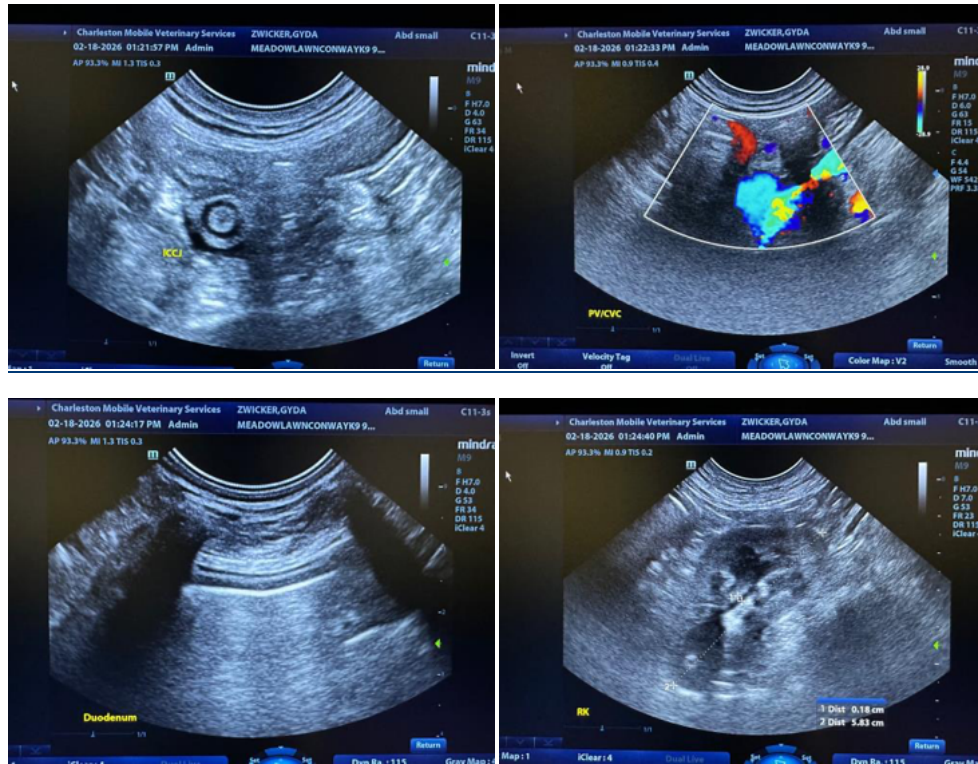
Dr. Heim

**INVOICE**

13491

**DATE**

2/18/26



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)