



**PATIENT**

Scout Bell

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Female, spayed

**AGE**

10/15/15

**WEIGHT**

90.9 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**

Waterway

**REFERRING VET**

Dr. Roland

**INVOICE**

13490

**DATE**

2/18/26

**PRESENTING CLINICAL SIGNS**

Concerns: urinates a lot, will urinate in home when o isnt there. will typically be gone for 5-6 hours they will leave door cracked but she'll still urinate in home. high anxiety. hx of high bp per o. lump on right side inguinal area. arthritic

1. Vomiting/ Diarrhea: wnl
2. Coughing /Sneezing: wnl
3. Weight Gain or Loss: wnl
4. Behavior: wnl
5. Urination/Defecation: increased urination
6. Drinking habits: increased thirst
7. Appetite: wnl
8. Current Diet: hills sd sens. stomach and kidneys
9. Current Meds: ^ amlodipine, telmisartan, joint supplement
10. Heartworm and Flea Prevention: proheart

UPC 2.1 - down to 0.8 with Telmisartan; non azotemic; mild hypertension (~160 mmHg).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3-4 cm, are normal.

The left kidney is normal in size (7.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (7.66 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.54 cm at cranial pole) (0.66 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 (0.69 cm at cranial pole) (0.66 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 (2.49 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**



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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 small to moderate amount of gravity-dependent hyperechoic debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**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 ileocecolic 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**

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Bilateral nonspecific, age-related renal changes. These findings, in conjunction with the patient's history of proteinuria are suggestive of a protein losing nephropathy. Most protein losing nephropathies are idiopathic, however they can be associated with infectious, inflammatory, immune mediated or neoplastic diseases and if possible, an underlying cause should be sought.

**Secondary Findings:**

- Gallbladder debris/sand, non-mucocele

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's clinical history, consider the following:

1. Urine culture and sensitivity
2. Baseline blood pressure measurement
3. Initiation of an angiotensin receptor blocker (i.e., Telmisartan) if the patient is not already receiving one
4. Also consider transitioning to a prescription renal diet if the patient will tolerate it.
5. Serial monitoring of the patient's renal values, UPC and blood pressure are recommended to assess progression of disease.



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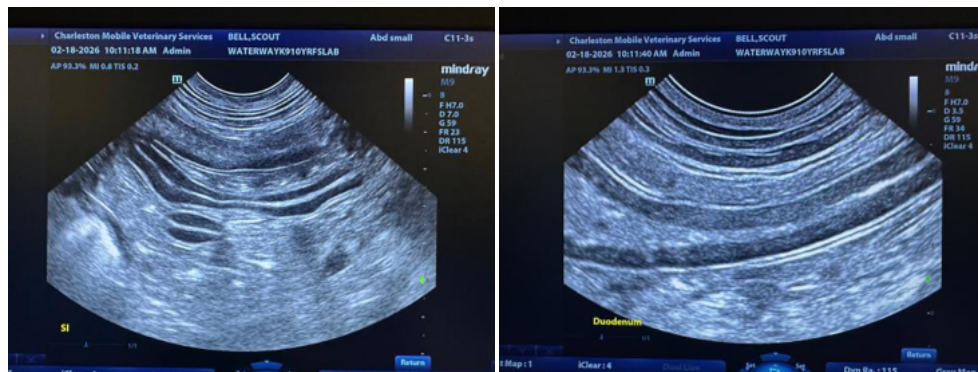
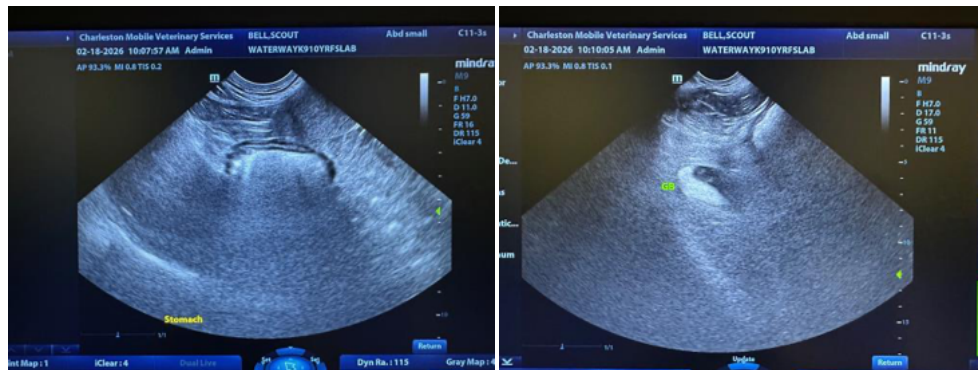
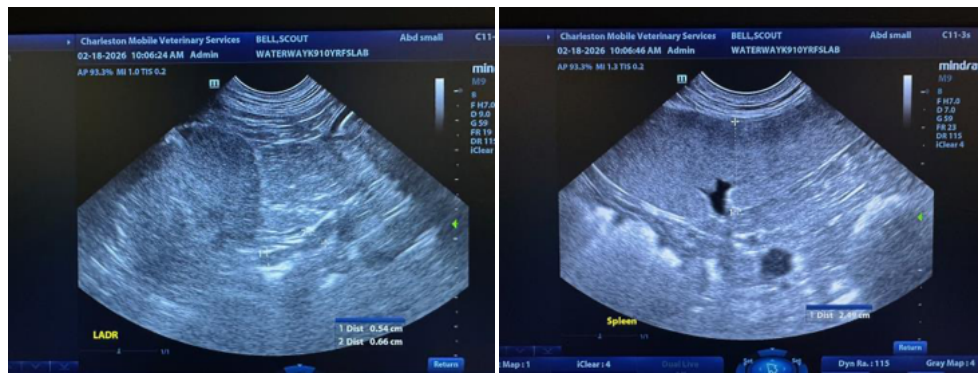
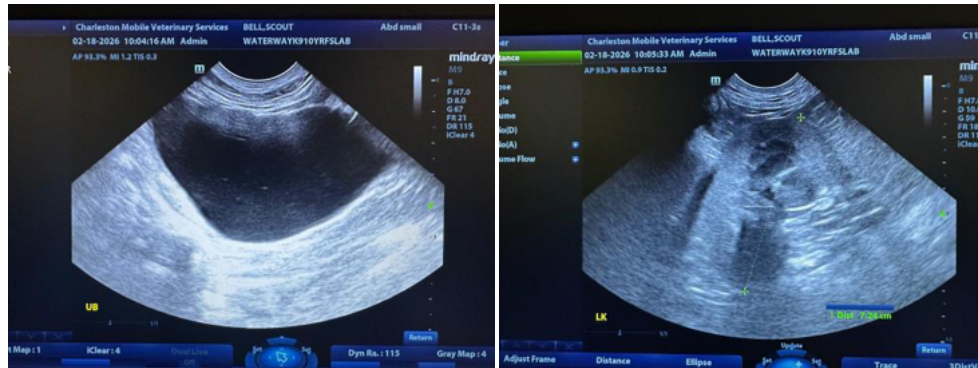
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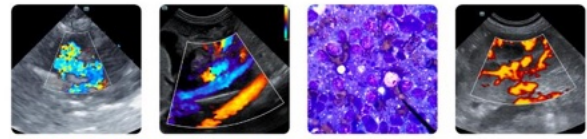
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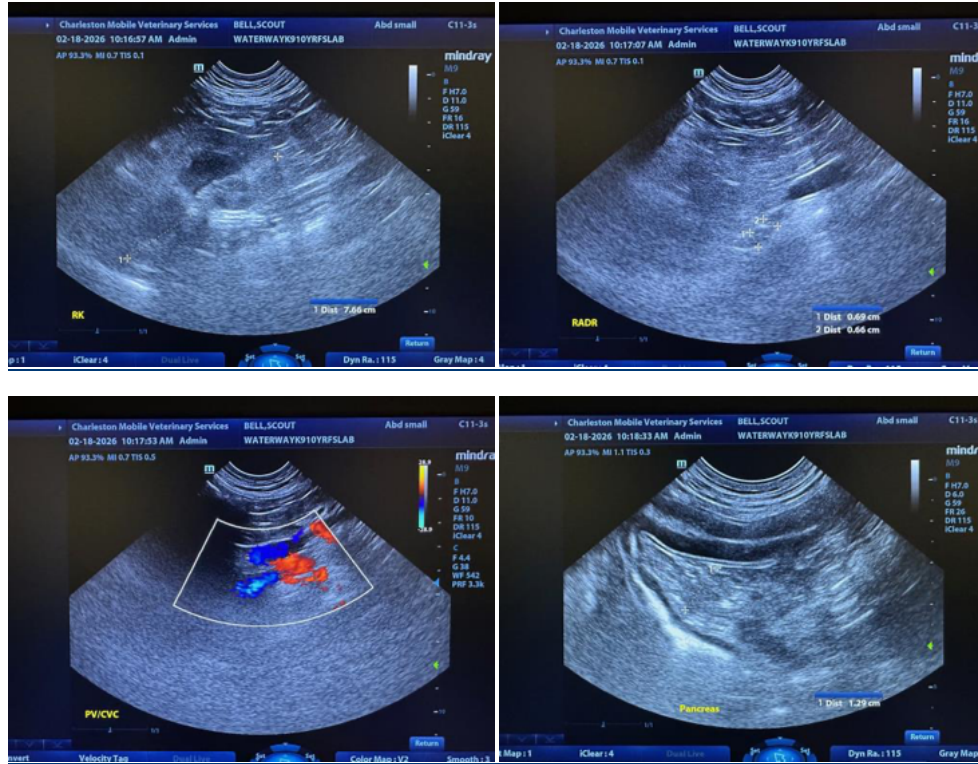
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)