



PATIENT

Isa Crute

SPECIES

Canine

BREED

Shiba Inu mix

SEX

Female, intact

AGE

10/27/2018

WEIGHT

32 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

Sun Dog Cat Moon

REFERRING VET

Dr. Fetterolf

INVOICE

13502

DATE

2/24/2026

PRESENTING CLINICAL SIGNS

7/24/25 - Presented for establishing care with focus on progressive hair loss and recent vision loss. Patient has a 2 week history of brown tinged vaginal discharge. Vaginal swab revealed cocci and rods with some neutrophils. Last heat cycle was in November. She has been regularly having heat cycles every 6 months.

Patient History:

- History of pancreatitis when younger
- Progressive hair loss started 9 months ago, initially thought due to harness
- Complete vision loss over 4-6 weeks period approximately 4 months ago
- Animal Eye Institute diagnosed lack of blood flow to retina
- Previously maintained at 21-22 lbs, gained weight to 28+ lbs
- TMJ issues: jaw occasionally locks open, requires manual assistance to close

Assessment:

- Sudden vision loss - Diagnosed w/ progressive retinal atrophy (PRA) OU 4/29/25
- Progressive alopecia with dry coat - r/o endocrinopathy, nutritional deficiency, immune-mediated disease
- Submandibular/cervical swelling - r/o salivary gland disease, lymphadenopathy, thyroid mass
- Periodontal disease - r/o chronic gingivitis, dental infection
- Weight gain - r/o metabolic disease, reduced activity secondary to vision loss

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.04 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. A few small, non-obstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.01 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. A few small, non-obstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.41 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 (1.01 cm at cranial pole) (0.68 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



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The spleen is normal in size (1.36 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 gall bladder lumen is distended. The wall is thin and smooth. Luminal contents are mostly anechoic. 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 colonic wall is 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.

Other

The left and right ovaries are subjectively normal in size (left 1.48 x 1.03 cm; right 0.92 x 0.72 cm). No obvious pathology is seen. The left and right uterine horns and uterine body are mildly to moderately dilated with echogenic material.

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

A brief evaluation of the cervical area reveals no obvious evidence of pathology. Sedation would be necessary to get a more thorough evaluation of this region.

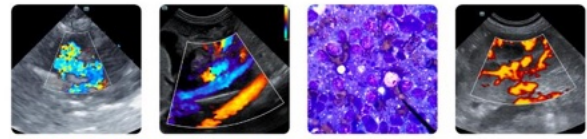
ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The uterine changes could be consistent with pyometra, hydrometra, mucometra, emerging estrus (less likely), other.

Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes with non-obstructive nephrocalcinosis



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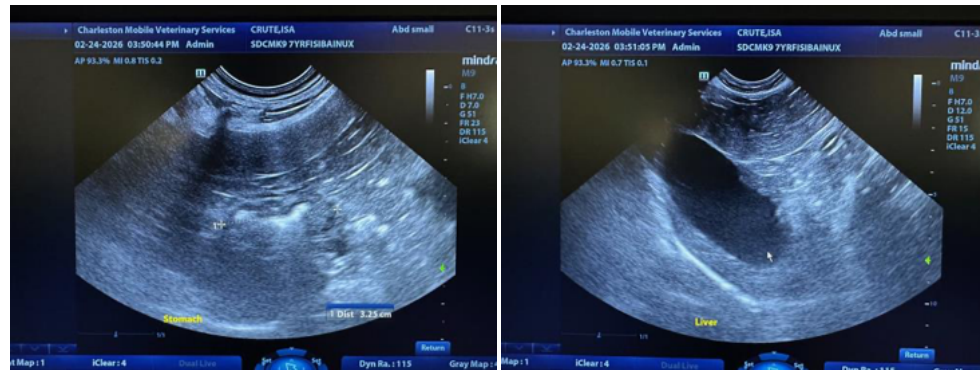
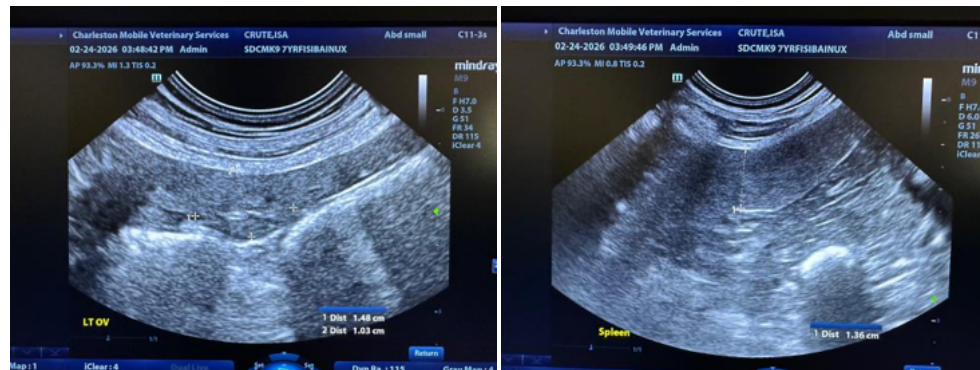
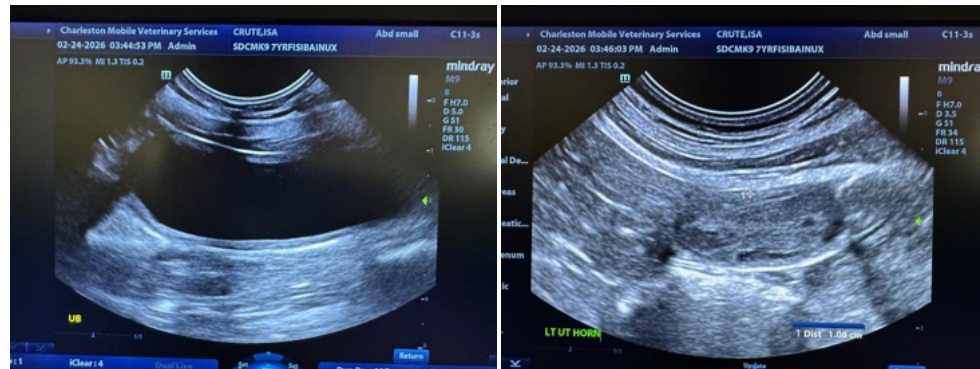
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Repeat baseline blood work including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
2. Consider an ovariohysterectomy with submission of the uterus for histopathology and cultures due to the concern for possible pyometra. Three-view thoracic radiographs are recommended prior to anesthesia.
3. Regarding the alopecia, consider consultation with a board-certified dermatologist for further evaluation.





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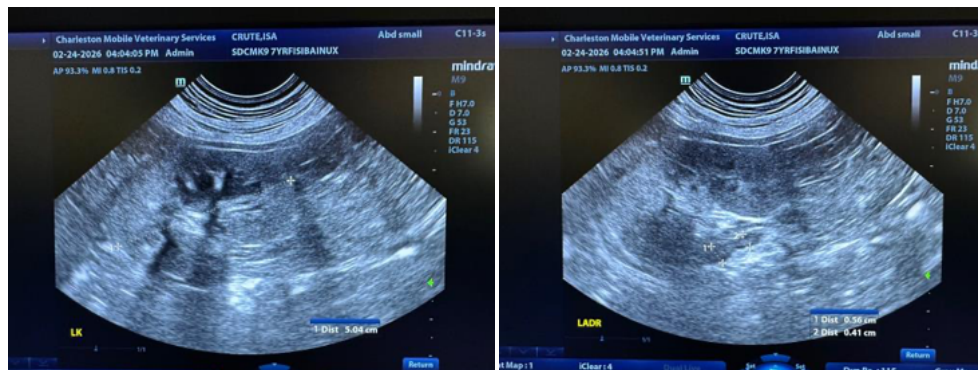
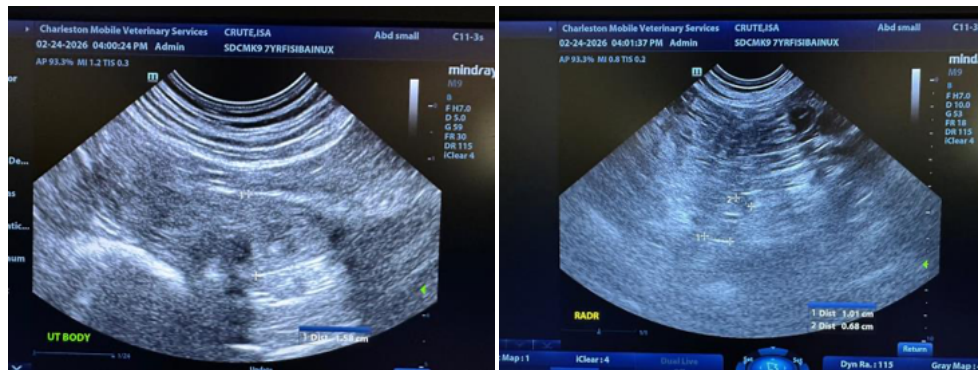
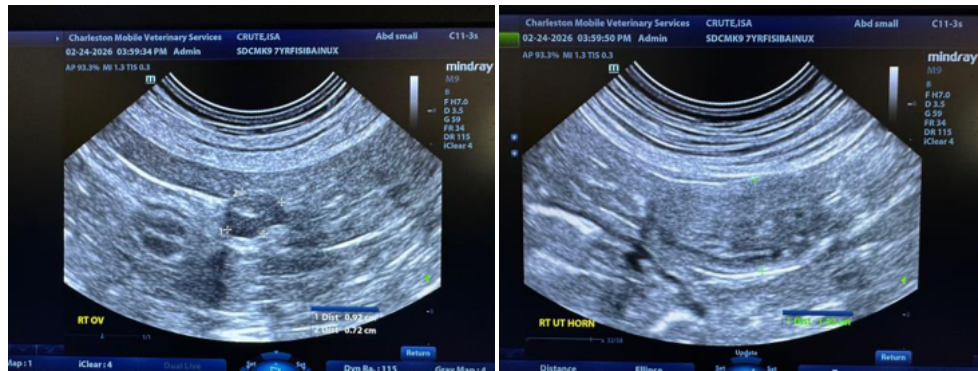
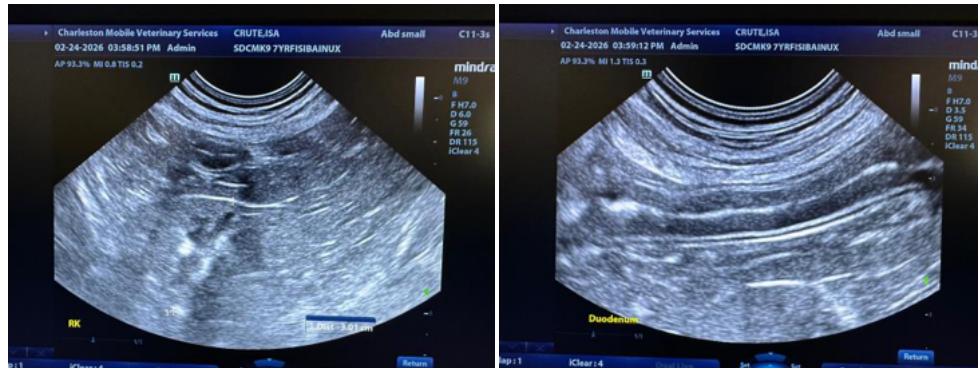
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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