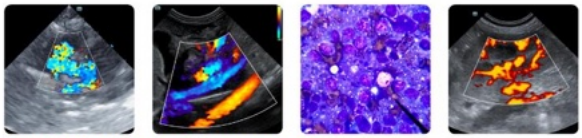


PATIENT

Hope Cribb

SPECIES

Canine

BREED

Toy Australian shepherd

SEX

Female, spayed

AGE

1/1/11

WEIGHT

23 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

AH of SC

REFERRING VET

Dr. Stone

INVOICE

13564

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Lethargic, gassy, uncomfortable in abdomen, no sharp pain in abdomen, significant muscle loss in rear, crepitus in hips.
BW, fecal, mild anemia, elevated wbc, elevated QPL, elevated kidneys
Pt acts disoriented. CBC today hematocrit 28%, regenerative, WBC count 31,000 with a neutrophilia and monocytosis. Platelets normal.

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 mostly 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 (3.53 cm in length) with a slightly irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild to moderate pyelectasia is present (0.34 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.83 cm in length) with a slightly irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild to moderate pyelectasia is present (0.27 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.74 cm at cranial pole) (0.80 cm at caudal pole) with an irregular shape. The parenchyma is slightly heterogeneous with some loss of glandular detail. There was no obvious evidence of vascular invasion although phrenicoabdominal invasion is difficult to determine due to patient mobility during the scan.

The right adrenal gland is normal in size (0.58 cm at cranial pole) (0.42 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

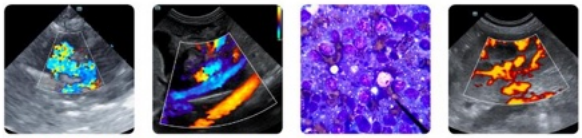
The spleen is normal in size (0.89 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 porta vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent echogenic to mineralized debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



PATIENT

Hope Cribb

SPECIES

Canine

BREED

Toy Australian shepherd

SEX

Female, spayed

AGE

1/1/11

WEIGHT

23 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

AH of SC

REFERRING VET

Dr. Stone

INVOICE

13564

DATE

5/20/26

The gastric lumen is mildly 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 pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic 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

- Bilateral nonspecific, age-related renal changes with dystrophic mineralization and pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable) or some combination thereof.
- Gallbladder debris/sand, non-mucocele
- Left adrenomegaly with an irregular shape. These changes could be consistent with hyperplasia or an emerging tumor.

*An obvious cause for the patient's regenerative anemia is not identified in this study. Considerations include blood loss (i.e., gastrointestinal) vs hemolysis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A slide agglutination test is recommended to assess for hemolysis.

2. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended. https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/.

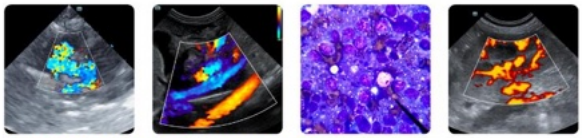
3. Consider three-view thoracic radiographs to assess for occult pathology in the chest (if not already performed).

4. Depending on the results of the above diagnostics, an upper GI endoscopy with biopsies may be necessary to evaluate for gastrointestinal bleeding. In the meantime, empirical treatment for gastric ulceration (i.e., proton pump inhibitor, Sucralfate) is recommended as well as close monitoring of the patient's hematocrit to assess progression of the anemia.

5. Regarding the left adrenal changes, consider a recheck ultrasound in 2-3 months to assess for growth. Further testing for a functional tumor should also be considered particularly if the patient develops appropriate clinical signs.

Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Hope Cribb

SPECIES

Canine

BREED

Toy Australian shepherd

SEX

Female, spayed

AGE

1/1/11

WEIGHT

23 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

AH of SC

REFERRING VET

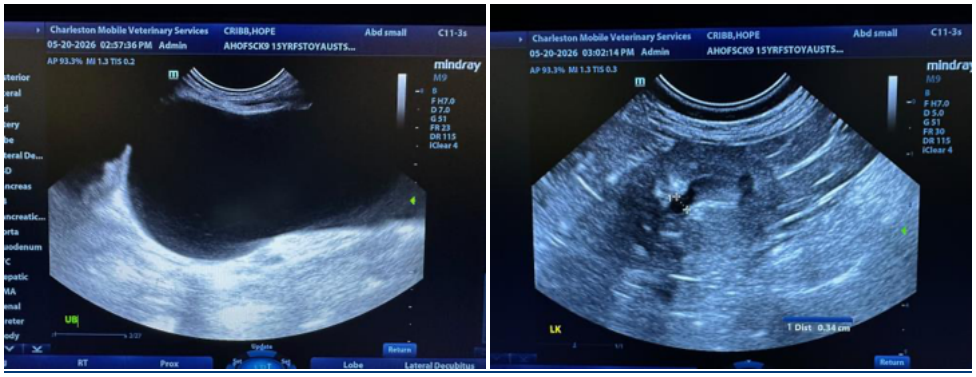
Dr. Stone

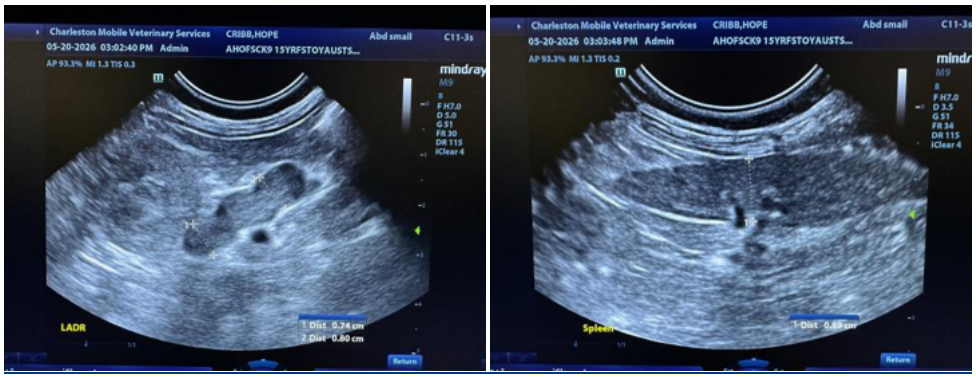
INVOICE

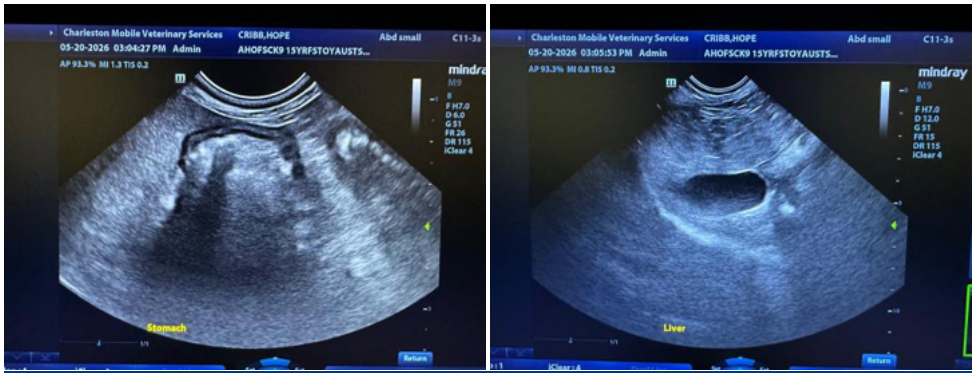
13564

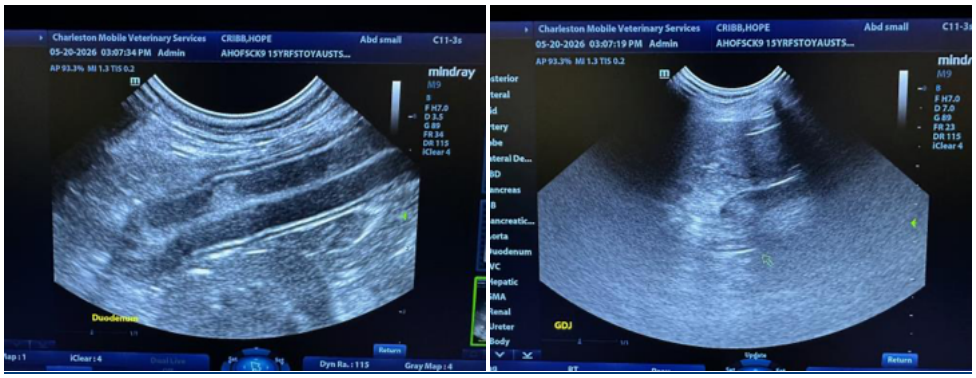
DATE

5/20/26



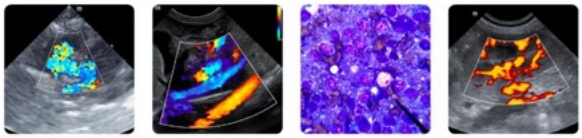






Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™
www.charleston mobile.net
info@charleston mobile.net
800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Hope Cribb

SPECIES

Canine

BREED

Toy Australian shepherd

SEX

Female, spayed

AGE

1/1/11

WEIGHT

23 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

AH of SC

REFERRING VET

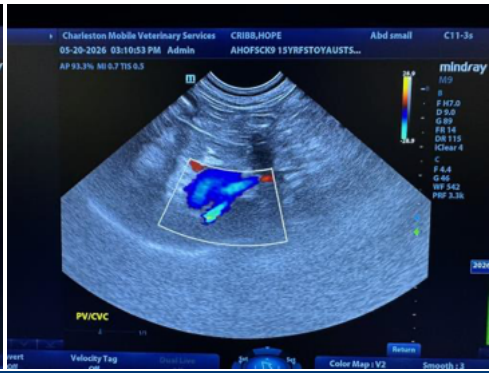
Dr. Stone

INVOICE

13564

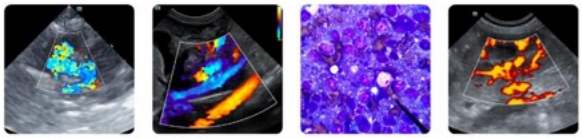
DATE

5/20/26



Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Hope Cribb

SPECIES

Canine

BREED

Toy Australian shepherd

SEX

Female, spayed

AGE

1/1/11

WEIGHT

23 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

AH of SC

REFERRING VET

Dr. Stone

INVOICE

13564

DATE

5/20/26

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