

**PATIENT PRESENTING CLINICAL SIGNS**

Chi Beck  
History: Recent bout of hematuria, looking for etiology  
Abnormal PE/Chem/CBC/UA Results: C&S no glucose,, CBC hemoconcentrated, Chem WNL,  
**SPECIES** Urine: cystocentesis SG=1.031 ph=7 urine protein = 500 glucose=neg ketones=15 blood = 250 ery/L  
Canine Leukocyte esterase = 100 WBC 15/HPF RBC >50/HPF bacteria = none detected non-squamous  
epithelial cells <1/HPF casts= none unclassified crystals = 1-5/HPF Xrays 1. Unremarkable thorax. 2.  
Unremarkable abdomen. 3. Intervertebral disc disease at L1-L3.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Pom **Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Spayed Female

**AGE**

6 yr

The left kidney presented normal size (2.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

3.95 kg

The right kidney presented normal size (3.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

**Adrenal Glands**

The left adrenal gland is normal size (0.35 cm at cranial pole) (0.44 cm at caudal pole) (1.41 cm in length); normal shape; 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 size (0.57 cm at cranial pole) (0.47 cm at caudal pole) (1.38 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**IMAGING PERFORMED BY**

Dr Brian Barnes

**HOSPITAL NAME**

**Spleen**

The spleen is normal in size (1.24 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.

Westview Veterinary  
Hospital

**REFERRING VET**

**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. No pathological hepatic lymphadenopathy observed.

Dr Brian Barnes

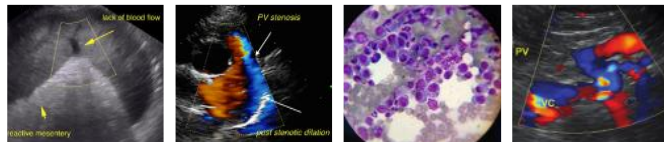
**INVOICE**

10256

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic mostly gravity dependent/sludge is observed within the lumen. The cystic and common bile ducts are normal.

**DATE**

2/2/22



**PATIENT**

Chi Beck

**SPECIES**

Canine

**BREED**

Pom

**SEX**

Spayed Female

**AGE**

6 yr

**WEIGHT**

3.95 kg

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

**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.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

Unremarkable abdomen. An obvious cause for the patient's hematuria is not identified in this study. Given the presence of pyuria, occult pyelonephritis is a possibility. Also, benign essential renal hematuria is possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider empirical treatment for pyelonephritis (i.e., fluoroquinolone), as empirical treatment for occult pyelonephritis, despite the negative urine culture and sensitivity.
- If hematuria persists, benign essential renal hematuria may be present, in which case the PCV should be monitored for the development of anemia.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Brian Barnes

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**REFERRING VET**

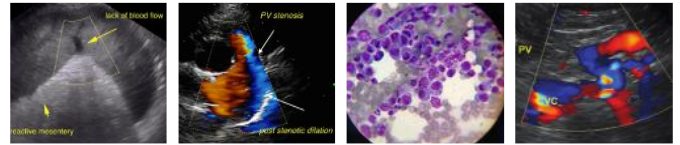
Dr Brian Barnes

**INVOICE**

10256

**DATE**

2/2/22



**PATIENT**

Chi Beck

**SPECIES**

Canine

**BREED**

Pom

**SEX**

Spayed Female

**AGE**

6 yr

**WEIGHT**

3.95 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Brian Barnes

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**REFERRING VET**

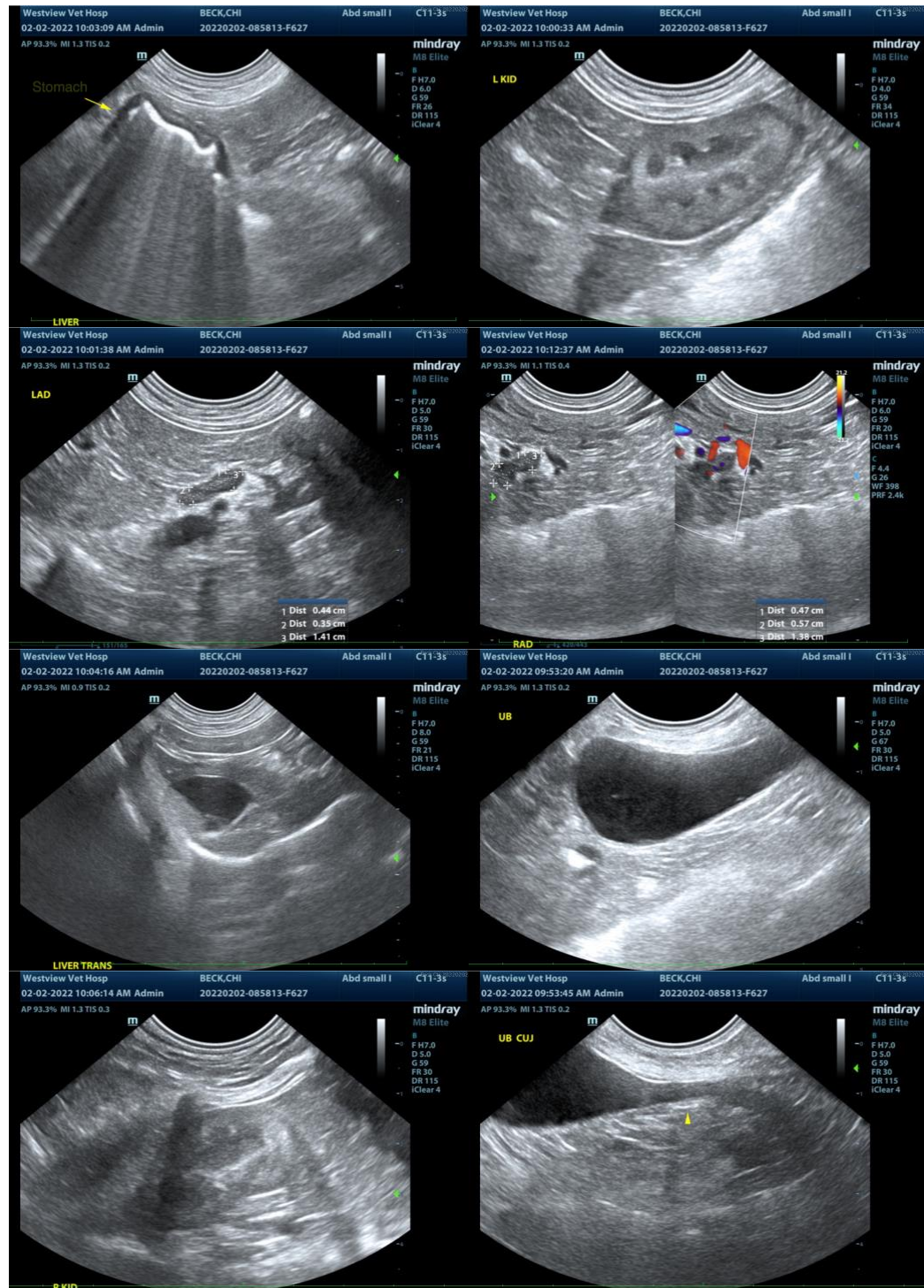
Dr Brian Barnes

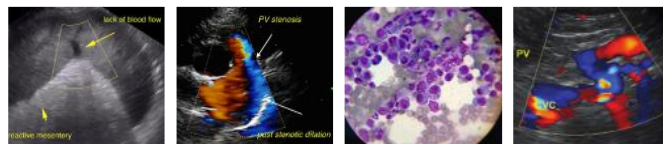
**INVOICE**

10256

**DATE**

2/2/22





**PATIENT**

Chi Beck

**SPECIES**

Canine

**BREED**

Pom

**SEX**

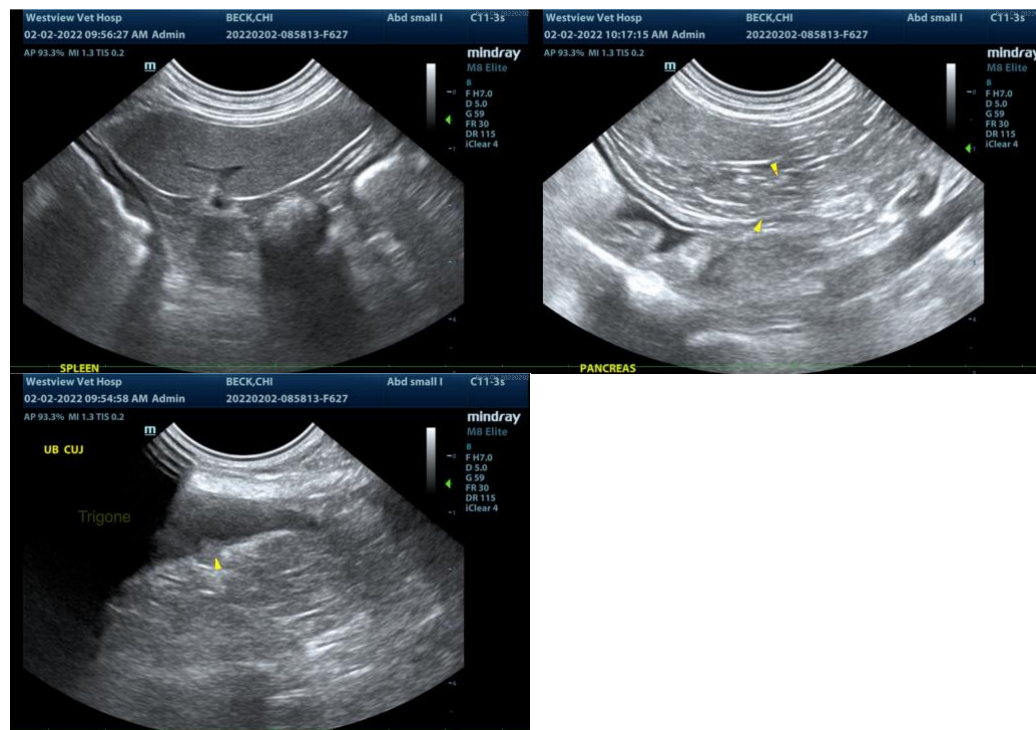
Spayed Female

**AGE**

6 yr

**WEIGHT**

3.95 kg



**INTERPRETED BY**

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

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com

**IMAGING PERFORMED BY**

Dr Brian Barnes

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**REFERRING VET**

Dr Brian Barnes

**INVOICE**

10256

**DATE**

2/2/22