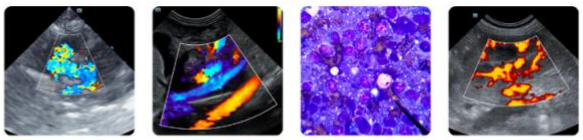
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

**PATIENT**

Cooper Feiger

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male Neutered

**AGE**

1/6/18

**WEIGHT**

57.6

**INTERPRETED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**HOSPITAL NAME**

Trinity Island VC

**REFERRING VET**

Dr Kristi Oldham

**INVOICE**

22401

**DATE**

1-19-26

## PRESENTING CLINICAL SIGNS

Clinical Exam Findings: P has symptoms of UTI, but all testing for infection has come back free of bacteria. Patient neutered at 2 years of age. To owner's knowledge, was not used for breeding. Has had increased frequency of urination for at least 6 months (but possibly longer). No obvious blood in urine. Not having accidents in the house. Urgency to urinate seems often to occur after patient eats.
Current Medications: Cefpodoxime 100mg Tablet 100mg

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. 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 penile urethra is unremarkable.

The prostate is normal in size (1.06 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.45 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (7.04 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.60 cm at cranial pole) (0.59 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 (0.87 cm at cranial pole) (0.59 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 (1.87 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.

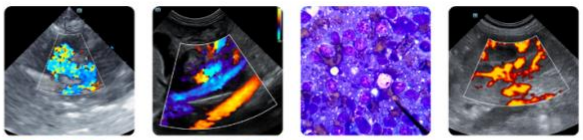
### *Liver*

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

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**

Cooper Feiger

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male Neutered

**AGE**

1/6/18

**WEIGHT**

57.6

**INTERPRETED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**HOSPITAL NAME**

Trinity Island VC

**REFERRING VET**

Dr Kristi Oldham

**INVOICE**

22401

**DATE**

1-19-26

***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***
One-to-two prominent mesenteric lymph nodes are visualized (one measuring 2.91 x 0.70 cm).

***Free Abdomen***
There is no obvious evidence of free fluid.

***Other***
A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

## ULTRASONOGRAPHIC FINDINGS

- The urinary bladder wall changes in the region of the apex are suggestive of mild cystitis.
- The mesenteric lymphadenopathy likely represents reactive change, with a lower possibility of emerging neoplasia.

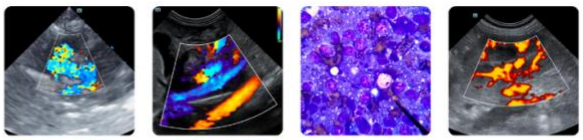
*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include occult infection, sterile cystitis, pelvic urethral pathology (i.e., stones, tumors, other), behavioral issue, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A lateral caudal abdominal/pelvic radiograph is recommended to assess for stones in the pelvic urethra.
- Consider a prolonged antibiotic course (i.e., 3-4 weeks) particularly if patient's clinical signs remain resolved during therapy. Anti-inflammatories may also be beneficial.

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**

Cooper Feiger

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male Neutered

**AGE**

1/6/18

**WEIGHT**

57.6

**INTERPRETED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**HOSPITAL NAME**

Trinity Island VC

**REFERRING VET**

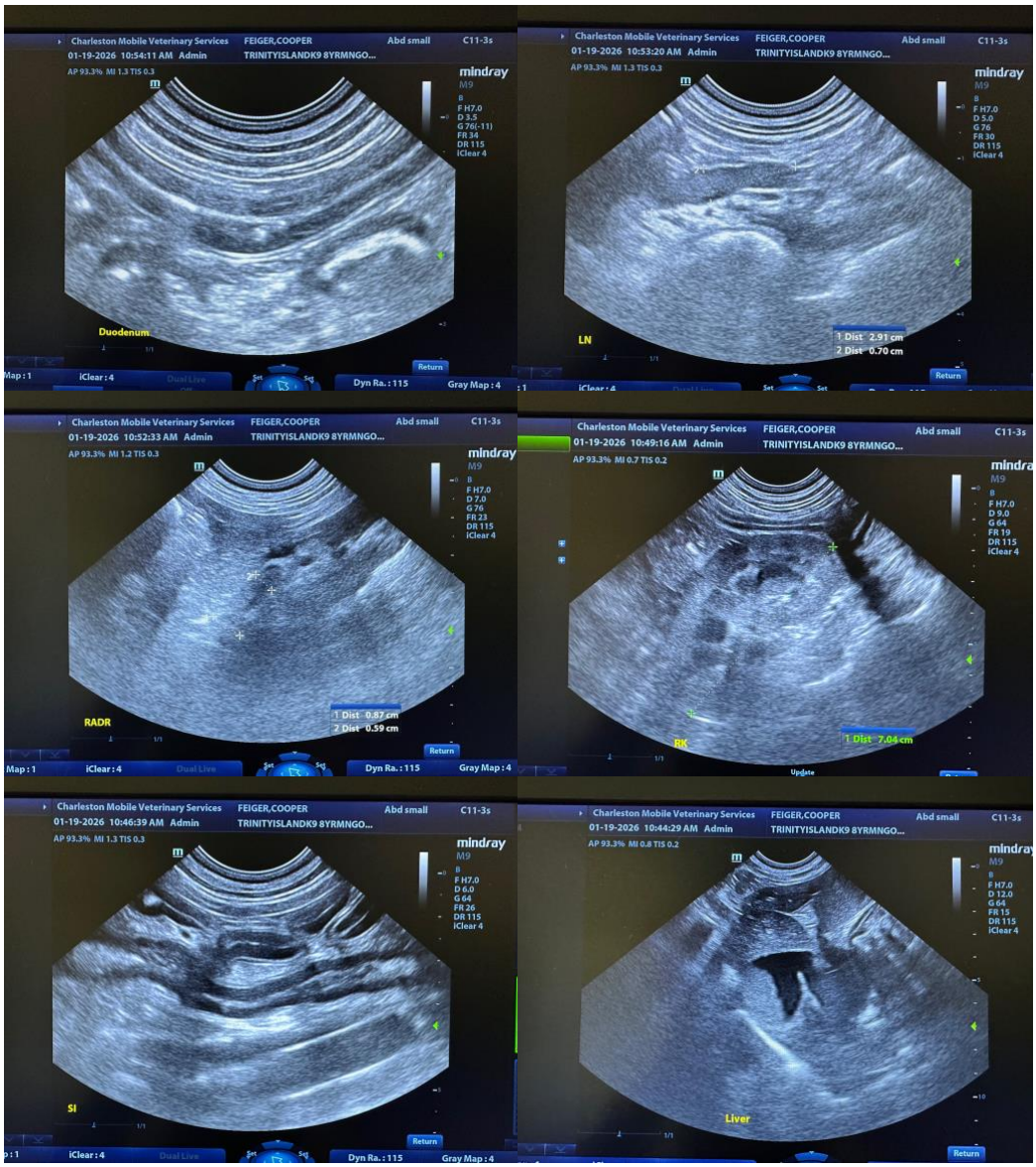
Dr Kristi Oldham

**INVOICE**

22401

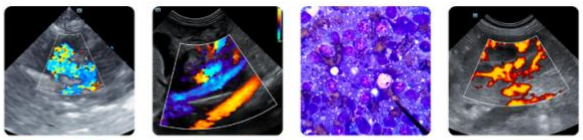
**DATE**

1-19-26



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**

Cooper Feiger

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male Neutered

**AGE**

1/6/18

**WEIGHT**

57.6

**INTERPRETED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**HOSPITAL NAME**

Trinity Island VC

**REFERRING VET**

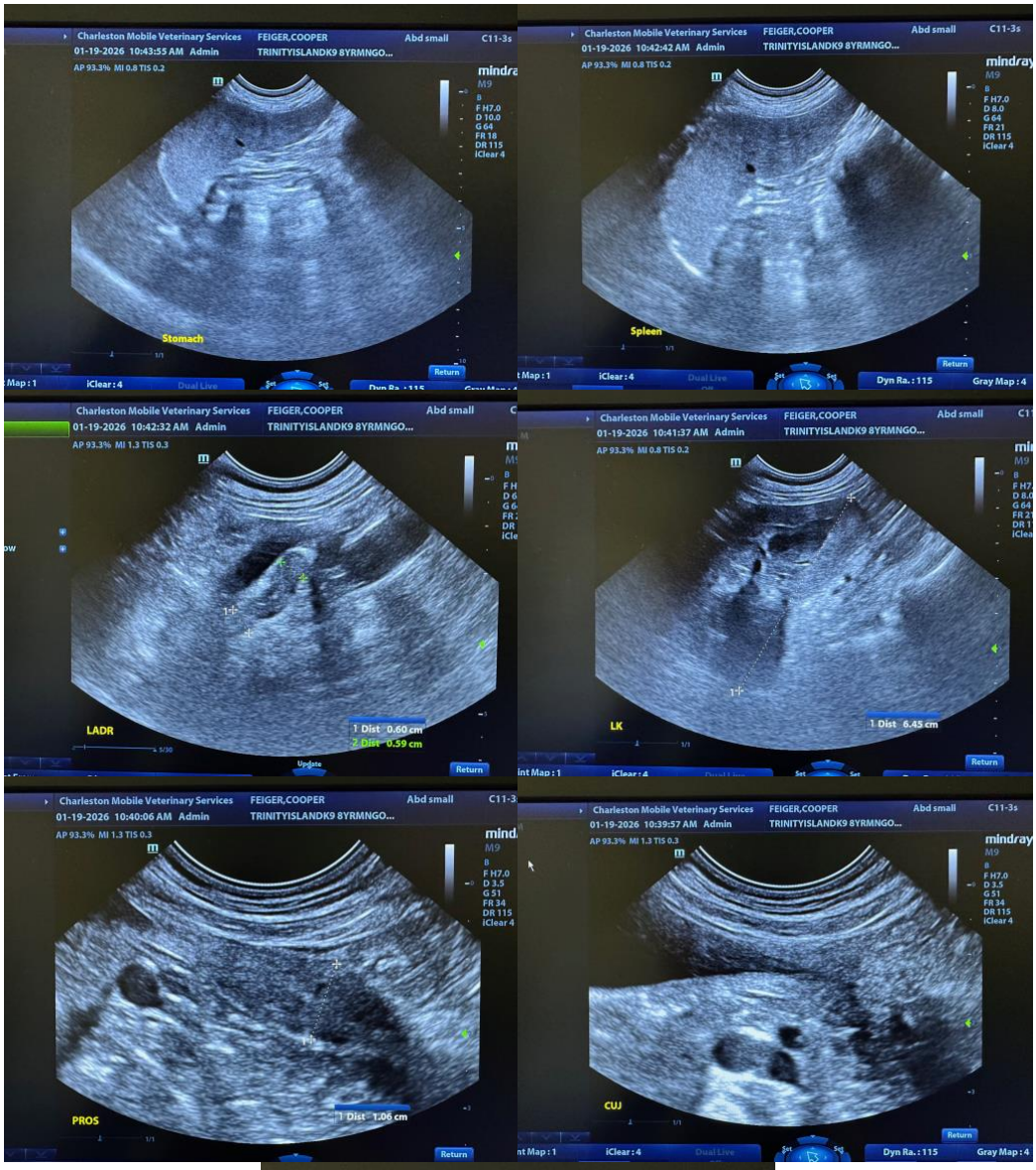
Dr Kristi Oldham

**INVOICE**

22401

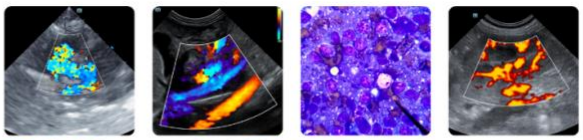
**DATE**

1-19-26



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**

Cooper Feiger

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male Neutered

**AGE**

1/6/18

**WEIGHT**

57.6

**INTERPRETED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**HOSPITAL NAME**

Trinity Island VC

**REFERRING VET**

Dr Kristi Oldham

**INVOICE**

22401

**DATE**

1-19-26

**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