



PATIENT PRESENTING CLINICAL SIGNS

Rusty Arnold History: Recurring/relapsing UTI'S despite following culture recently started urinary diet. Hooded vulva but no obvious cause of the UTIs

SPECIES Abnormal PE/Chem/CBC/UA Results: Culture pending

Canine ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Retriever Mix The urinary bladder wall is mildly-to-moderately distended with mostly anechoic urine. The wall in the region of the apex is moderately thickened (up to 0.63 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

SEX

Female Spayed The left kidney is subjectively normal-in-size, 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.

AGE

6 The right kidney is normal in size (5.86 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.

WEIGHT

34.8

Adrenal Glands

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The left adrenal gland is normal in size (0.60 cm at cranial pole) (0.53 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 (0.70 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.

IMAGING PERFORMED BY

Jenn

Spleen

HOSPITAL NAME

Rockaway AH

The spleen is normal in size (1.30 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.

REFERRING VET

Dr Dubos

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.

INVOICE

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

22404

Gastrointestinal

DATE

1-19-26

The lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.



PATIENT *Pancreas*

Rusty Arnold

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.

SPECIES *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

BREED

Retriever Mix

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

SEX

Female Spayed

The urinary bladder wall changes in the region of the apex are suggestive of cystitis.

*An obvious cause for the recurring urinary tract infections is not definitively identified in this study. Considerations include structural malformation (i.e., recessed vulva), reduced urinary tract immunity, other.

AGE

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WEIGHT

34.8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Rectal palpation of the pelvic urethra is possible to assess for growths/pathology.
- Consider consultation with a board-certified surgeon to discuss vulvoplasty for the recessed vulva.
- In the meantime, symptomatic care is recommended.

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REFERRING VET

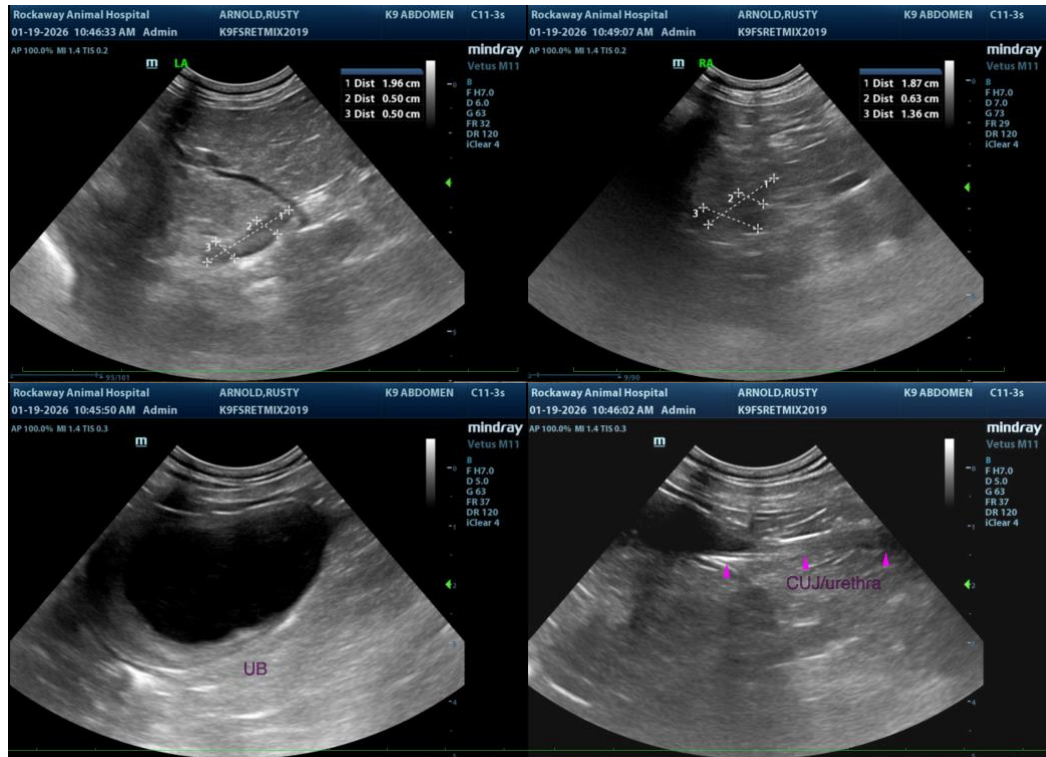
Dr Dubos

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Rusty Arnold

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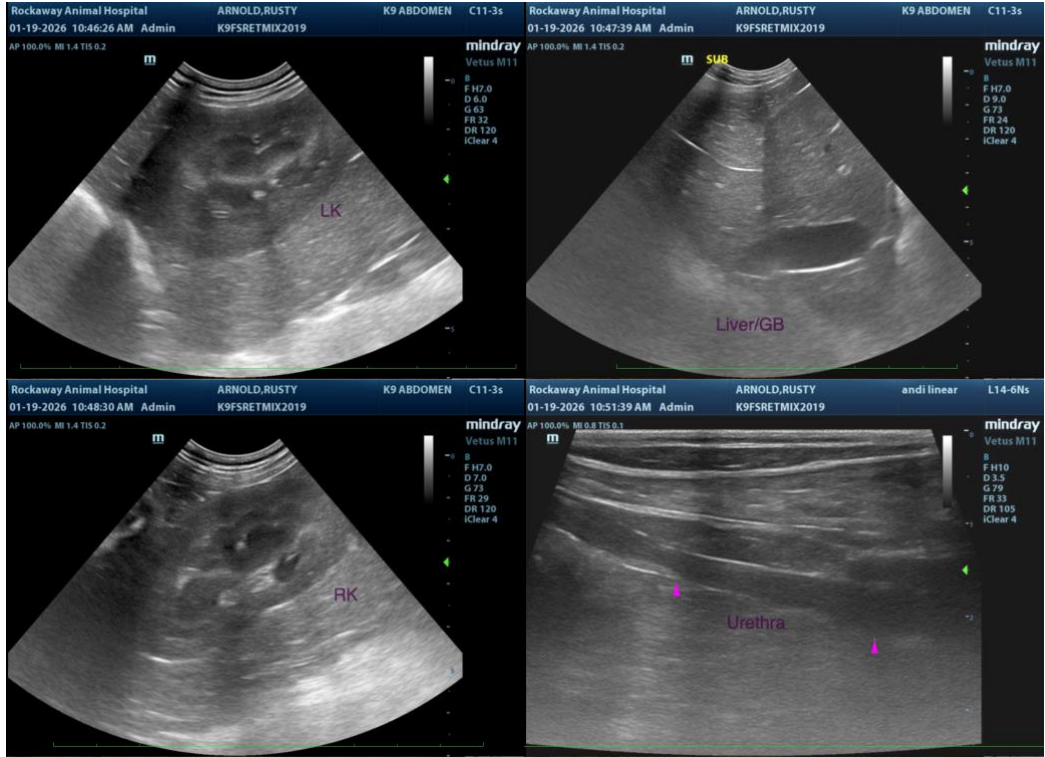
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INVOICE

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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.

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