

PATIENT

Ruby McWilliam

SPECIES

Canine

BREED

Australian shepherd

SEX

Female

AGE

6 Months

WEIGHT

16.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Gumley

INVOICE

13062

DATE

3/1/22

PRESENTING CLINICAL SIGNS

History: Recurrent urinary tract infections. Hematuria and dysuria noticed first 20 Dec 2021.
Abnormal PE/Chem/CBC/UA Results: Proteus mirabilis cultured in December and resolved with antibiotics but recurred with repeated culture. Vaginoscopy - narrow vestibule, follicular vaginitis, cingulum diameter 10 mm.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**This study was limited to the urinary system. There is a potential for pathology in organs that were not visualized.

***This study was performed on 1/6/22 but submitted on 3/1/22 for review.

Urinary System

The urinary bladder is mildly distended. The wall is mildly thickened (up to 0.50 cm) and slightly irregular. A small amount of echogenic debris and mineralized sand is observed within the urinary bladder lumen. A scant amount of sand also appears to extend into the proximal urethra. The region of the trigone is normal. There appears to be urine flow out of both ureteral papilla. The visible proximal urethral walls are normal.

The left kidney is normal size (6.38 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.

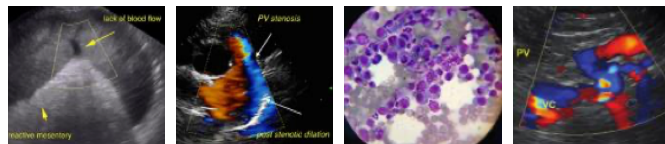
The right kidney is normal size (5.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris/sand with bladder wall changes suggestive of cystitis, although some of these changes may be artifactual due to lack of full repletion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

See Recommendations on report from scan performed on 3/1/22.



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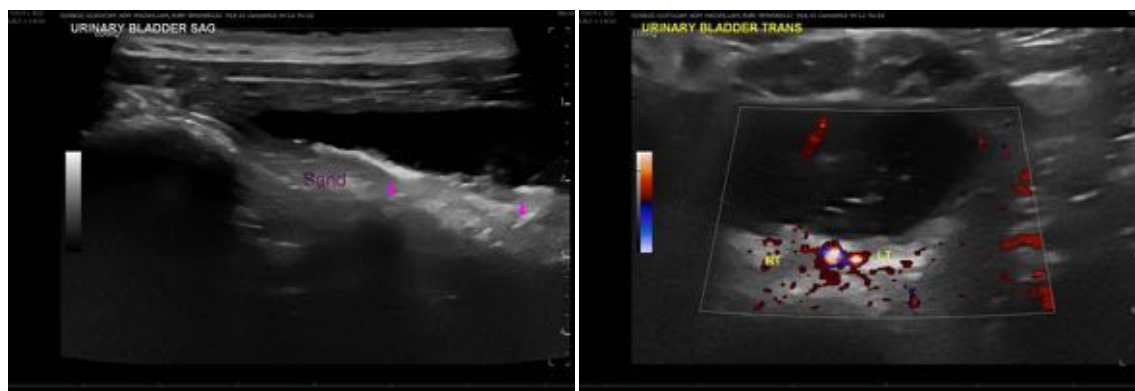
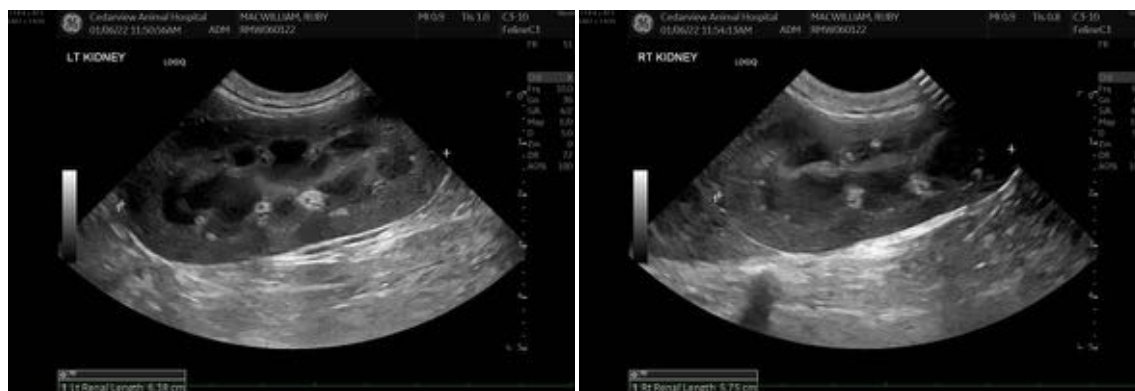
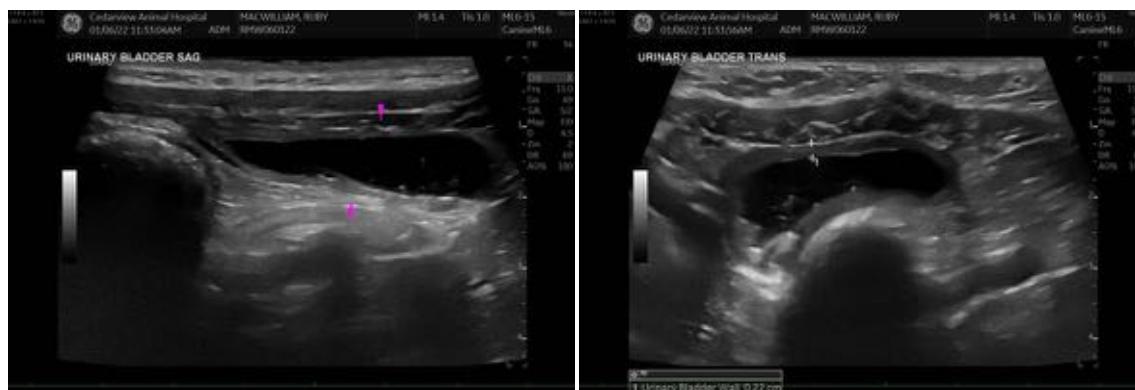
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com