



**PATIENT PRESENTING CLINICAL SIGNS**

Veronica Gilbert

History: P has had recurring UTI's. Culture/sensitive has been run and P has been treated accordingly. Was treated, cleared, and came back three times in last 4 months. Hematuria seen on most recent free catch sample. P has also generally been ADR; slowing down. Switched to urinary SO today. Abnormal PE/Chem/CBC/UA Results: UA results (today): Free catch, run immediately in house after sample collection: pH: 9.0, 4+ rods, 2+ struvite. CBC/Chem/T4 (9/13): Moderate ALT elevation (237 U/L), Marked ALP elevation (1773 U/L), Moderate Lipase elevation (471 U/L), rest WNL.

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Female, spayed

**AGE**

15 Yrs.

**WEIGHT**

72 lbs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is moderately distended. The wall in the region of the apex is thickened (up to 0.84 cm) and irregular. A moderate amount of suspended echogenic debris as well as a small amount of gravity-dependent mineralized sand is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is subjectively normal in size with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.34 cm in the longitudinal plane). There was no evidence of nephroliths, infarcts or hydroureter.

The right kidney is subjectively normal in size with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland is normal size (0.71 cm at cranial pole) (0.79 cm at caudal pole) (2.63 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.

No images were provided for the right adrenal gland.

**IMAGING PERFORMED BY**

Dr. Saum Hadi

*Spleen*

The spleen is subjectively normal in size with slightly irregular peripheral contours. Several ill-defined hyperechoic nodules/areas are observed throughout the organ. Some of the lesions cause capsular expansion. Splenic vasculature appears normal with no evidence of thrombosis.

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*Liver*

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A few polypoid like lesions are arising from the mucosal surface. Luminal contents are otherwise anechoic. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

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## *Gastrointestinal*

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive 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:

- Bladder wall changes consistent with cystitis. Bladder wall neoplasia is possible but considered unlikely. The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- Bilateral age-related renal changes with left pyelectasia and right non-obstructive nephrolithiasis.

### Secondary Findings:

- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

\*An obvious cause for the patient's recurring urinary tract infections is not identified in this study.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the recurrence of the urinary tract infections, a prolonged antibiotic course (i.e., 3-4 weeks) based on urine culture and sensitivity results may be warranted with a recheck urine culture 5-7 days after the last dose of medication.
- A thorough evaluation of the external genitalia is also recommended to assess for predisposing factors (i.e., vaginal masses or foreign material).
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.



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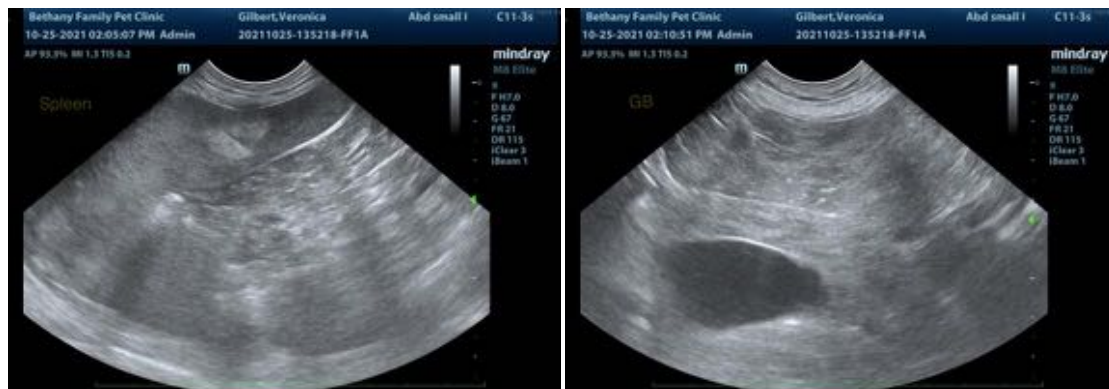
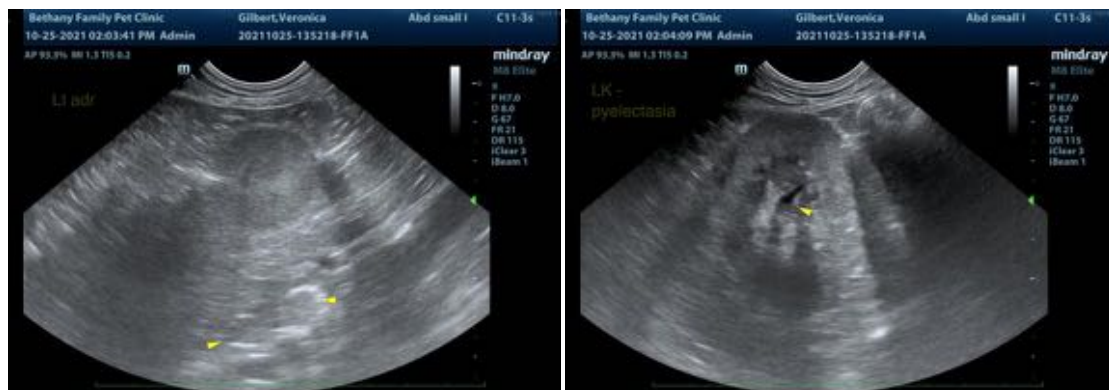
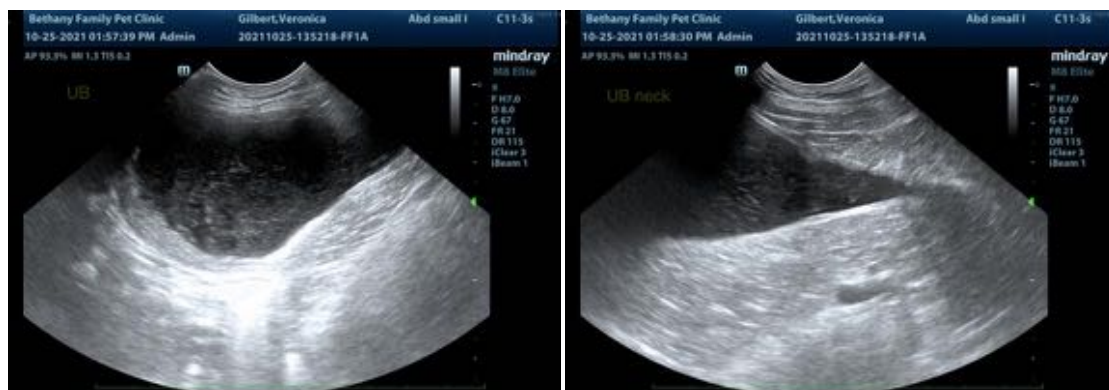
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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