



**PATIENT**

Maya Cash

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female, spayed

**AGE**

1 Yr.

**WEIGHT**

60 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Baum

**INVOICE**

14037

**DATE**

10/3/22

**PRESENTING CLINICAL SIGNS**

**History:** History of reoccurring UTI. Urinating on owner's bed 3 times while sleeping. LARGE amount of urine. She moans just prior to the event. Started in August She eats large amounts of sunflower seeds, but no longer doing so. RX amoxi/clavamox 875mg/25mg and has finished. 1/2 tab PO BID x 7days.  
**Urine culture-no growth.**  
**Abnormal PE/Chem/CBC/UA Results:** elevated ALT 175 UA no bacteria seen occasional RBC Amorphous and occasional struvite crystals sedated with Butorphanol

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.34 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.

The right kidney is normal size (6.53 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.

*Adrenal Glands*

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.54 cm at caudal pole); 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 (0.64 cm at cranial pole) (0.57 cm at caudal pole); 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.

*Spleen*

The spleen is normal in size (2.04 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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*



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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 segmentally dilated with chyme (mild). 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.

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***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.

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***Free Abdomen***

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.64 cm in length.

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**ULTRASONOGRAPHIC FINDINGS**

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

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\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include occult urinary tract infection, urethral sphincter mechanism incompetence, ectopic ureters (less likely unless patient is urinating while walking), other.

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(*Small Animal Internal  
Medicine*)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A thorough evaluation of the external genitalia is recommended to assess for structural abnormalities.
- Despite the negative urine culture, consider empirical treatment for urinary tract infection with a broader spectrum antibiotic (i.e., a fluoroquinolone). If no improvement in the patient's clinical signs is seen within 3-5 days of initiating therapy, the antibiotics should be discontinued.
- Also consider empirical treatment for urethral sphincter mechanism incompetence (i.e., Phenylpropanolamine or estrogen).
- Given the elevated ALT, consider pre and post prandial serum bile acids to assess hepatic function. Further workup may be warranted, depending on the results and whether or not the ALT remains persistently elevated.

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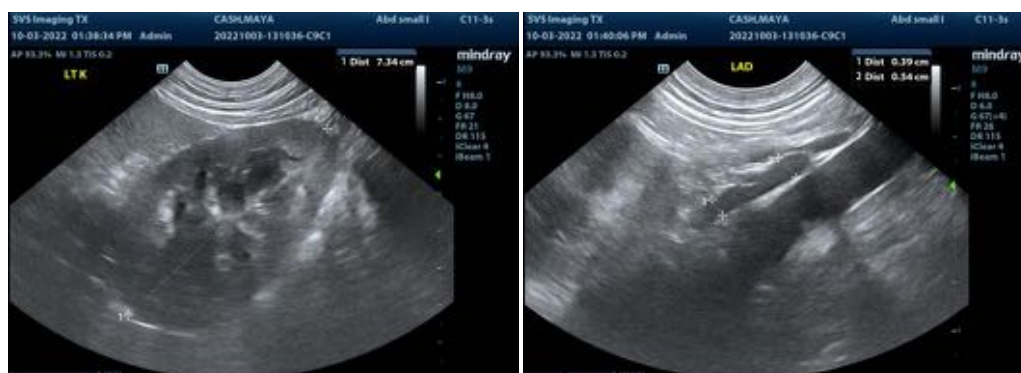
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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