



**PATIENT**

Oakley Sears

**SPECIES**

Canine

**BREED**

Aussiedoodle

**SEX**

Female, spayed

**AGE**

10 months

**WEIGHT**

19 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Jenny Parrish

**HOSPITAL NAME**

Local Mobile Vet

**REFERRING VET**

Dr. Jenny Parrish

**INVOICE**

12450

**DATE**

**PRESENTING CLINICAL SIGNS**

History: Hx of recurring UTIs, also some vomiting  
Abnormal PE/Chem/CBC/UA Results: UAs have shown, pH of 6 and 6.5, cocci, transitional cells  
treatments with clavamox and amoxicillin have helped

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.47 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 (4.98 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) (0.41 cm at caudal pole) (1.81 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.

The right adrenal gland is normal size (1.02 cm at cranial pole) (0.54 cm at caudal pole) (1.74 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.

**Spleen**

The spleen is normal in size (1.52 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.



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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. A few prominent lymph nodes are observed in the mid-abdominal cavity, the largest measuring 0.90 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A urine culture and sensitivity is recommended, preferably 5-7 day after the last dose of antibiotics. Based on the urine culture and sensitivity results, a prolonged antibiotic course (i.e., 3-4 weeks) may be necessary to clear the infection. A repeat urine culture should also be performed 5-7 days after the treatment regimen is completed.
- Baseline labwork including a CBC chemistry panel and T4 is recommended to assess overall metabolic function.
- A thorough evaluation of the external genitalia is recommended to assess for predisposing factors (i.e., recessed vulva, vaginal lesions).
- Regarding the intermittent vomiting, consider the following diagnostics/therapeutics:
  - A fecal evaluation for ova/Giardia
  - GI panel including serum cobalamin, folate, TLI and PLI.
  - A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
  - A 6-week limited antigen diet trial to assess for food allergies



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5. +/- endoscopic or surgical gastrointestinal biopsies.



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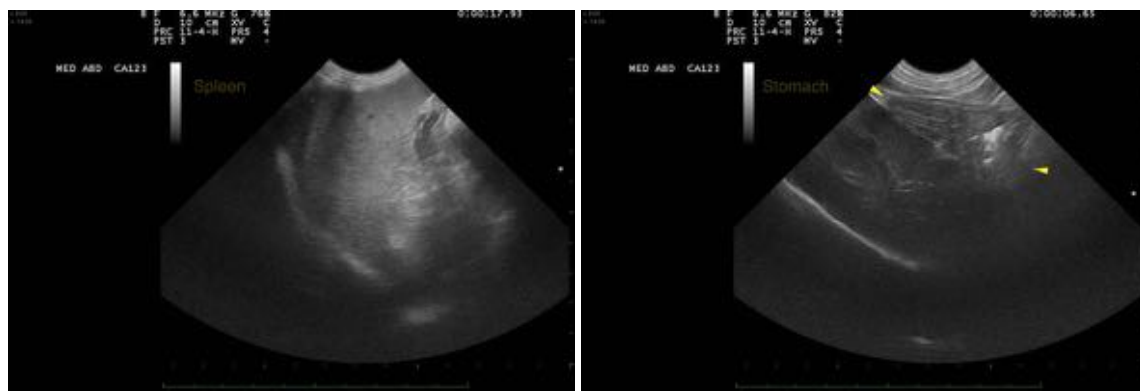
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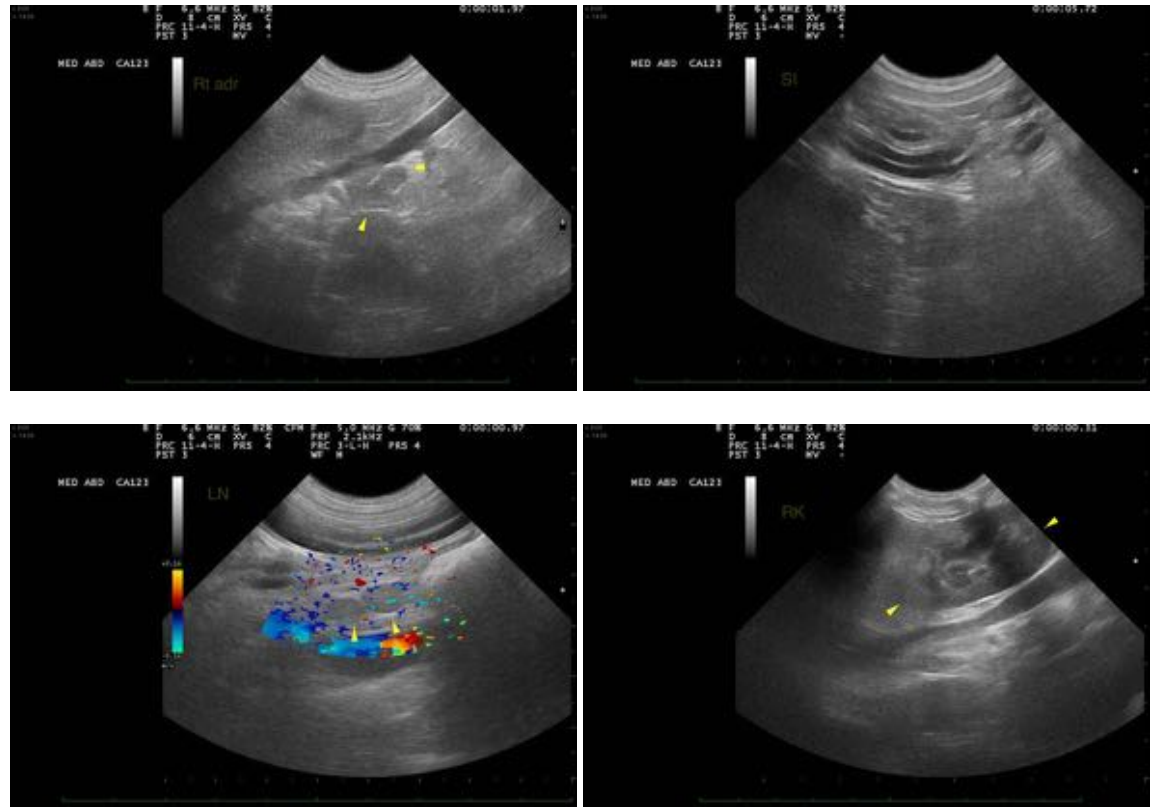
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**IMAGING PERFORMED BY**

Dr. Jenny Parrish

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