



**PATIENT**

Hemi Zaplishny

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

15.6 lbs

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**IMAGING  
PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Animal Hospital of  
Roxbury

**REFERRING VET**

Dr. Elia

**INVOICE**

14242

**DATE**

11/11/21

**PRESENTING CLINICAL SIGNS**

History: Frequent urination, urinary accidents after 2 antibiotic courses, culture and UA normal Current meds: 03 omega  
Abnormal PE/Chem/CBC/UA Results: ALT 186, Chol 352 UA: pH 8.5, WBC 4-10, Struvite crystals 2-3, sq. epi 0-1 SG: 1.024

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney presented normal size (4.41 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (4.05 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is mildly enlarged in size (0.38 cm at cranial pole) (0.63 cm at caudal pole) (1.87 cm in length); with a slightly irregular 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 (0.52 cm at cranial pole) (0.52 cm at caudal pole) (1.89 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 (1.47 at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No distinct focal lesions are observed, Intrahepatic biliary stones are visualized. Hepatic vasculature is of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

**Gastrointestinal**



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The gastric lumen is mildly distended with gas, fluid and chyme. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with chyme. 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 or overt infiltrative 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**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- An obvious cause for the patients' clinical signs is not identified in the study. Considerations include occult pyelonephritis (especially given the presence of pyuria), renal insufficiency, occult hepatic disease, microscopic lower urinary tract neoplasia, leptospirosis, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

15.6 lbs

- Consider a prolonged (i.e., 3–4-week) course of a broad-spectrum antibiotic (i.e., fluoroquinolone), as empirical treatment for pyelonephritis.
- Other considerations include pre- and post-prandial serum bile acids, leptospirosis testing (i.e., blood and urine PCR, serology) and a urine BRAF test (to assess for microscopic lower urinary tract neoplasia).

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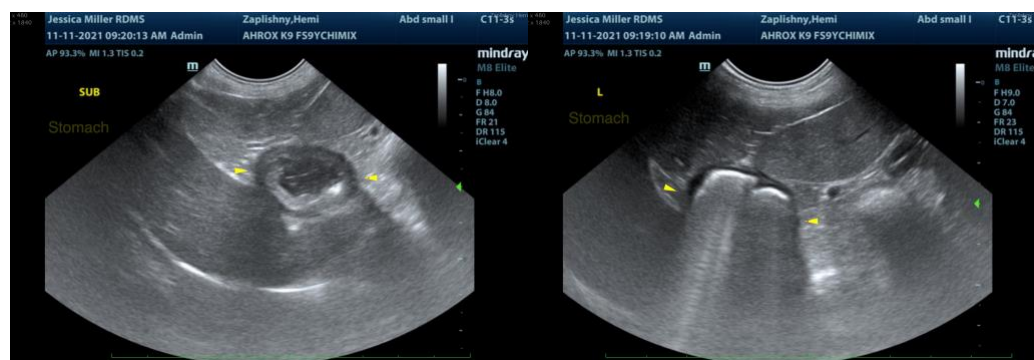
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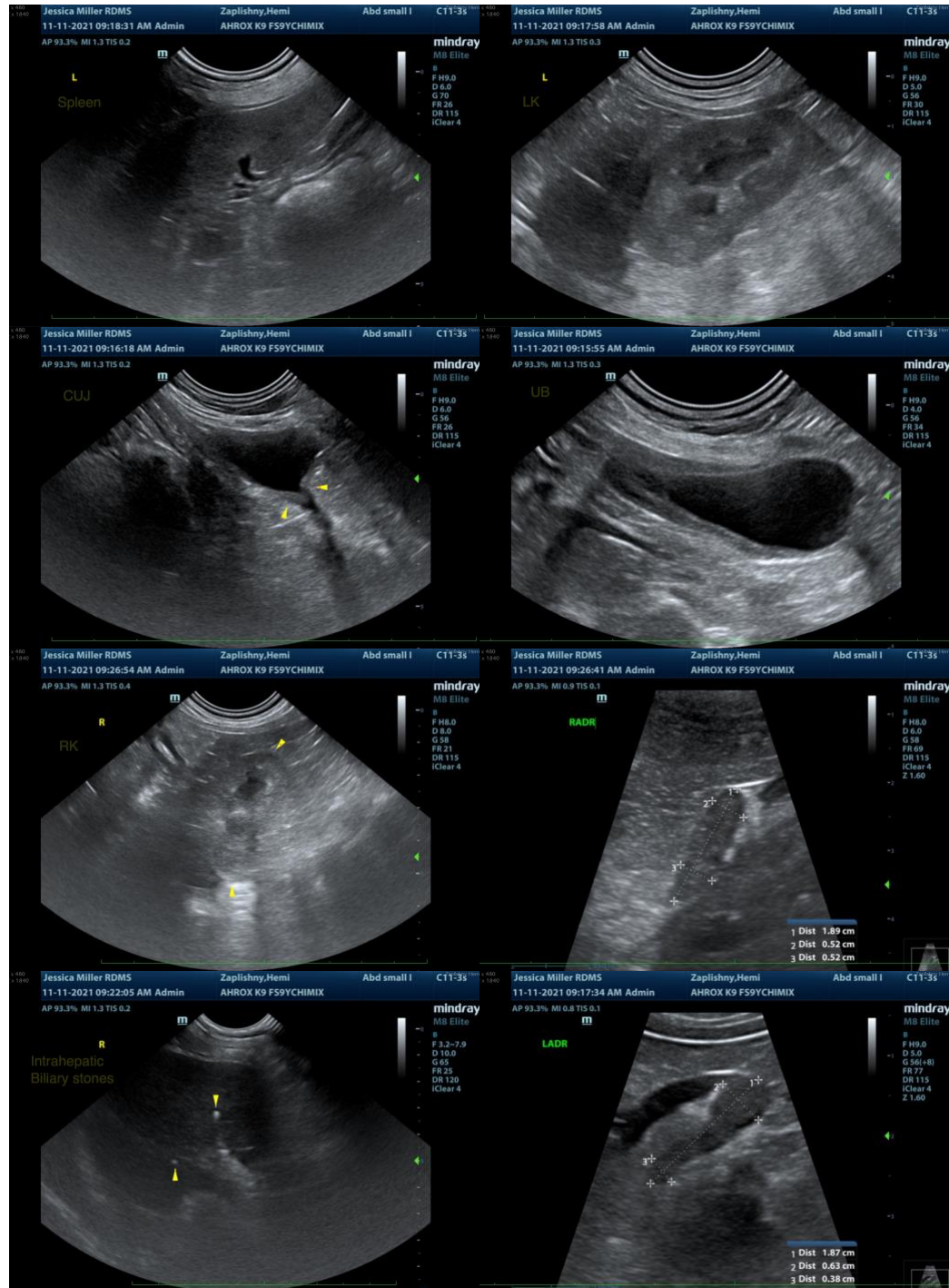
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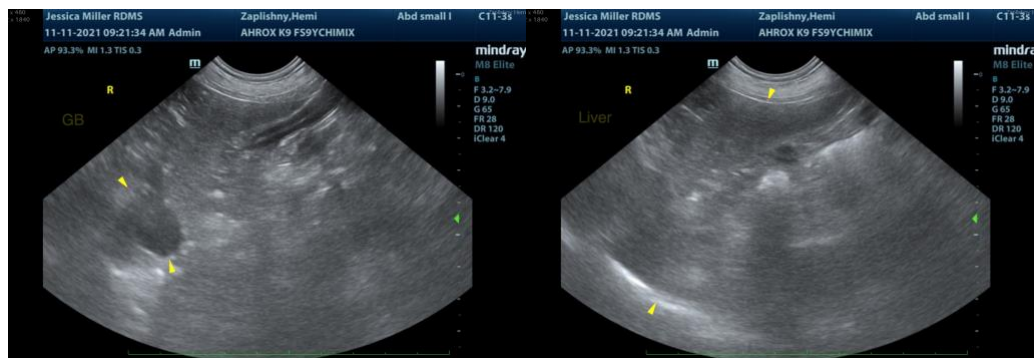
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com