



PATIENT

Sadie Locklear

SPECIES

Canine

BREED

German Shepherd

SEX

Female Spayed

AGE

09/20/2024

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Waterway AH

REFERRING VET

Dr Amy McCalla

INVOICE

22261

DATE

11-14-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Possible Bladder stones. Prolonged hematuria. High USG.
Multiple Radiographs: 1st positive neg bladder stones. 2nd bladder stones were seen. 3rd no bladder stones
Current Medications: USG 1.058; no crystalluria on urinalysis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The ventral and ventroapical wall are moderately thickened (up to 1.60 cm) with a slightly irregular mucosal surface. A moderate amount of suspended echogenic debris is observed within the lumen. Gravity-dependent mineralized sand and tiny cystic calculi are also seen within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The left kidney is normal in size (7.44 cm in length) with a normal shape, architecture and 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 in size (7.46 cm in length) with a normal shape, architecture and 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 in size (0.49 cm at cranial pole) (0.61cm at caudal pole) with a normal shape and 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 in size (1.07 cm at cranial pole) (0.53cm at caudal pole) with a normal shape and 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 (1.80 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 normal to slightly small in size with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The area of the portal hilus is difficult to assess due to gas distention and the patient's deep-chested conformation. However, the portal vein is subjectively small compared to the caudal vena cava.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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. The small intestinal wall is normal in thickness with a normal layering



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pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion no obvious abnormalities are seen

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

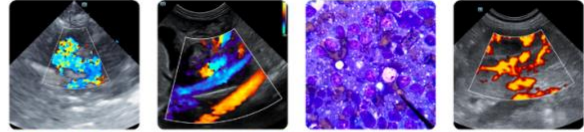
ULTRASONOGRAPHIC FINDINGS

- Tiny cystic calculi/urinary bladder sand with urinary bladder wall changes consistent with cystitis
- Equivocal hepatomegaly with possible small portal vein (relative to the caudal vena cava)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the hepatic changes and the patient's young age for developing cystic calculi, consider pre- and postprandial serum bile acids to screen for a congenital portosystemic shunt, along with a full chemistry panel to evaluate liver values.
- A urinalysis with a culture and sensitivity are also recommended.
- Ultimately, a cystotomy with stone/sand removal, with submission for analysis and culture may be warranted.





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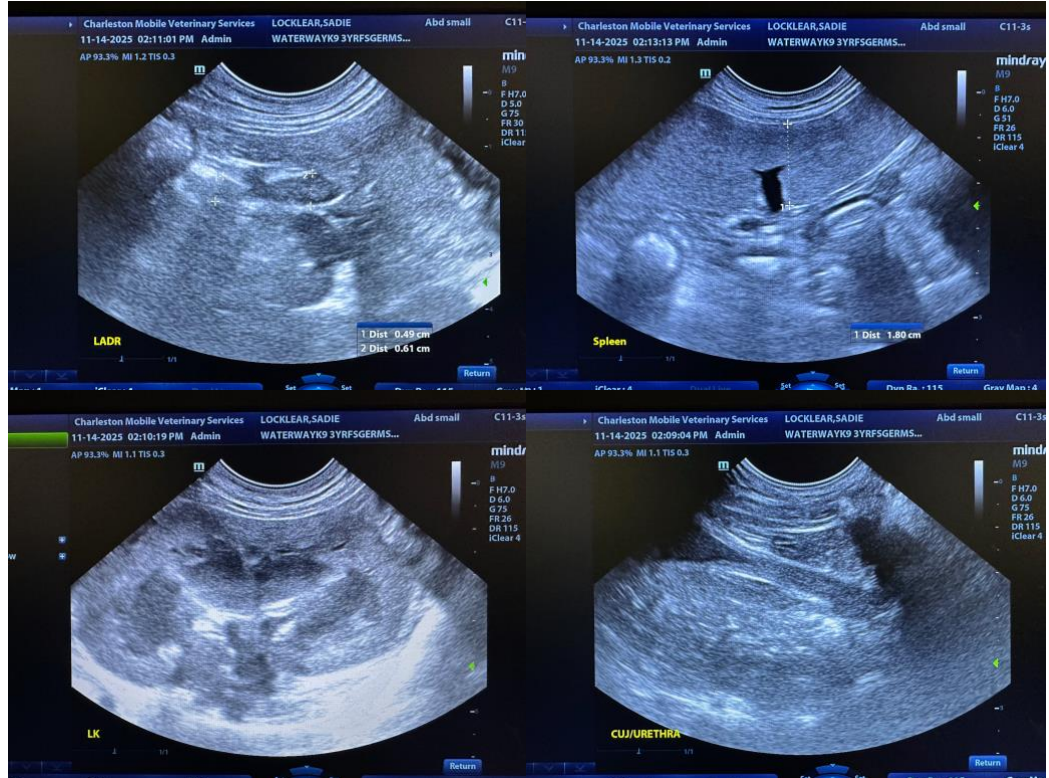
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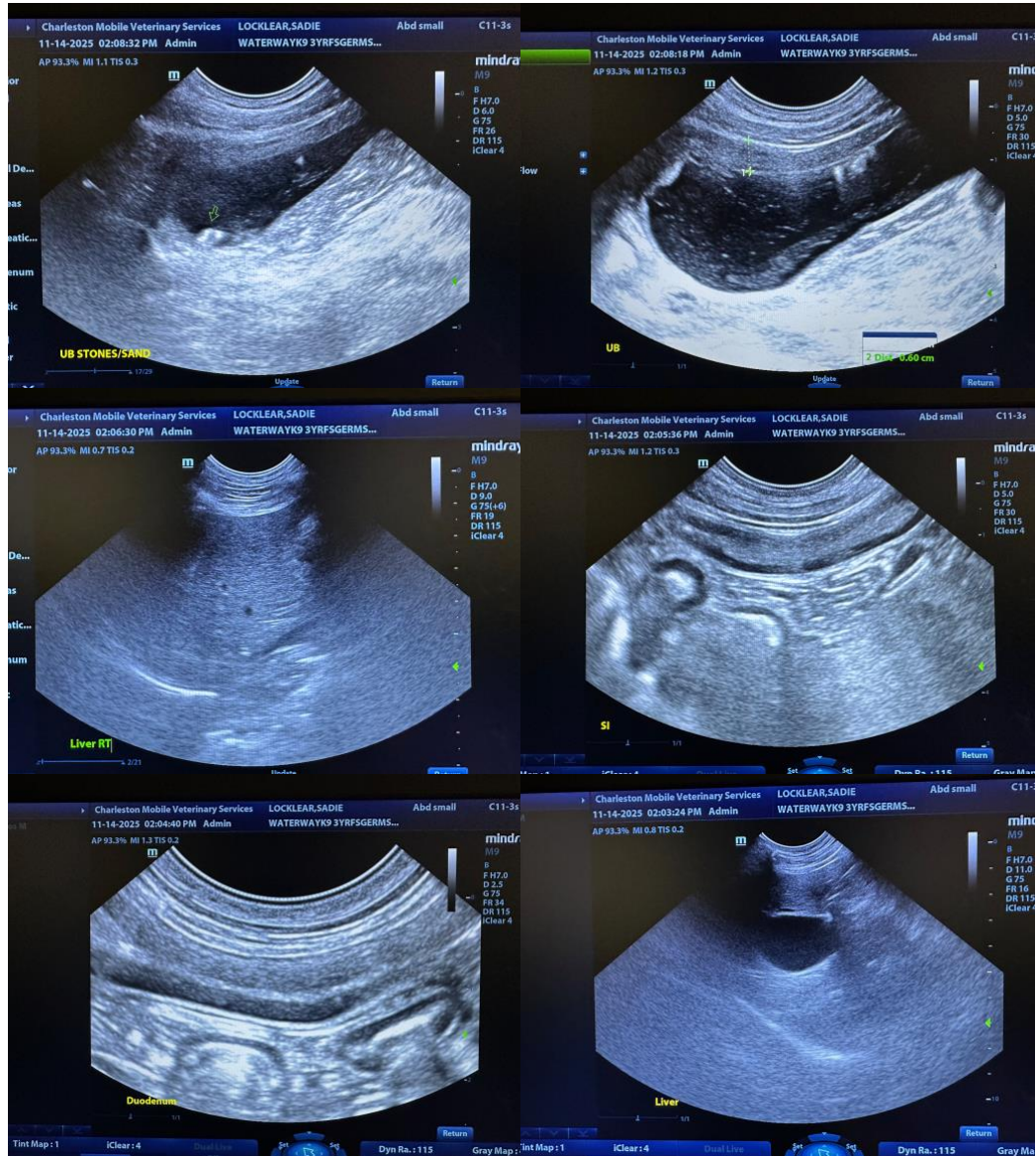
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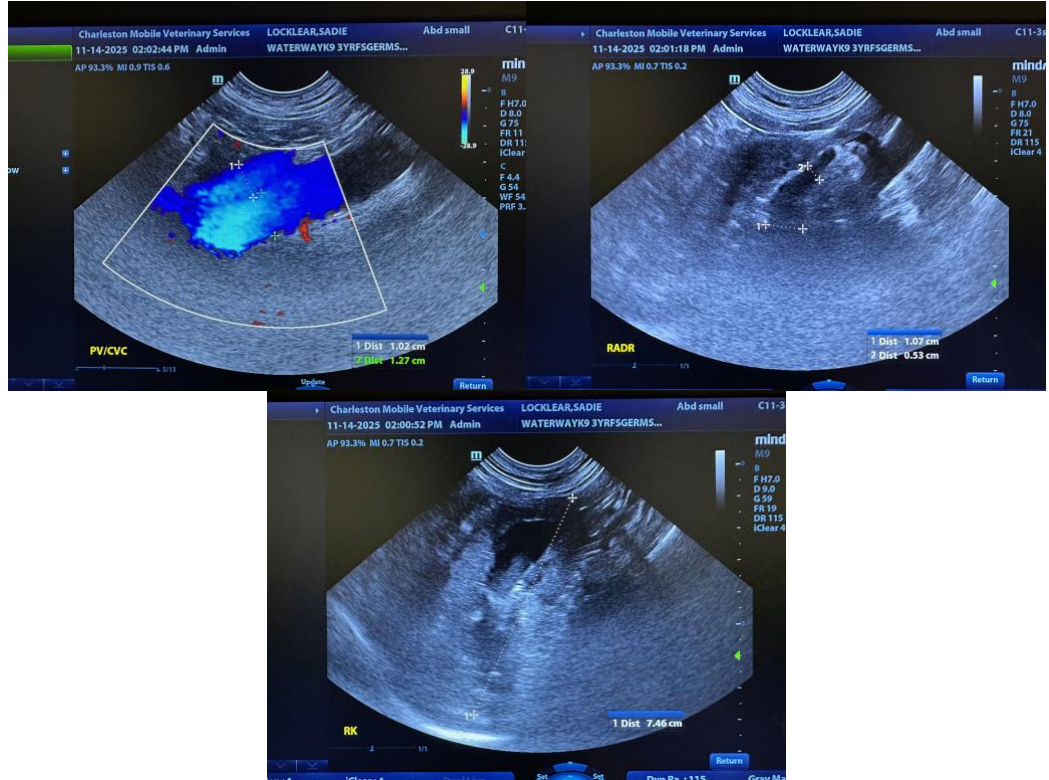
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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