



PATIENT

Chubbs Pierse

SPECIES

Canine

BREED

English Bulldog

SEX

Female

AGE

5.8.25

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Dunes VC

REFERRING VET

Dr Soileau

INVOICE

22292

DATE

11-21-25

PRESENTING CLINICAL SIGNS

Patient has a history of urinary incontinence, as well as urinary tract infections. Is currently on Clavamox. Dribbles urine when walking. Improved somewhat on antibiotics.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A large amount of suspended echogenic-to-mineralized debris/sand is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (6.45 cm in length) with a normal shape, architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal. The left distal ureter is visualized dorsal to the urinary bladder and appears to course distally beyond the ureteral papilla, though its definitive entry point is not seen due to overlapping of the uterus.

The right kidney is normal in size (6.46 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Nonobstructive mineralized foci are visualized. Severe pyelectasia/hydroureter is present (1.60 cm in the longitudinal plane). Renal vasculature is normal. The right ureter is diffusely dilated (0.14 cm proximally/0.66 cm distally). Echogenic debris is suspended within the ureteral lumen. The ureter appears to course distal to the region of the ureteral papilla. However, its entry point is not definitively identified due to overlapping of the uterus.

Adrenal Glands

The left adrenal gland is normal in size (0.44 cm at cranial pole) (0.47 cm 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 (0.50 cm at cranial pole) (0.60 cm 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 (1.28 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.29 cm in width).



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Gastrointestinal

The gastric lumen is mild to moderate loss of with ingesta. 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 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

The pancreas is visible with normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A 1.22 x 0.44 cm medial iliac lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

Both uterine horns and the uterine body are visible. No obvious pathology is observed.

The left ovary is visible and is subjectively normal-in-size (1.04 x 0.39 cm). No obvious pathology is observed. The right ovary is visible and is subjectively normal-in-size (1.23 x 0.78 cm). No obvious pathology is observed.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected unilateral or bilateral ectopic ureters. The right ureter is severely dilated, with subsequent right severe pyelectasia/hydronephrosis, likely secondary to distal ureteral obstruction at the entry point.
- Urinary bladder debris/sand
- Right nonobstructive nephrolithiasis

Secondary Findings

- The prominent medial iliac lymph node is likely reactive with a low possibility of emerging neoplasia.
- The pancreas is as expected for a young, canine patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Referral to a board-certified surgeon is recommended for a contrast abdominal CT scan +/- cystoscopy to further evaluate for ectopic ureters. The current urinary tract infection should be treated based on culture and sensitivity results.



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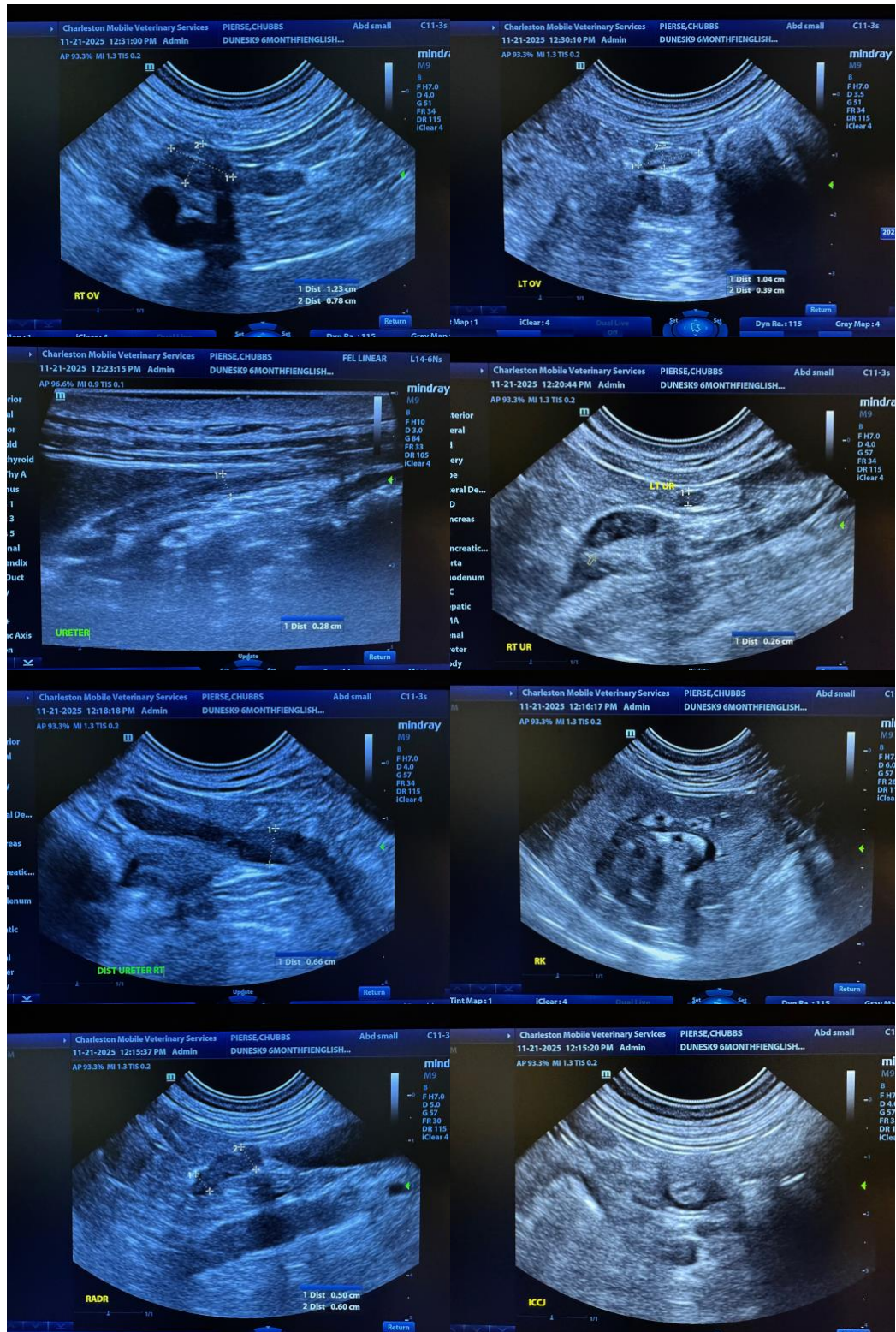
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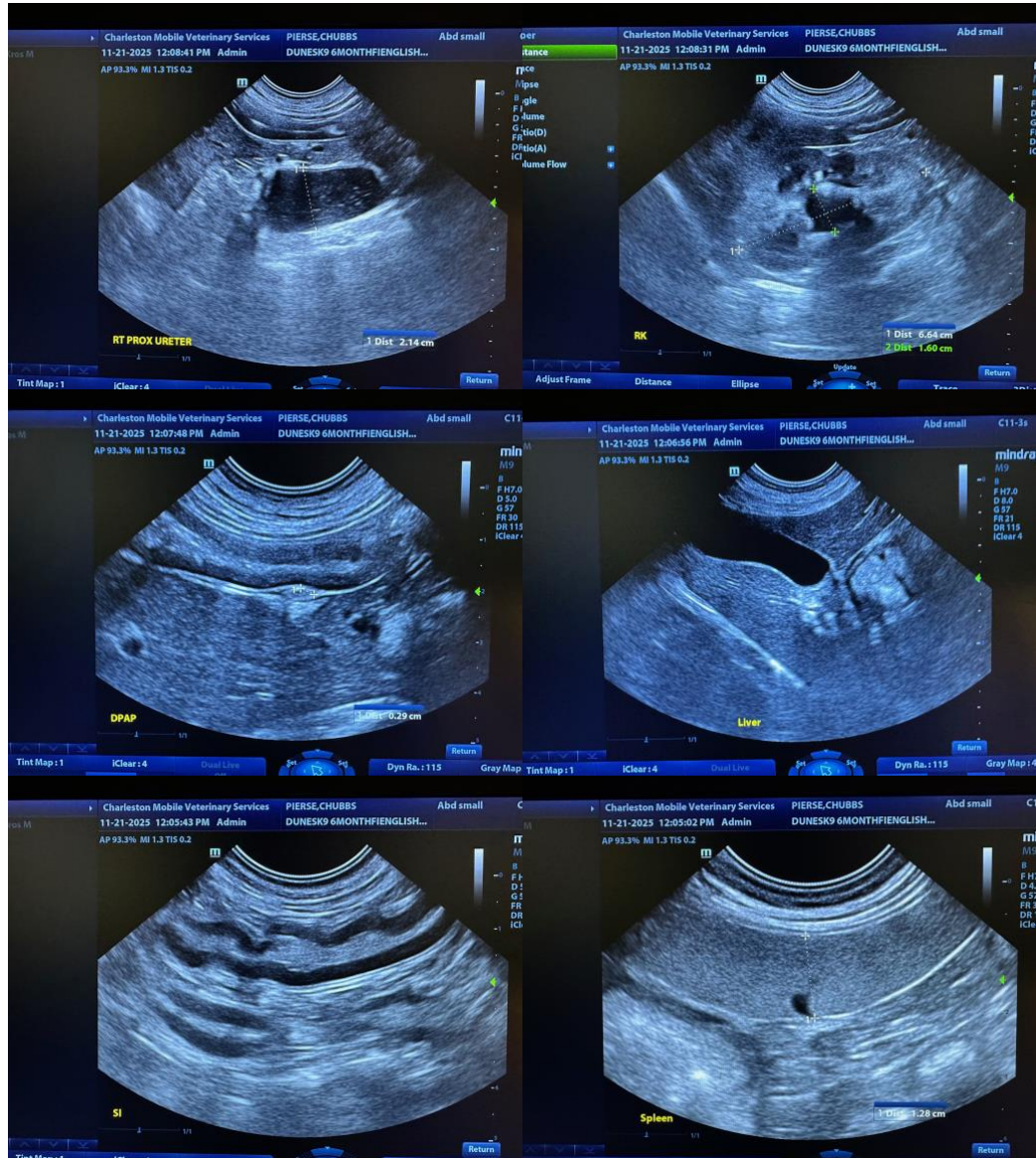
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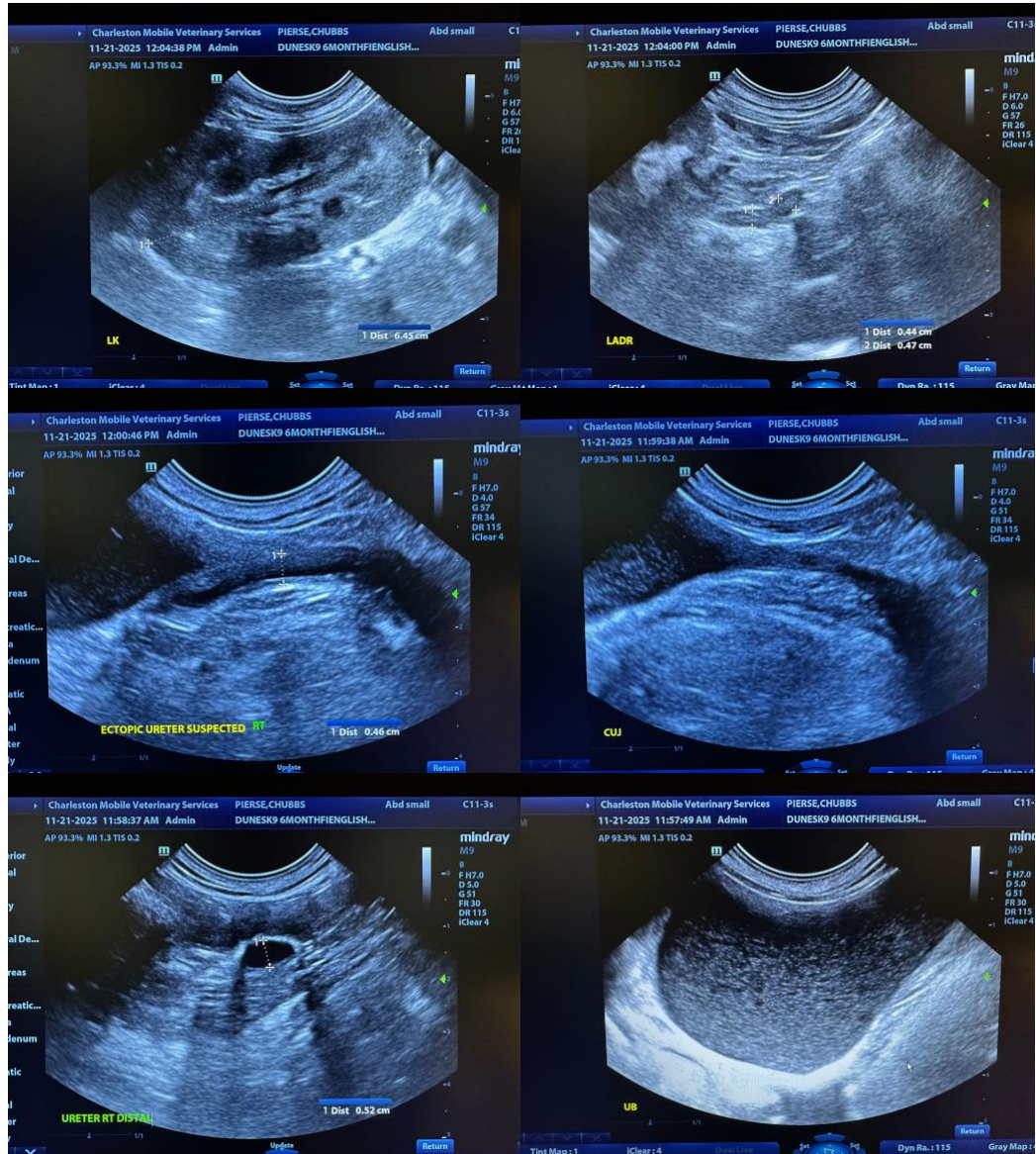
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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