



**DATE PRESENTING CLINICAL SIGNS**

12/15/25 **Patient History:** Concern for swelling in the region iliac artery. Asymptomatic.

**PATIENT**

Daisy Littlefield

**Current Medications:** Rimadyl 100mg Give 1 caplet every 24 hours for 10 days

**Labwork Results:** Diagnostics not attached, reported as: Findings: Study: 4 radiographs of the caudal abdomen and pelvis dated December 9, 2025. The urinary bladder contains a small volume of urine. The kidneys are smoothly marginated and normally sized. Radiopaque calculi are not observed within the urinary tract. On the lateral views, the deep circumflex iliac artery is visible and on as a rounded soft tissue opaque structure in the caudal retroperitoneal space. The GI tract, liver and spleen are within normal limits. The L1-L2 disc space is narrow and there is concurrent spondylosis. There is a healed fracture of the right iliac body, a healed fracture of the left ischiatic spine, and a nonunion fracture of the left acetabular branch of the pubis. Assessment: Normal abdomen. No evidence of radiopaque urinary tract calculi or urinary bladder outflow obstruction. Study does not rule out cystitis. Prior pelvic trauma with healed fractures of the right ilium, left ischium and nonunion fracture of the left pubis.

**SPECIES**

Canine

**Date of Previous IntraPet Ultrasound:** No previous.

**BREED**

German shorthair pointer

**Sedation:** Not required to complete full diagnostic ultrasound.

**SEX**

Female, spayed

**Stat Report:** Not requested.

**Imaging Performed by:** Rachel Brillhart, RDMS.

**AGE**

5/6/2014

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly to moderately distended with anechoic urine. The wall in the region of the apex is thickened (up to 0.72 cm) and irregular. The wall tapers to a normal thickness as it extends toward the cystourethral junction. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**WEIGHT**

56.6 lbs.

**INTERPRETED BY**

The left kidney is normal in size (6.14 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.30 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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

**HOSPITAL NAME**

Banfield White Marsh

**REFERRING VET**

Dr. Wharton

**Adrenal Glands**

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.62 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.

**INVOICE**

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The right adrenal gland is normal in size (0.66 cm at cranial pole) (0.64 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 (1.82 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. 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 with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

### ***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.

### ***Lymph nodes***

The abdominal lymph nodes are normal/not visible.

### ***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

The uterine stump is visible and is subjectively normal in size (0.67 cm in width). No obvious pathology is seen.

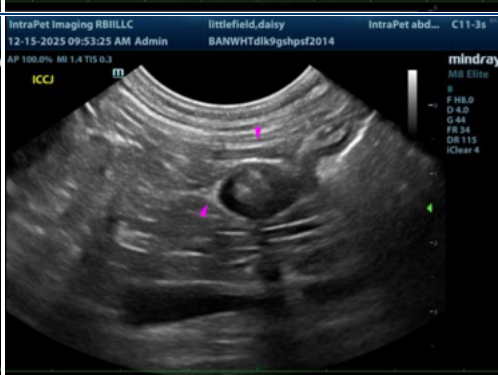
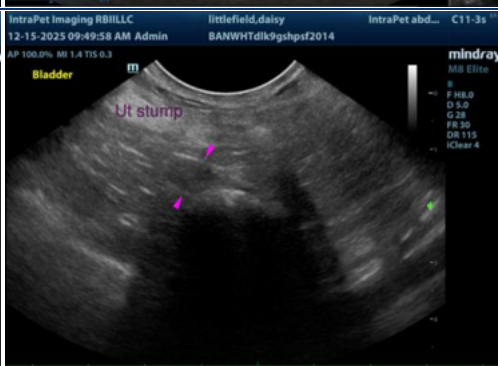
## **ULTRASONOGRAPHIC FINDINGS**

- Minor age-related hepatic and renal changes.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The urinary bladder wall changes in the region of the apex are suggestive of cystitis with a lower possibility of emerging neoplasia.

\*There is no obvious pathology in the caudal retroperitoneal space.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's age, a minimum database including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function (if not already performed).





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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