



PATIENT

Hazel Hall

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

12-26-2018

WEIGHT

20.1 kg

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

BluePearl MP ER

REFERRING VET

Dr Alexis Starr

INVOICE

22339

DATE

12-26-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient has a 1 ½-year history of chronic intermittent urinary tract infections, with occasional dribbling of urine. Patient presented to the ER today for lethargy. Was bright and alert on examination. Bloodwork performed in-house was unremarkable. USG 1.014. Urine: pH 8.
Current Medications: P has been given several courses of Enrofloxacin, and at recheck they sent out culture and switched her to Zeniquin - she completed a 30-day course 1.5 weeks ago. She is still experiencing dribbling urine.
Radiographic Findings: Pending

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. Luminal contents are anechoic. No cystic calculi are observed. 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 (5.58 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 (5.34 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 (0.55 cm at cranial pole) (0.52 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 (0.74 cm at cranial pole) (0.54 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 subjectively normal-in-size 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly 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 not dilated. 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



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no evidence of an obstructive pattern.

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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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Lymph Nodes

At least two prominent mesenteric lymph nodes are visualized (one measuring 1.34 x 0.51 cm).

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

The uterine stump is visible (measuring 0.46 cm in width). No obvious pathology is observed.

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

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ULTRASONOGRAPHIC FINDINGS

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

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include conformation abnormality (i.e., recessed vulva), reduced urinary tract immunity, underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity are recommended, particularly if the patient is exhibiting clinical signs of a urinary tract infection.
- Evaluation of the external genitalia is also recommended to assess for congenital malformations that may be predisposing the patient to urinary tract infections.
- Also consider the use of cranberry supplements and baby wipes following bowel movements to reduce the recurrence of infection.

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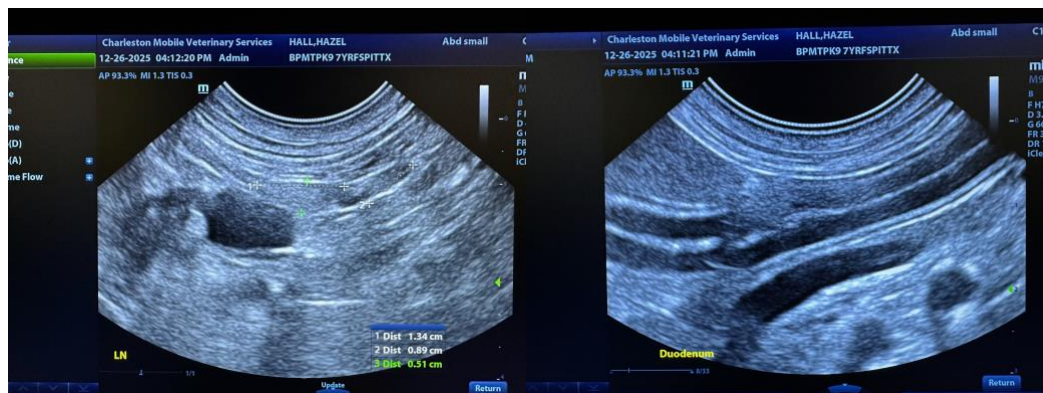
Dr Alexis Starr

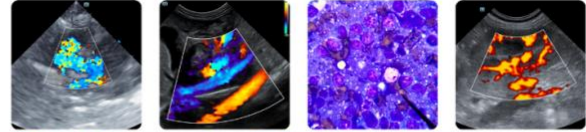
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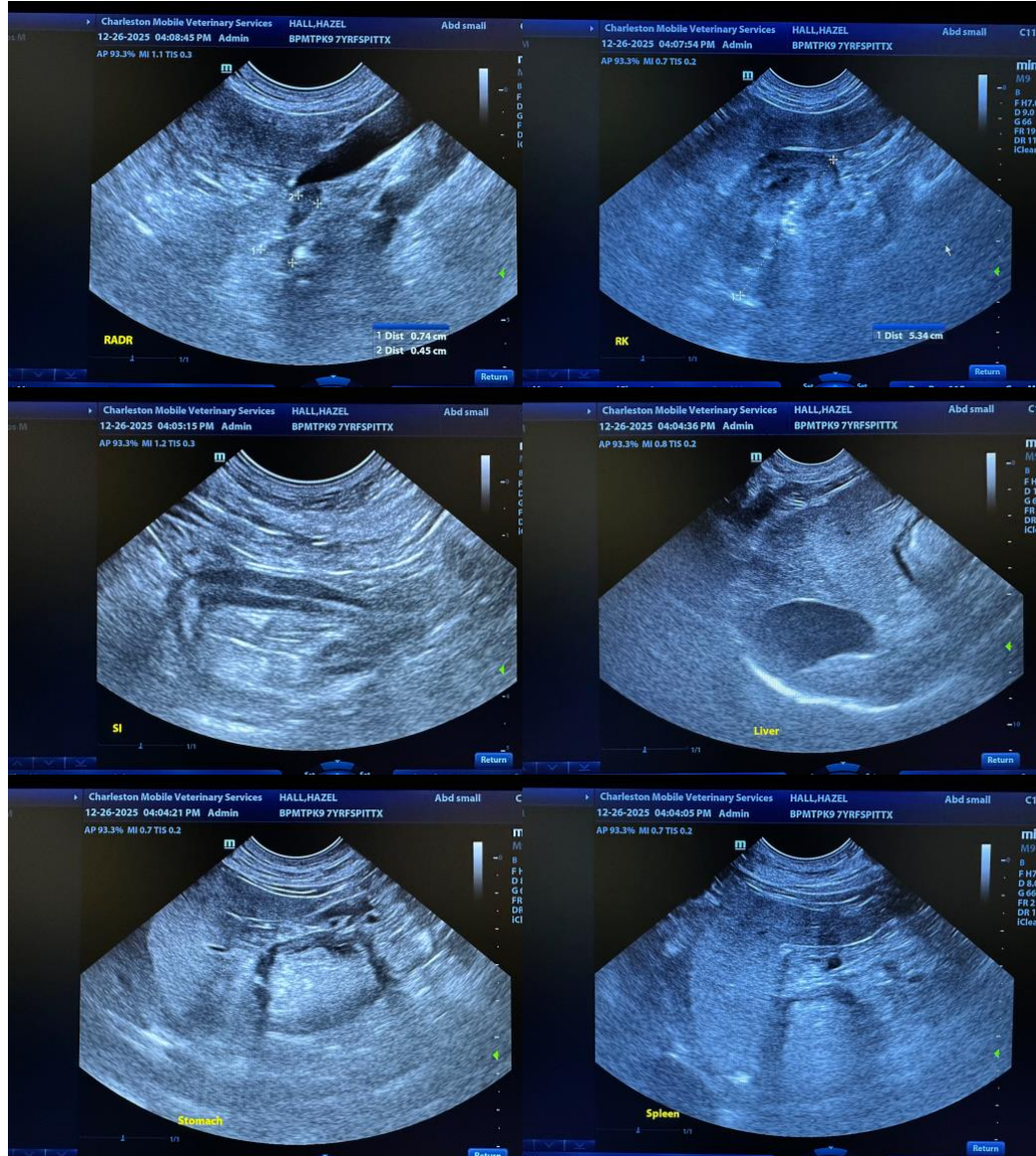
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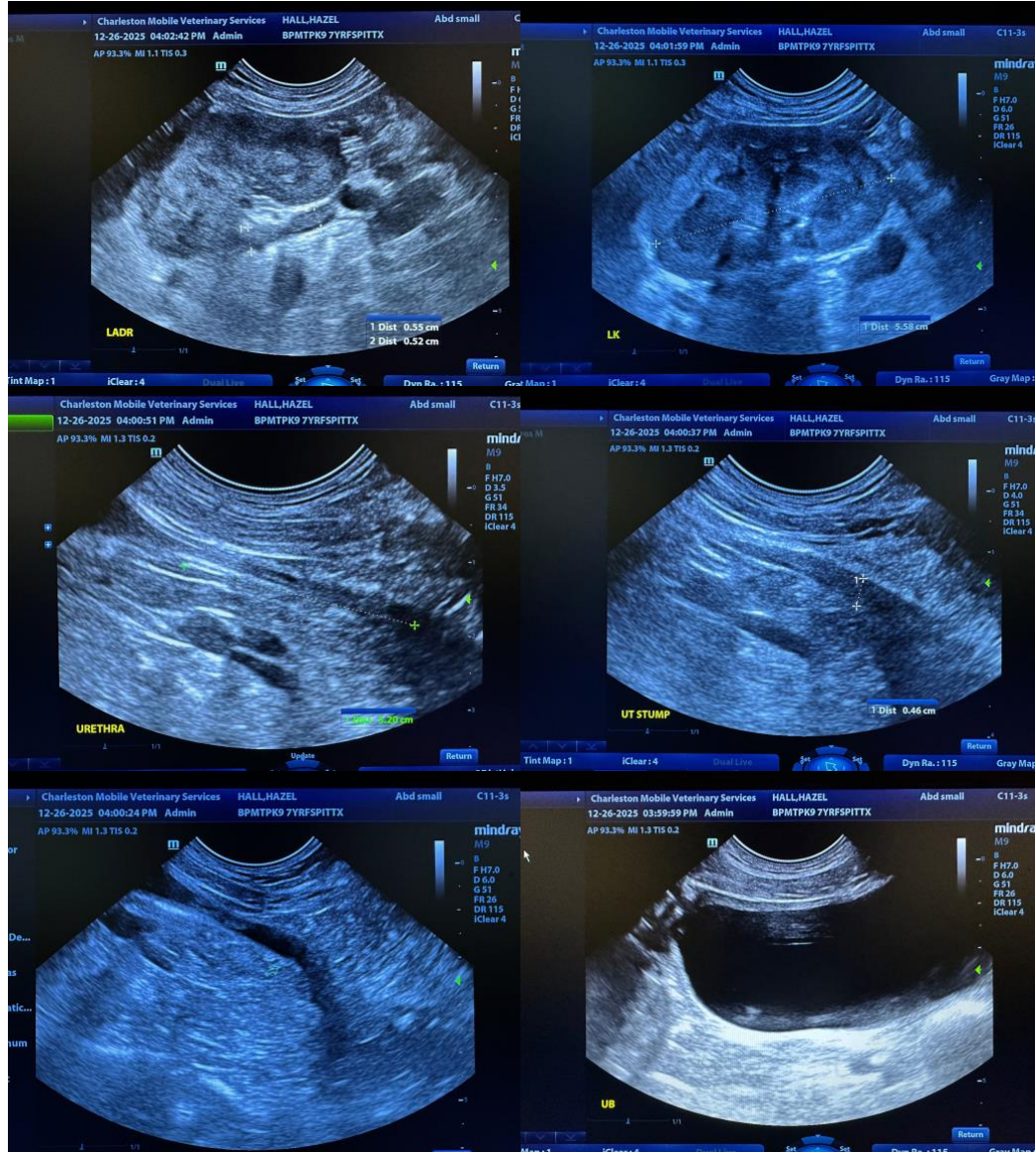
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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