

**PATIENT**

Jordy Taylor

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Intact Male

**AGE**

4 Months

**WEIGHT**

10 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

**CryCrys**

Crystal Hill

**HOSPITAL NAME**

Green River Veterinary  
Hospital

**REFERRING VET**

**INVOICE**

10091

**DATE**

12/30/21

**PRESENTING CLINICAL SIGNS**

History: Lots of issues housetraining, pees everywhere and seems to be a large volume and all of the time. Multiple urinalysis confirmed UTI's which only minimally improved with Chlor palm for several weeks. Culture negative for growth. Seemed a bit better at home and was making it through the night for a short time, after most recent vaccine booster started having accidents all over the house again. Most recent U/A showed WBCs 32/hpf and RBC 12/hpf. Very high energy and high anxiety pup. Abnormal PE/Chem/CBC/UA Results:

Given the gastric distention, some cranial abdominal pathology may be obscured

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The luminal contents are mostly anechoic. No calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.70 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.75 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (4.49 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.36 cm at cranial pole) (0.32 cm at caudal pole); 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.

The right adrenal gland is normal size (0.37 cm at cranial pole) (0.30 cm at caudal pole) (1.38 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 (1.03 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. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are



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anechoic. The cystic and common bile ducts are normal.

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**Gastrointestinal**

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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.

**Pancreas**

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mid- to caudal abdominal lymph nodes are visualized, the largest measuring 1.89 cm in length. The nodes are normal in shape and echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

The prominent abdominal lymph nodes are likely secondary to immunologic immaturity, reactive lymphadenitis, lymphoid hyperplasia or some combination thereof. The remainder of the abdomen is unremarkable. An obvious cause for the patient's clinical signs is not identified in this study.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline lab work, including a CBC chemistry panel and urinalysis is recommended to assess overall metabolic function (if not already performed). Also consider a repeat urine culture and sensitivity.
- Consider pre- and post-prandial serum bile acids to screen for a congenital portosystemic shunt, which sometimes cause inappropriate urinations.
- Depending on the results of the above diagnostics, a contrast CT scan may be warranted to assess for ectopic ureters, although this congenital condition is rare in males.

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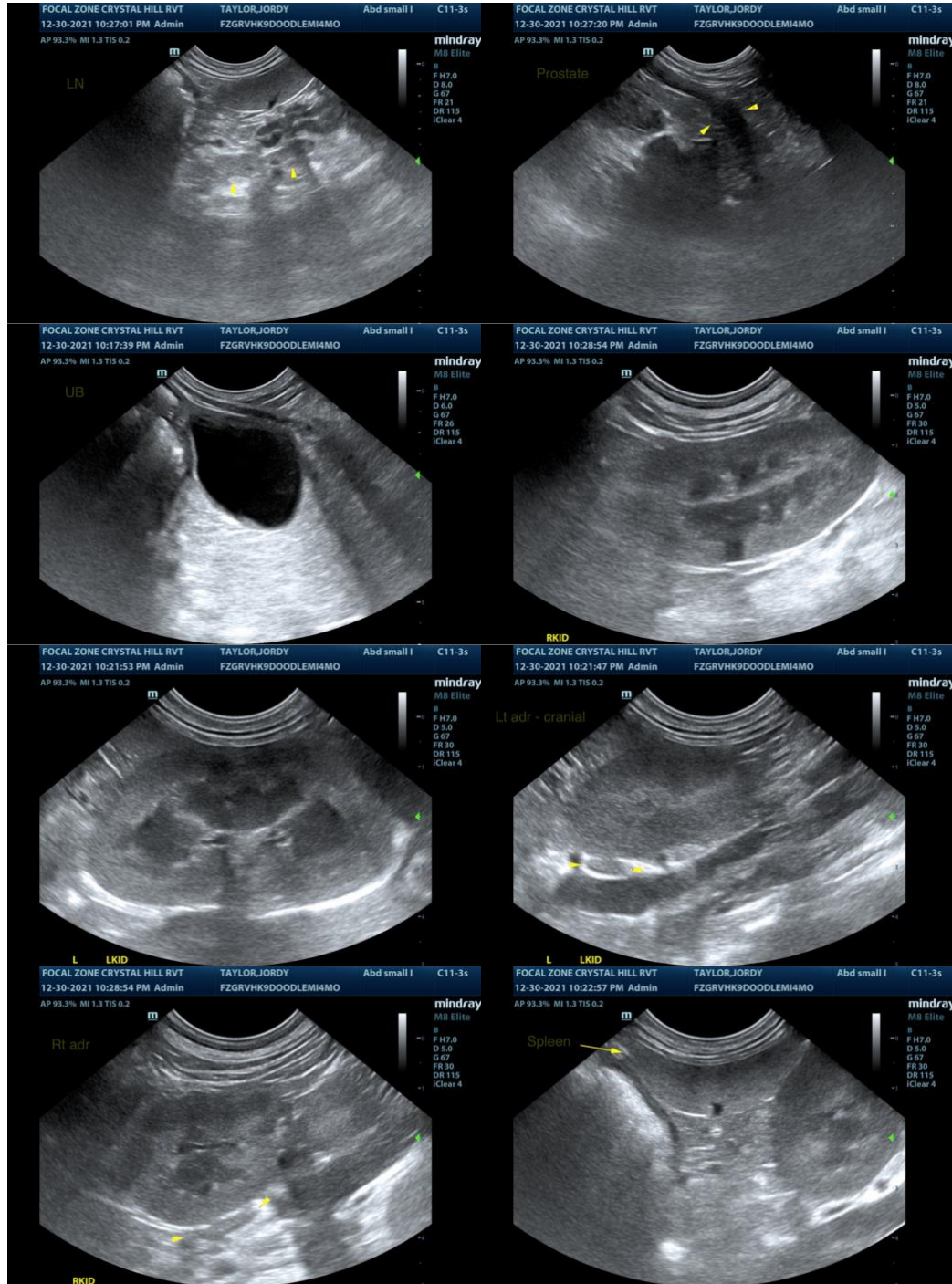
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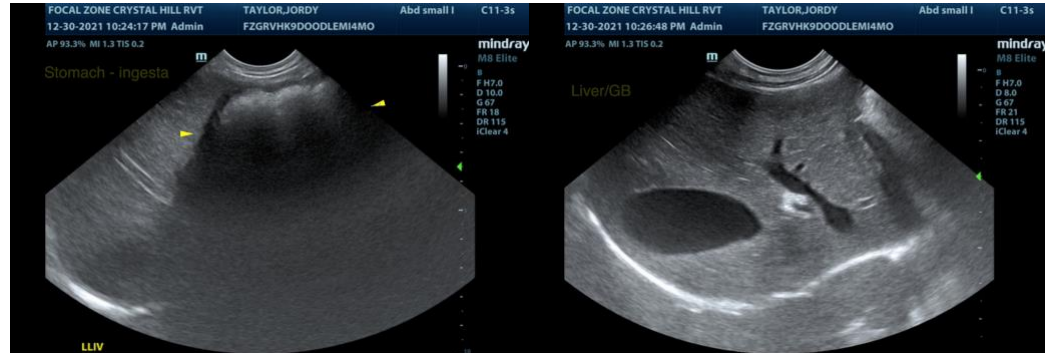
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

com