



**PATIENT**

Charlotte Miosoti  
Cortijo

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

8 years

**WEIGHT**

4.3 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. G. Ferrer, DVM

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. G. Ferrer, DVM

**INVOICE**

10582

**DATE**

3/17/22

**PRESENTING CLINICAL SIGNS**

History: Charlotte presented on 3-17-22 for evaluation of hematuria. Patient has been having blood in urine for the last week. When trying to perform a ultrasound guided cystocentesis to collect an urine sample an abnormal structure was seen. An abdominal ultrasound was done to further evaluate the structure by the bladder.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: WNL Radiographs: WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (3.06 cm in length); normal shape and architecture with smooth peripheral margins. There is minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.38 cm in length); normal shape and architecture with 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.32 cm at caudal pole) (1.37 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.

The right adrenal gland is normal size (0.47 cm at cranial pole) (0.31 cm at caudal pole) (1.11 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 (0.72 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 distended. The wall is normal in thickness. A large amount of aggregated, echogenic, suspended debris/sludge fills the lumen. The cystic and common bile ducts are normal/not seen.



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**Gastrointestinal**

The gastric lumen is mildly distended with ingesta. 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 colonic wall is normal. No obstructive or overt infiltrative disease is noted.

**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.

**Free Abdomen**

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**Other**

The uterine stump is dilated (up to 1.39 cm), with echogenic fluid. The wall is mildly thickened (up to 0.21 cm), and irregular. The mesentery effacing the serosal surface is hyperechoic.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Stump pyometra.
- The gall bladder changes could be secondary to cholestasis, fasting, or early mucocele formation.

**Secondary Findings**

- Minor age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Initiation of broad-spectrum antibiotic therapy is recommended along with surgical removal of the uterine stump. At the time of surgery, an evaluation should be made for ovarian remnants and removed, if seen. A thorough history should be also obtained from the client regarding possible exogenous estrogen/progesterone exposure.
- Regarding the gall bladder changes, consider a repeat ultrasound in 2-3 weeks, preferably 2 hours post-small meal. If the gall bladder changes are similar to the current scan, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 6- 8 weeks) to assess for progression to a fully-formed mucocele.



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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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info@SonoPath.com

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