



PATIENT

Ziggy Martin

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

1 year

WEIGHT

28.4 lbs

PRESENTING CLINICAL SIGNS

History: Pet presented on 03/14 for frequent urination, straining, uncomfortable. Symptoms started over weekend. Urinary catheter was passed easily, but pet was straining to urinate afterwards outside. Pet still appears painful to urinate today. Currently on Clavamox and Gabapentin Radiographs didn't show obvious stones, reviewed by radiologist

Abnormal PE/Chem/CBC/UA Results: PLT: 407 UA: SG: 1.048 Protein" 3+ Occ blood: 3+ RBC: 21-50 Trans epithelial: 2-3 Urine culture: no growth (first tract)

Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal. The proximal urethra wall is borderline thickened (up to 0.32 cm), with a smooth mucosal surface. The urethral lumen is not dilated.

The prostate is normal in size (0.95 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

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

The left kidney presented normal size (5.29 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.

IMAGING PERFORMED BY

Dr. Lynnette Reyes

The right kidney is subjectively normal in size, with a 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.

HOSPITAL NAME

Chain of Lakes AC

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.54 cm at caudal pole) (2.12 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.

REFERRING VET

Dr. Lynnette Reyes

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

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Spleen

The spleen is normal in size (1.62 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.

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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.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is moderately 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.

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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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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The mild proximal urethral wall thickening is suggestive of urethritis.

**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include urinary tract infection, reflex dyssynergia, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- A urine culture and sensitivity should be considered. While awaiting test results, empirical treatment for a urinary tract infection is recommended. If the culture is negative and/or if the patient does not improve on antibiotics, consider a more advanced lower urinary tract workup (i.e., a contrast cystourethrogram).

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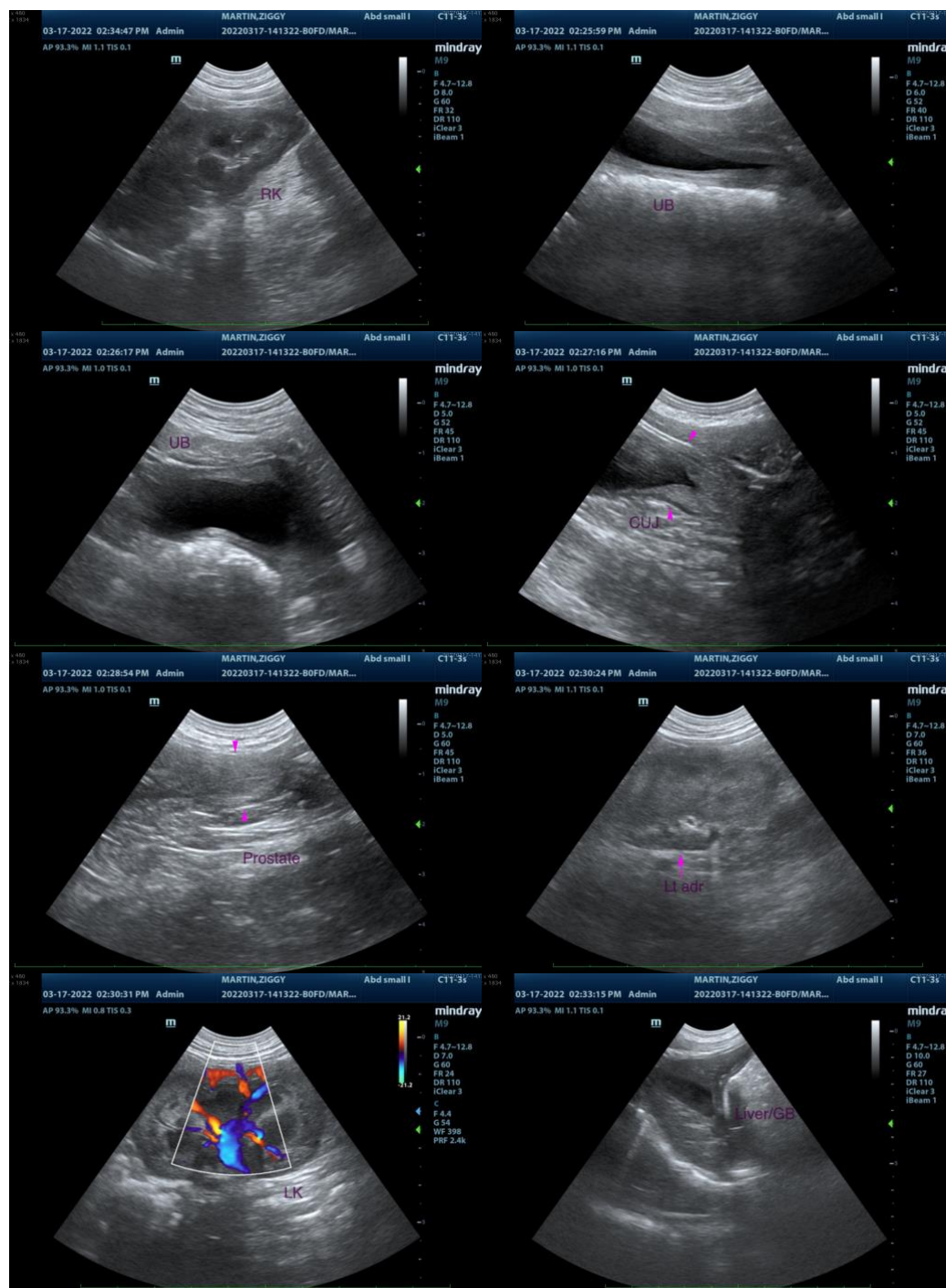
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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