



**PATIENT PRESENTING CLINICAL SIGNS**

Lucy Lowrey

History: History of chronic hematuria. Current meds: Enrofloxacin 68 mgs - started on 4/23/22, Cypoint injection.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: U/A: Protein 4+, marked rods and cocci, 4+ ammonium Mg. phosphate, USG 1.040.

Canine

**BREED**

Puggle

**SEX**

Female, spayed

**AGE**

11 yrs.

**WEIGHT**

25.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

**INVOICE**

13258

**DATE**

4/25/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is mildly to moderately distended. The wall in the region of the apex is severely thickened (up to 1.08 cm) and irregular. The wall tapers to a normal thickness as it extends toward the cystourethral junction. A small amount of suspended echogenic to mineralized debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm) are normal.

The left kidney is normal size (4.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.47 cm at caudal pole) (2.08 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 (0.87 cm at cranial pole) (0.45 cm at caudal pole) (1.65 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 (1.07 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. 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.

*Gastrointestinal*



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The gastric lumen is 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 segmentally dilated with gas and 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 disease is noted.

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**Pancreas**

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

**BREED**

Puggle

**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**

**Primary Findings:**

- The urinary bladder wall changes are most consistent with cystitis with a lower possibility of emerging neoplasia (i.e., transitional cell carcinoma).

**WEIGHT**

25.5 lbs.

**Secondary Findings:**

- Bilateral, chronic age-related renal changes.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

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Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample or on a sample collected 5-7 days following the last dose of antibiotics.
- Evaluation of the external genitalia is recommended to assess for factors that may be predisposing the patient to urinary tract infections.
- A urine BRAF test can also be considered to screen for lower urinary tract neoplasia. A negative test, however, does not completely rule out cancer.

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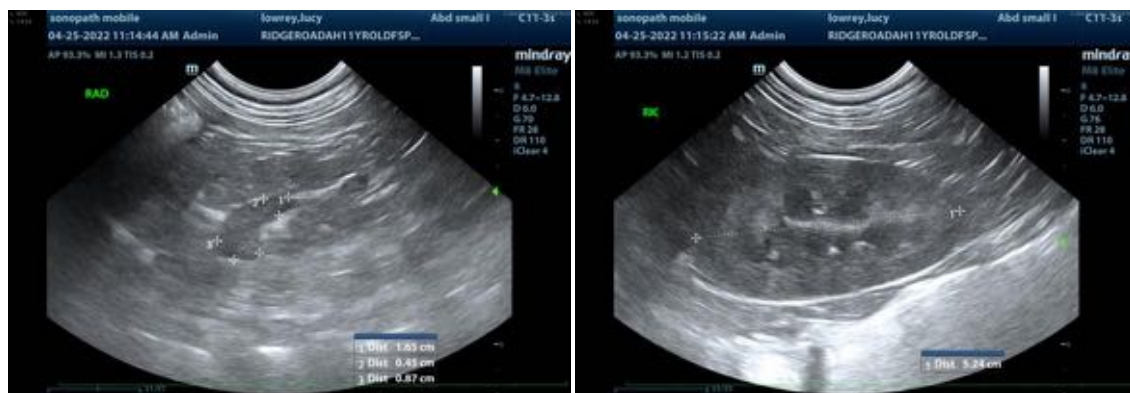
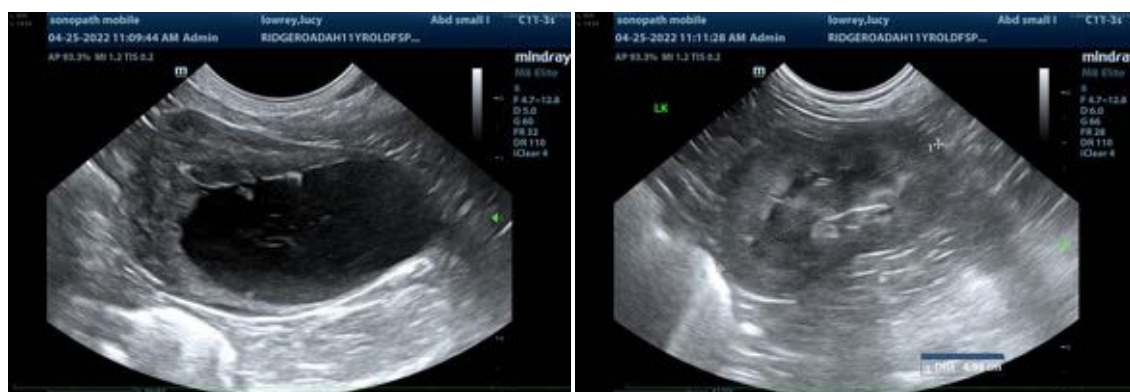
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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Puggle

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Andrea.nicastro@sonopath.com

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