
**PATIENT PRESENTING CLINICAL SIGNS**

Sadie Sulkowski

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Spayed Female

**AGE**

7.5 years

**WEIGHT**

23.5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Main St AH

**REFERRING VET**

Dr. Albright

**INVOICE**

10719

**DATE**

4/8/22

Originally seen January 28, 2022 for blood coming from hind end (owner unsure if from anus, urine). Not lethargic, no change in e/d. Feeding salmon and rice. Urine accidents in house the week prior. On exam, BAR, 39.1 C, 126 bpm, pink m.m., < 2 sec., BCS 6/9, no pain on abdominal palpation, M1-M2 vulvar erythema (r/o urinary infection). Owner instructed to collect urine for u/a. Urinalysis done January 28, 2022 (see report emailed) - assessment: UTI. Given Apo Amoxiclav 375mg PO BID x 4 days. Discussed possible radiographs and diet change if no resolution. Recheck u/a om 10-14 days. Urinalysis done February 12, 2022 (see report emailed) - assessment: UTI resolved. Owner to start Urinary S/O and recheck u/a in 4-6 weeks - discussed possible bladder radiographs. Urinalysis done April 7, 2022 (see report emailed - collected at 3:00am but DVM ok'd as owner had a very difficult time collecting urine sample) - discussed results with owner and recommended urine culture, bladder radiographs or U/S +/- bloodwork. Owner ok'd U/S and collecting urine sample via cystocentesis (guided by U/S) for culture.

Abnormal PE/Chem/CBC/UA Results: Please see attached urinalysis results. Have also collected another Cysto sample and blood to send out for further analysis today.

**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 is moderately distended. A scant amount of echogenic debris is observed within the lumen. 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 (6.26cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.47 cm at caudal pole) (1.75 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 (0.52 cm at cranial pole) (0.50 cm at caudal pole) (2.36 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 (1.62 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.

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.

**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 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 evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

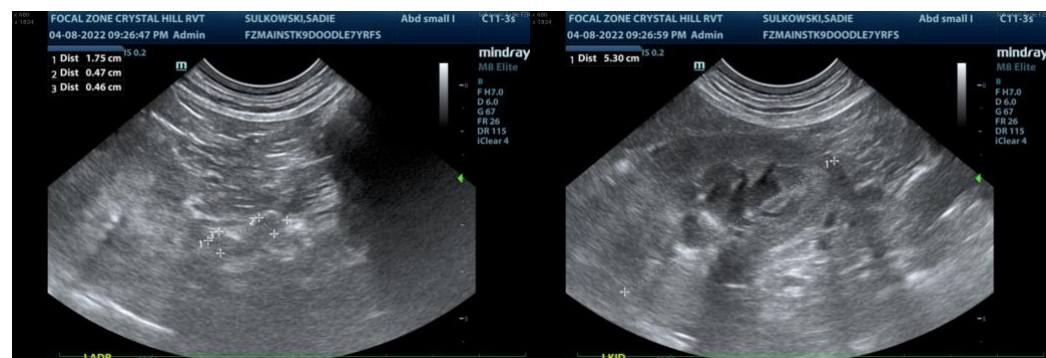
**Primary Findings**

- Unremarkable abdomen.

\*\*An obvious cause for the patient's urinary tract infections is not identified in this study.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Evaluation of the external genitalia is recommended to assess for predisposing factors.
- A urine culture and sensitivity is recommended. If positive, a more prolonged course of antibiotics (i.e., 2-3 weeks) may be warranted. If the culture is negative, but proteinuria persists, a UPC should be considered.





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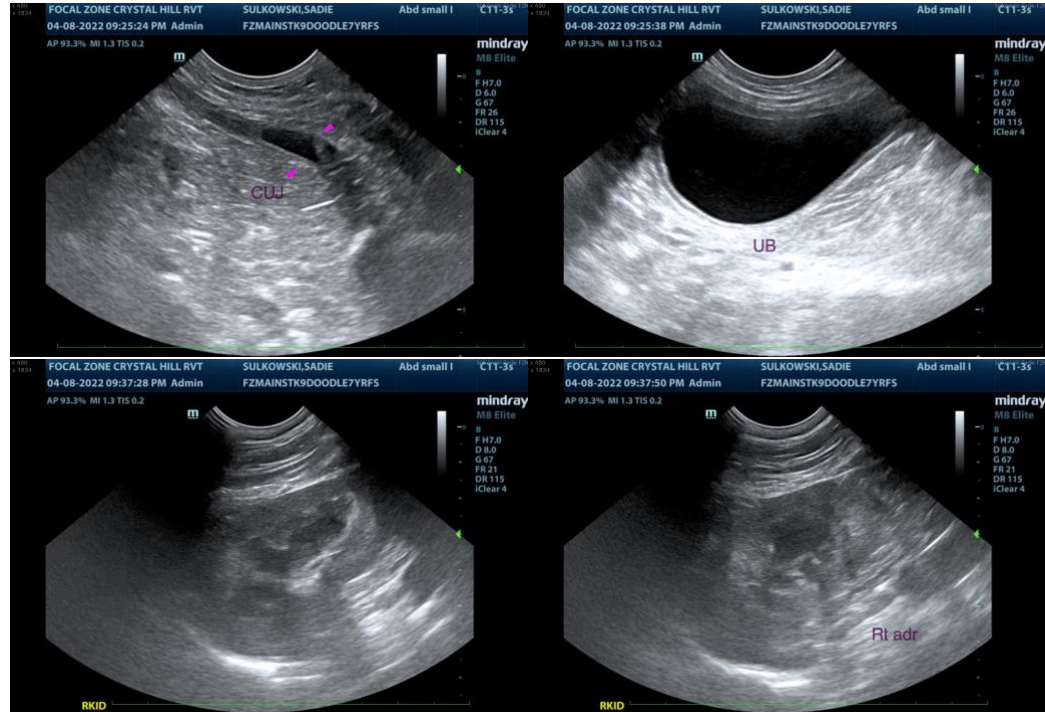
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com