



**PATIENT**

Ernie Rutledge

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

58 lbs

**INTERPRETED BY**

Andrea Nicastro,  
DMV, Diplomate  
DACVIM (Small  
Animal  
Internal Medicine)

**IMAGING PERFORMED BY**

Dr. Anderson

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Anderson

**INVOICE**

10895

**DATE**

**PRESENTING CLINICAL SIGNS**

History: Neuter and Cystotomy (cystine uroliths) performed in December. Doing well now. Scan to follow-up.

Abnormal PE/Chem/CBC/UA Results: Sedation required for examination. Urinalysis today was clear and normal.

**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 anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (6.08 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 hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.46 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 hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.74 cm at cranial pole) (0.91 cm at caudal pole) (2.61 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 mildly enlarged (0.84 cm at cranial pole) (1.02 cm at caudal pole) (2.42 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 (1.54 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.



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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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The gastric lumen contains gas and shadowing material. The gastric wall and pylorus are 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.

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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. A 2.03 cm medial iliac lymph node is visualized.

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**Other**

**INTERPRETED BY**

A brief echocardiogram reveals no evidence of pericardial effusion.

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Internal Medicine)

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The mild bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or early hyperplastic change.
- The shadowing gastric luminal contents may represent ingesta and/or foreign material. Correlation with the patient's clinical history is recommended.
- The prominent medial iliac lymph node is likely reactive.

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\*There is no obvious evidence of recurrence of the cystic calculi.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider serial sonographic monitoring (i.e., every 4-6 months) to assess for recurrence of the cystic calculi.

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Periodic urinalyses should also be considered to assess for crystalluria.

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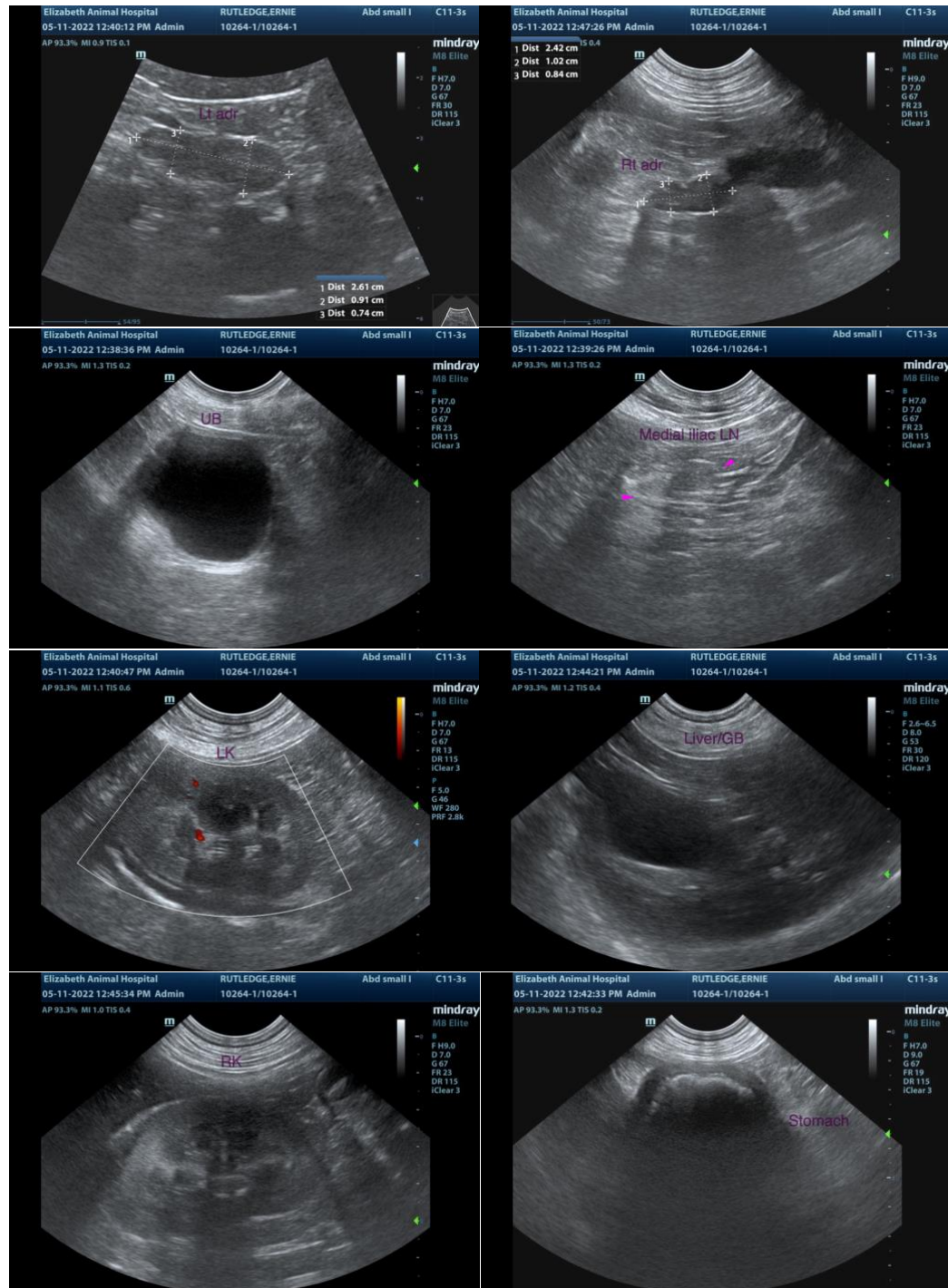
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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