

## PATIENT

Bella Presswood

## SPECIES

Canine

## BREED

Dachshund

## SEX

Female, spayed

## AGE

12 Yrs.

## WEIGHT

13 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ashley Whitesell

## HOSPITAL NAME

Dickson AC

## REFERRING VET

Dr. Hovis

## INVOICE

13570

## DATE

5/26/26

## PRESENTING CLINICAL SIGNS

History: Abdominal ultrasound. Bloodwork WNL, some RBC's & WBC's in UA but urinary symptoms are persistent (accidents in house/frequent urination) We started with Galliprant 20mg 1/2 once a day and Dasuquin 5-14-2026, then added amoxicillin clavulanic acid 500mg 1/4 twice a day on 5-20-2026. Antibiotics did not help with accidents in the house, still having to give 1/4 Acepromazine 10 mg and trazodone at night to help her sleep. Urine culture and repeat urinalysis results are pending Abnormal PE/Chem/CBC/UA Results: PDW- 23.1 ALT- 131 Urine results for 5/14/2026 White Blood Cells - 9/HPF Red Blood cells - 25/HPF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Bladder luminal contents are anechoic. The region of the trigone is normal. At least 2 tiny cystic calculi are observed within the proximal urethra.

The left kidney is normal in size (4.30 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.16 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is mildly enlarged (0.50 cm at cranial pole) (0.63 cm at caudal pole) with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.12 cm at cranial pole) (0.77 cm at caudal pole) with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

### Spleen

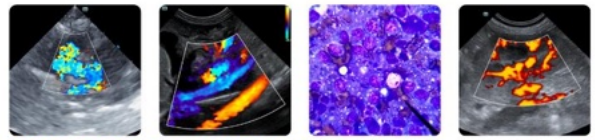
The spleen is normal in size (1.34 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### Liver

The liver is prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen, has a coarse echotexture and is diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small polypoid like lesion is arising from the mucosal surface. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal



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The gastric lumen is minimally 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 not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

### **Pancreas**

The base and right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### **Lymph nodes**

The abdominal lymph nodes are normal/not visible.

### **Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- Mild bilateral, nonspecific, age-related renal changes with bilateral non-obstructive nephrolithiasis.
- Tiny urethral calculi

### Secondary Findings:

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, reactive hepatopathy, other hepatopathy, or some combination thereof.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild bilateral adrenomegaly

\*The hematuria and dysuria are likely secondary to urethral calculi +/- concurrent infection. The nephroliths may also be a contributing factor.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations should be based on the urinalysis and culture and sensitivity results.



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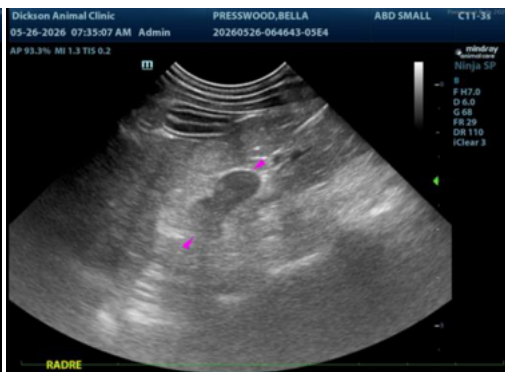
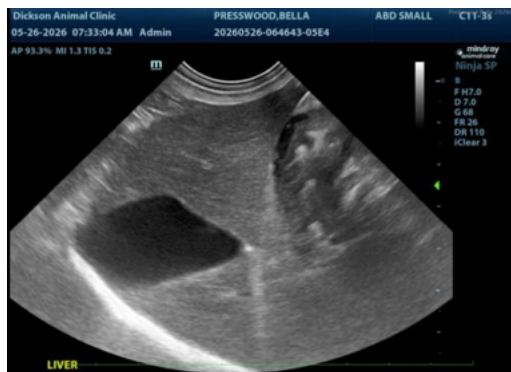
Dr. Hovis

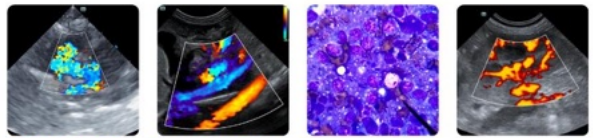
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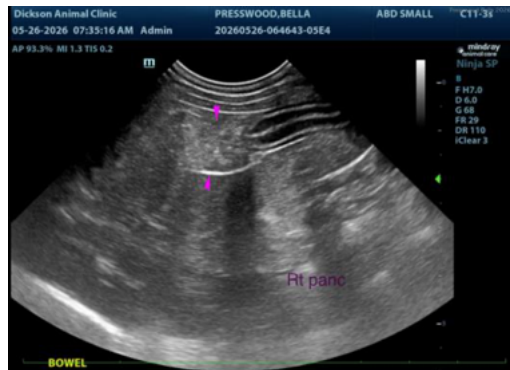
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)