



## PATIENT PRESENTING CLINICAL SIGNS

Cleo Wilson History: Stranguria and hematuria. History of recurrent UTI.  
Abnormal PE/Chem/CBC/UA Results: Hematuria

## SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

### Urinary System

The urinary bladder is mildly- to moderately distended. The wall is variably thickened (up to 0.79 cm) with an irregular mucosal surface. Numerous, varying-sized, cystic calculi are observed within the lumen (one of the stones measuring 2.4 cm in diameter). The proximal urethra, visible to a depth of 2.0 cm, is normal.

BREED

Mixed

SEX

Female Spayed

The left kidney is normal in size (5.50 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild- to moderate loss of corticomedullary distinction. At least one cortical cyst is seen at the medial aspect. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

AGE

8

The right kidney is normal in size (5.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

15 kg

### Adrenal Glands

The left adrenal gland is normal size (0.52 cm length; 0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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The right adrenal gland is normal size (0.48 cm length; 0.57 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING  
PERFORMED BY

Dr Sarah Barthelemy

### Spleen

The spleen is normal in size (1.39 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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Petzoic Vet

### Liver

The liver is isoechoic- to hypoechoic relative to the spleen and 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.

REFERRING VET

Dr Poffenroth

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of partially dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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### Gastrointestinal

The gastric lumen is not distended. 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 ileoceocolic junction and colonic wall are normal. The colonic lumen contains some shadowing fecal material. There is no obvious evidence of an obstructive pattern.

DATE

6-1-26



**PATIENT** *Pancreas*

Cleo Wilson

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.

**SPECIES** *Lymph Nodes*

Canine

A 1.8 x 0.35 cm medial iliac lymph node is visualized. In addition, a 1.95 x 0.58 cm mesenteric lymph node is seen.

**BREED** *Free Abdomen*

Mixed

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**SEX** *Primary Findings*

Female Spayed

- Cystic calculi with urinary bladder wall changes most consistent with cystitis with a lower possibility of emerging neoplasia.
- Bilateral nonspecific age-related renal changes with subtle left dystrophic mineralization and trace pyelectasia.

**AGE**

8

**WEIGHT** *Secondary Findings*

15 kg

- The gallbladder debris could be consistent with cholestasis, fasting, or less likely, an emerging mucocele.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A cystotomy with stone removal, analysis and culture is recommended.
- Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.

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**PATIENT**

Cleo Wilson

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Female Spayed

**AGE**

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**WEIGHT**

15 kg

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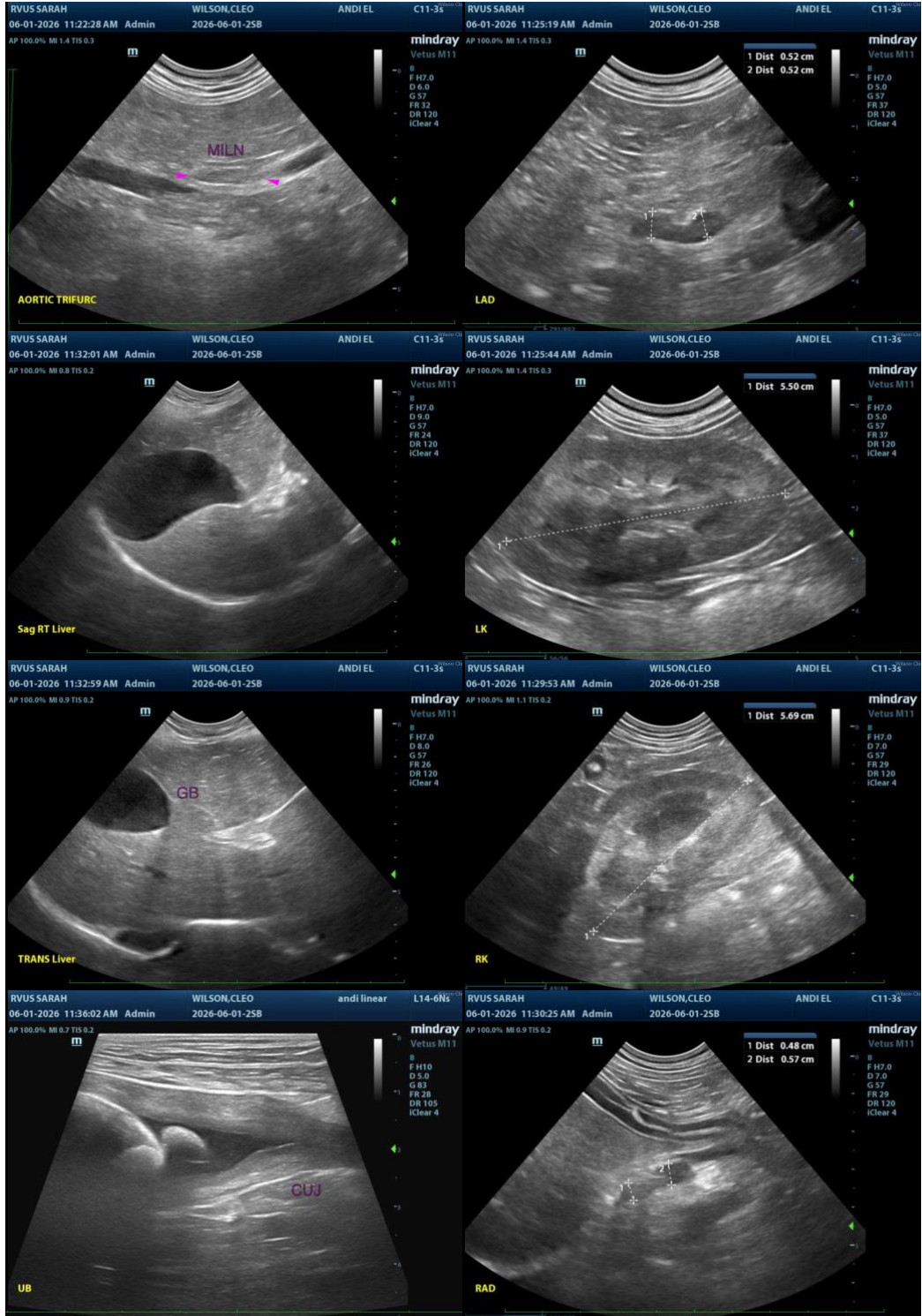
Dr Poffenroth

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## PATIENT

Cleo Wilson

## SPECIES

Canine

## BREED

Mixed

## SEX

Female Spayed

## AGE

8

## WEIGHT

15 kg

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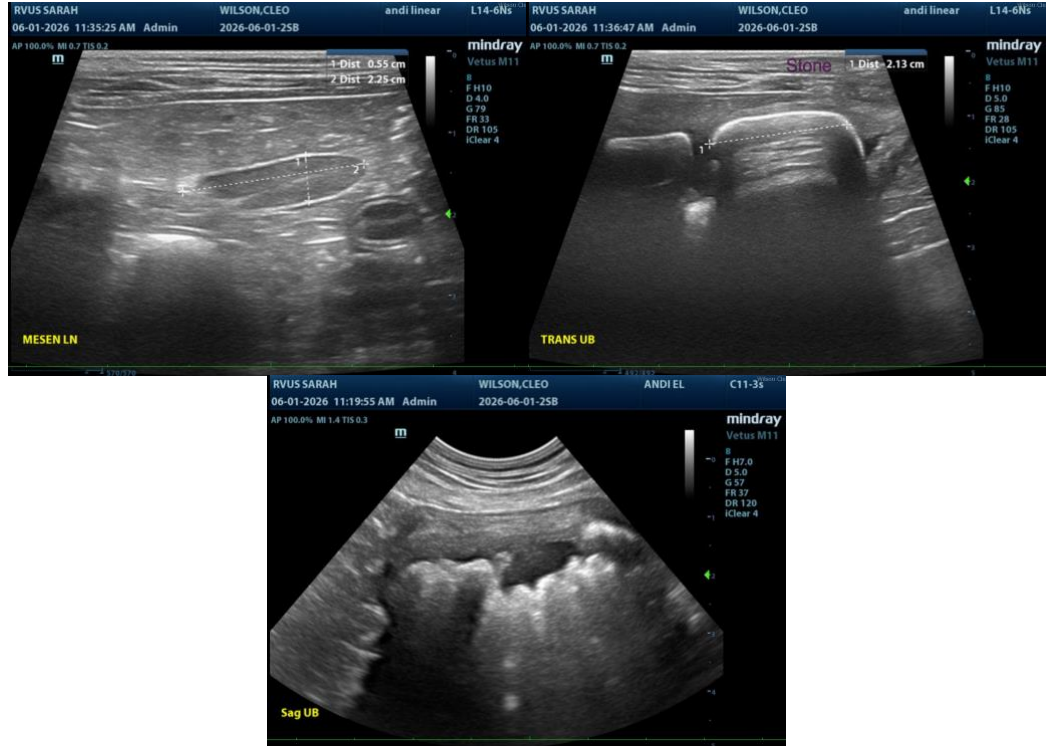
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## DATE

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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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