



PATIENT

Scrappy Bartelds

SPECIES

Canine

BREED

Maltese

SEX

Female, spayed

AGE

6 Yrs.

WEIGHT

11.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Dr. Budden

INVOICE

15059

DATE

6/19/23

PRESENTING CLINICAL SIGNS

History: Clinical signs: Hematuria History: 5/24/23 started to have blood in urine, licking at vulva, and urinating small/frequent amounts. Urine culture positive and treated with 7 days amoxiclav. Recheck culture negative right after finishing abx (last few doses missed though, culture 6 days after finishing course), but still having blood in urine and acting uncomfortable. Still licking vulva.

Abnormal PE/Chem/CBC/UA Results: Current medications: Trazodone, gabapentin, butorphanol for imaging Physical exam: Distended abdomen, BCS 7/9, no pain on abdominal palpation, hunched posture, no pain on back palpation, recessed vulva, mild dental tartar Lab work: 6/6/23 UA/culture usg 1.020, trace proteinruai, pH 8, rest of sediemnt nsf. urine culture; no growth 5/24/23 UA/culture UA: USG: 1.011 pH: 7.0 ptroyein: trace Bld: 3+ RBC: 11-20 UC: suscpetible to clavamox 5/14/23 Cbc/chem/T4/UA/Accuplex/Fecal CBC:incr platelets (422k) Chem:decr AST(13), high Ca(11.5), high Choles(350), high PSL(178), T4: wnl 2.6 UA: USG: 1.008, PH: 7.0 quiet sediment fcal-pending Acuplex: neg x4 5/14/23 Abdominal rads CONCLUSIONS: 1. Mild hepatomegaly is nonspecific and may be normal variation or secondary to a diffuse hepatopathy/endocrinopathy, inflammatory disease, or infiltrative neoplasia. 2. Distention of the urinary bladder is most likely voluntary. 3. The thorax and abdomen are otherwise unremarkable. 4. A definitive cause of this patient's clinical signs is not identified. -Occult intervertebral disc disease, paraspinal soft tissue injury, or other occult spinal disease (inflammatory, thromboembolic, neoplastic) is of significant concern. -Mild gastroenteritis, pancreatitis, or other underlying systemic disease cannot be definitively excluded. 5. There is no evidence of radiopaque foreign material or an obstructive pattern.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.50 cm at cranial pole) (0.56 cm at caudal pole); 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 (0.43 cm at cranial pole) (0.51 cm at caudal pole); 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



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The spleen is normal in size (1.05 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 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.

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Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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 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

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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

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(Small Animal Internal
Medicine)

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Mild left adrenomegaly

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include occult urinary tract infection, underlying urethral disease, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a repeat urine culture and sensitivity in case the most recent culture results were impacted by the recent course of antibiotics.
- Consider a rectal examination to palpate the distal urethra.
- Consider a urine BRAF test to assess for emerging transitional cell carcinoma.

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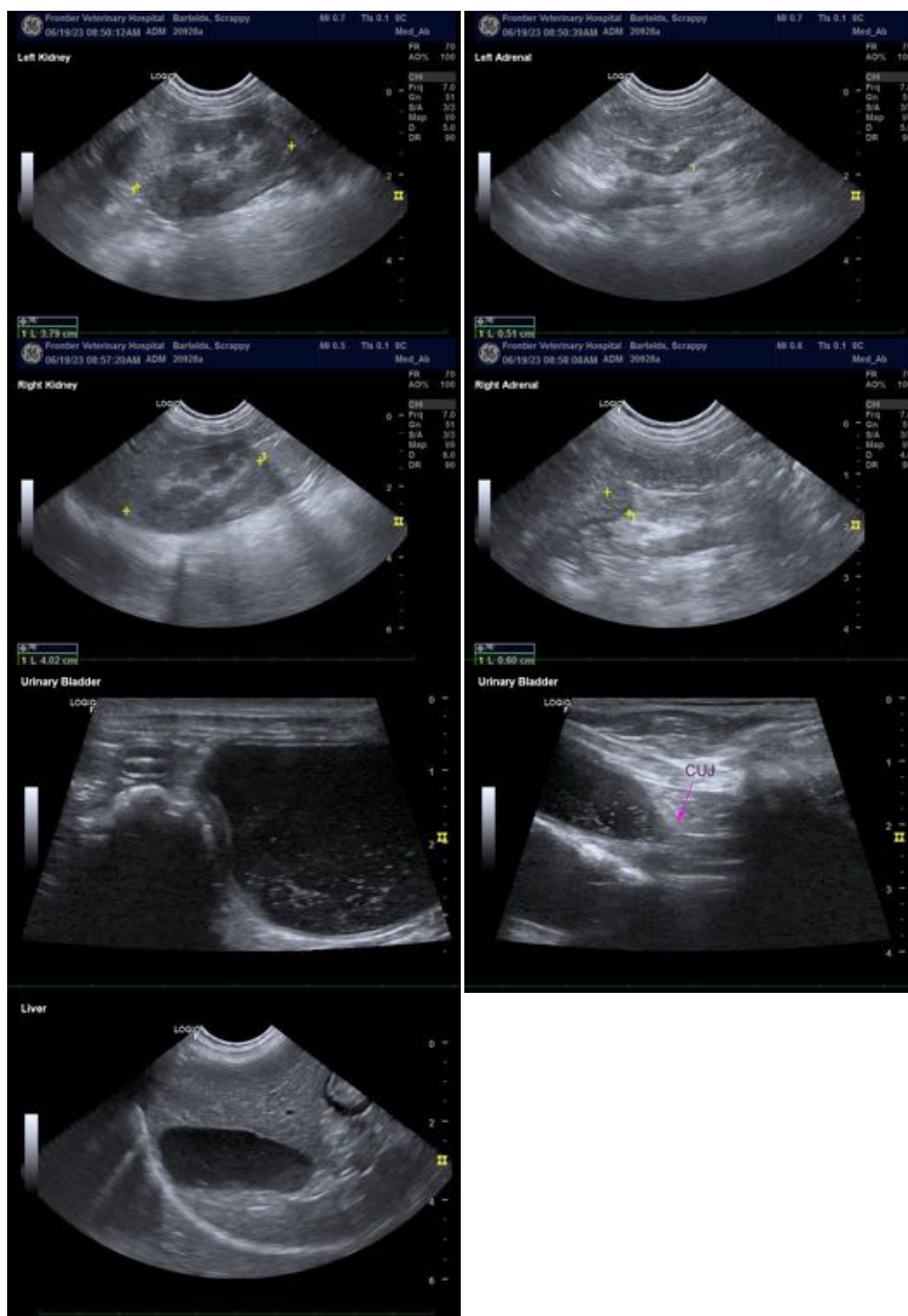
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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