



**PATIENT PRESENTING CLINICAL SIGNS**

Hailey Causey Chronic renal disease. Recent straining to urinate suspected UTI. Has been on Enrofloxacin, which has upset her stomach. Now, is unable to urinate except small drops. Bladder is overdistended. Had u-cath passed yesterday. Renal values have worsened slightly since previous check.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Bloodhound

**Urinary System**

The urinary bladder is distended. The wall is mildly and diffusely thickened (up to 0.53 cm) with a slightly irregular mucosal surface. A moderate amount of suspended, echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone is mildly thickened and irregular. The proximal urethra is thickened (up to 1.13 cm in diameter) and irregular with focus of mineralization observed.

**SEX**

Spayed Female

The left kidney is normal size (7.29 cm in length); with an irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. A 2.58 cm cortical cyst is observed at the cranial pole. The cyst causes capsular expansion. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

**AGE**

12/21/2011

The right kidney is normal size (6.85 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

**WEIGHT**

88 lbs

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland is normal size (0.35 cm at cranial pole) (0.42 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.

**IMAGING PERFORMED BY**

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The right adrenal gland is normal size (1.34 cm at cranial pole) (0.61 cm at caudal pole) (2.45 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.

**HOSPITAL NAME**

Park West Vet Assoc.

**Spleen**

The spleen is prominent in size (3.23 cm in width at the level of the hilus) with a slightly swollen medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**REFERRING VET**

Dr. Tara Harasim

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

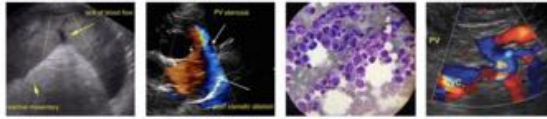
**INVOICE**

11127

The gall bladder 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/not seen.

**DATE**

6/21/22



**PATIENT** *Gastrointestinal*

Hailey Causey

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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. There is no evidence of an obstructive pattern.

**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**

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

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The trigonal and proximal urethral thickening and irregularities are concerning for emerging neoplasia (i.e., transitional cell carcinoma). A severe inflammatory process is also possible but considered less likely. The remaining urinary bladder wall changes could be consistent with cystitis with a lower possibility of emerging neoplasia. The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

**Secondary Findings**

- Bilateral, chronic age-related renal changes with a left, cortical cyst
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Awaiting the urine BRAF test, consider placement of an indwelling foley catheter to allow for manual bladder emptying. Alternatively, a tube cystostomy can be considered for this same purpose. Consider initiation of piroxicam along with misoprostol while awaiting test results. Galliprant should be discontinued prior to initiating piroxicam. A washout period (at least 48 hours) between galliprant and piroxicam is recommended. While the urine culture and sensitivity results are pending, continuation of broad-spectrum antibiotics is recommended.



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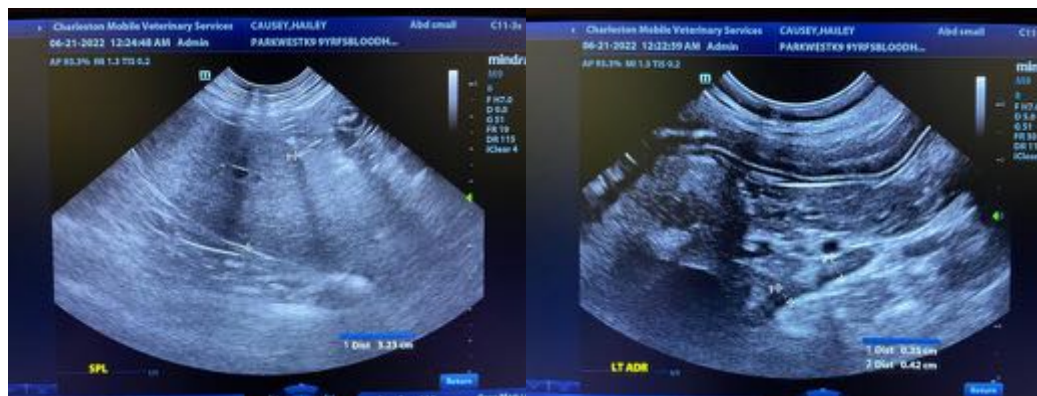
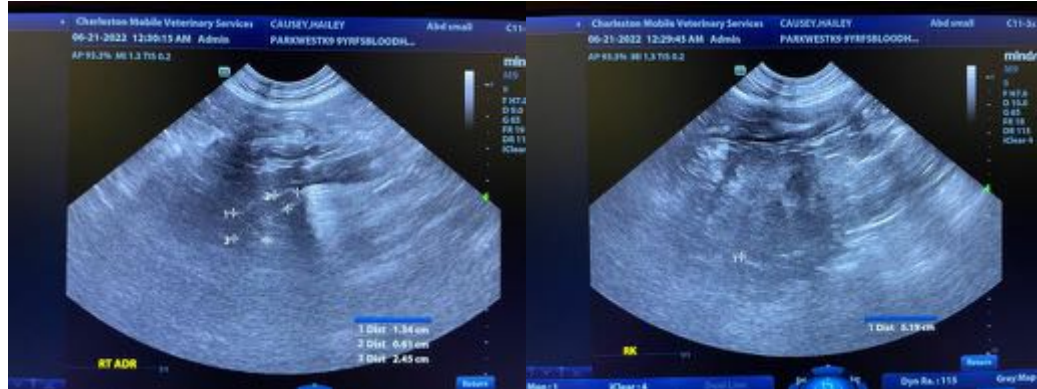
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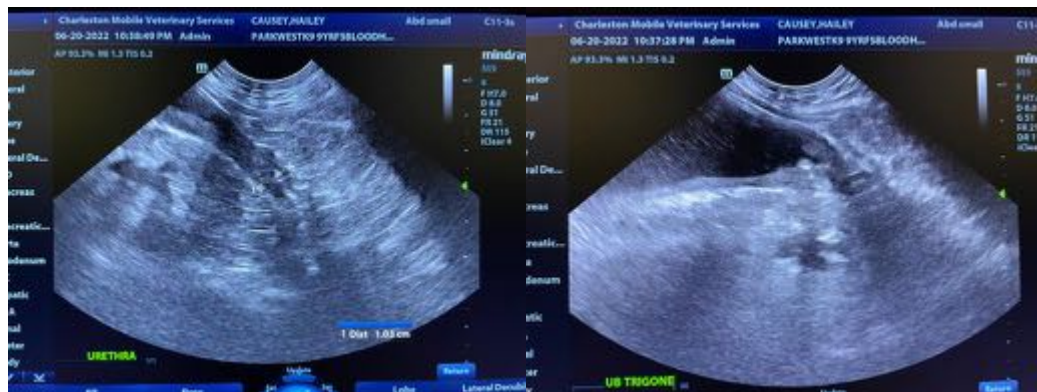
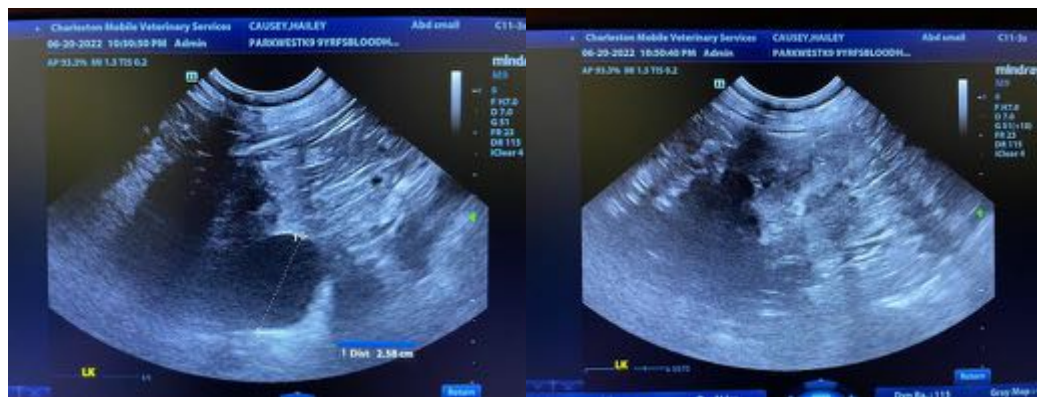
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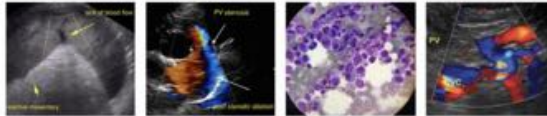
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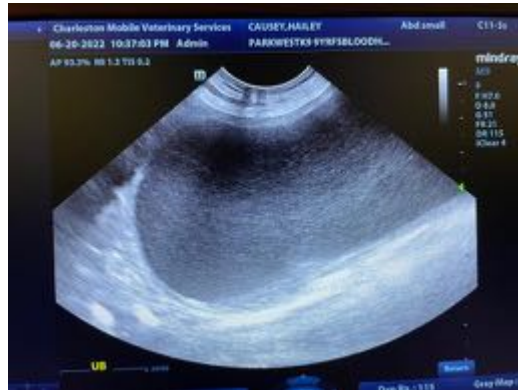
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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