



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Guapa Main

History: -Trouble urinating, bleeding when straining, -Had antibiotic treatment from May 23, 2023 Clavamox 375 mg BID 14 days (finished June 5th) -Ongoing issues with straining, yet can sleep from 8:30PM through the night to 7:30 AM -Antibiotic treatment helped, but signs are reoccurring

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: U/A: Free catch, straw, slightly cloudy, USG 1.022, pH 6.0, Leu 100,, Pro/ Glu/ Ket/ Bil Negative, UBG normal, Bld 10. SEDI: WBC >50/HPF, RBC 1/HPF, Bac rods present, cocci suspected, Non-SEC <1/HPF, Cast 0, Crystals 0 Bacteriuria with Pyuria, C&S pending

Canine

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Lab

*Urinary System*

**SEX**

The urinary bladder wall is mildly to moderately distended. The wall is mildly thickened (up to 0.51 cm) and irregular. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal. The proximal urethral wall, visible to a depth of 2-3 cm, is normal. The urethral lumen is mildly dilated (up to 0.25 cm). There is no obvious evidence of an intraluminal obstruction in the available images.

Female, spayed

**AGE**

The left kidney is normal size (7.31 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.

6 Yrs.

**WEIGHT**

The right kidney is normal size (7.33 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.

28.6 kg.

**INTERPRETED BY**

*Adrenal Glands*

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

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.40 cm at caudal pole) (2.62 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.

**IMAGING PERFORMED BY**  
Dr. Barnes

The right adrenal gland is normal size (0.58 cm at cranial pole) (0.59 cm at caudal pole) (2.56 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**

*Spleen*

Westview VH

The spleen is normal in size (1.57 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.

**REFERRING VET**

*Liver*

Dr. Barnes

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 gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**INVOICE**

15076

**DATE**

6/21/23



**PATIENT**

*Gastrointestinal*

Guapa Main

The gastric lumen is mildly distended with ingesta. The gastric wall is 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. There is no evidence of an obstructive pattern.

**SPECIES**

Canine

*Pancreas*

**BREED**

Lab

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.

**SEX**

Female, spayed

*Free Abdomen*

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

**AGE**

6 Yrs.

**ULTRASONOGRAPHIC FINDINGS**

The urinary bladder wall changes are most consistent with cystitis with a lower possibility of infiltrative neoplasia (i.e., transitional cell carcinoma). The urethral dilation may be secondary to straining, distal urethral obstruction (i.e., stone, tumor), other.

**WEIGHT**

28.6 kg.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

- Baseline lab work including a CBC chemistry panel and T4 is recommended to assess overall metabolic function.
- If the pending urine culture and sensitivity is negative, consider the following:
  1. Abdominal/pelvic radiographs to assess for a distal urethrolith
  2. Urine BRAF test to further reevaluate for lower urinary tract neoplasia

**IMAGING PERFORMED BY**  
Dr. Barnes

**HOSPITAL NAME**

Westview VH

**REFERRING VET**

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Lab

**SEX**

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**AGE**

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**WEIGHT**

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**HOSPITAL NAME**

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**REFERRING VET**

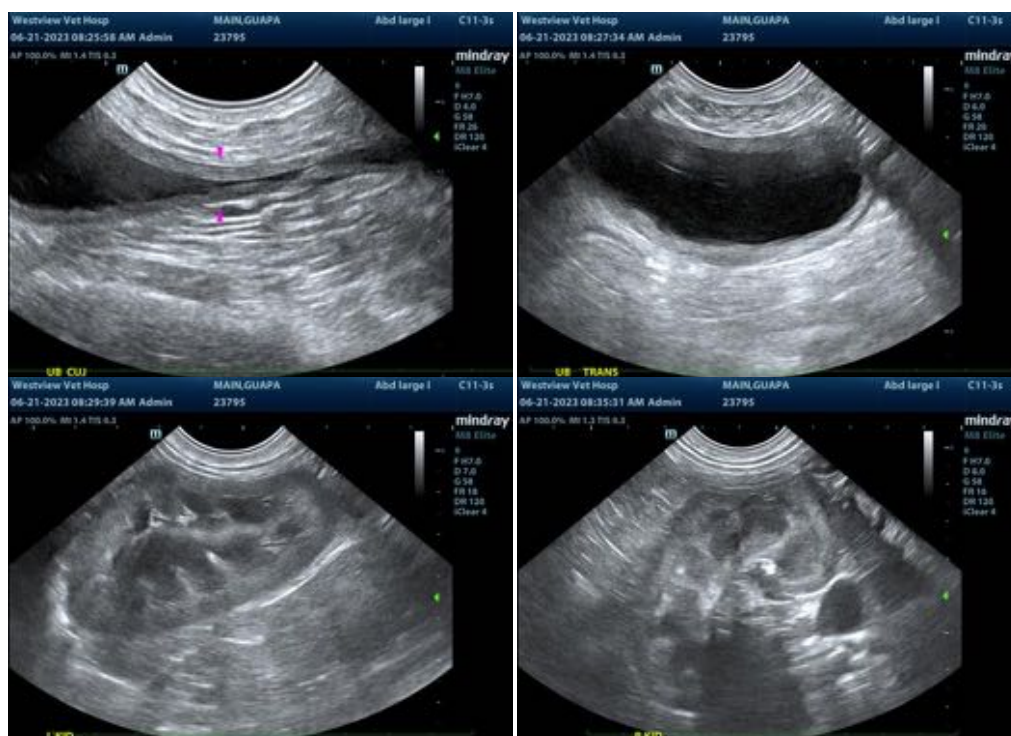
Dr. Barnes

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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)