



PATIENT

Pumpkin McElroy

SPECIES

Canine

BREED

Labrador

SEX

Female Spayed

AGE

11 years

WEIGHT

74.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Elia

INVOICE

11678kk

DATE

8/20/21

PRESENTING CLINICAL SIGNS

History: Bacteria in urine despite treatment. R/O Bladder masses vs other. Active urine sediment with bacteria and struvite crystals.

Abnormal PE/Chem/CBC/UA Results: U/A-cloudy, ph 8, prot 2+, bld 3+, wbc 11-20, rbc 21-50, struvite crys >50, cocci and rods >100, tranit epith 2-3/hpf, squamous epith 11-20

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is diffusely thickened (up to 0.92 cm) and irregular. Several large, irregular, cystic calculi are observed within the lumen. One of the larger stones measures 3.58 x 3.52 cm. A small to moderate amount of suspended, echogenic debris is also seen within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.52 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.

The right kidney is normal size (6.52 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.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.57 cm at caudal pole) (1.91 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.

The right adrenal gland is normal size (1.32 cm at cranial pole) (0.53 cm at caudal pole) (2.09 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.

Spleen

The spleen is normal in size (2.41 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is observed throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. 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.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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. There is slight disruption in the normal 1:3 muscularis to mucosal ratio and mild thickening of the submucosal layer in some segments. 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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large cystic calculi with bladder wall changes consistent with cystitis.

Secondary Findings:

- Age-related hepatic and renal pathology.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A cystotomy with stone removal and analysis and culture is recommended. If the patient is exhibiting gastrointestinal signs, consider obtaining GI biopsies at the time of surgery. A malabsorption panel should also be considered. Given the patient's age, baseline blood work including a CBC chemistry panel and T4 along with three-view thoracic radiographs should be performed prior to anesthesia.



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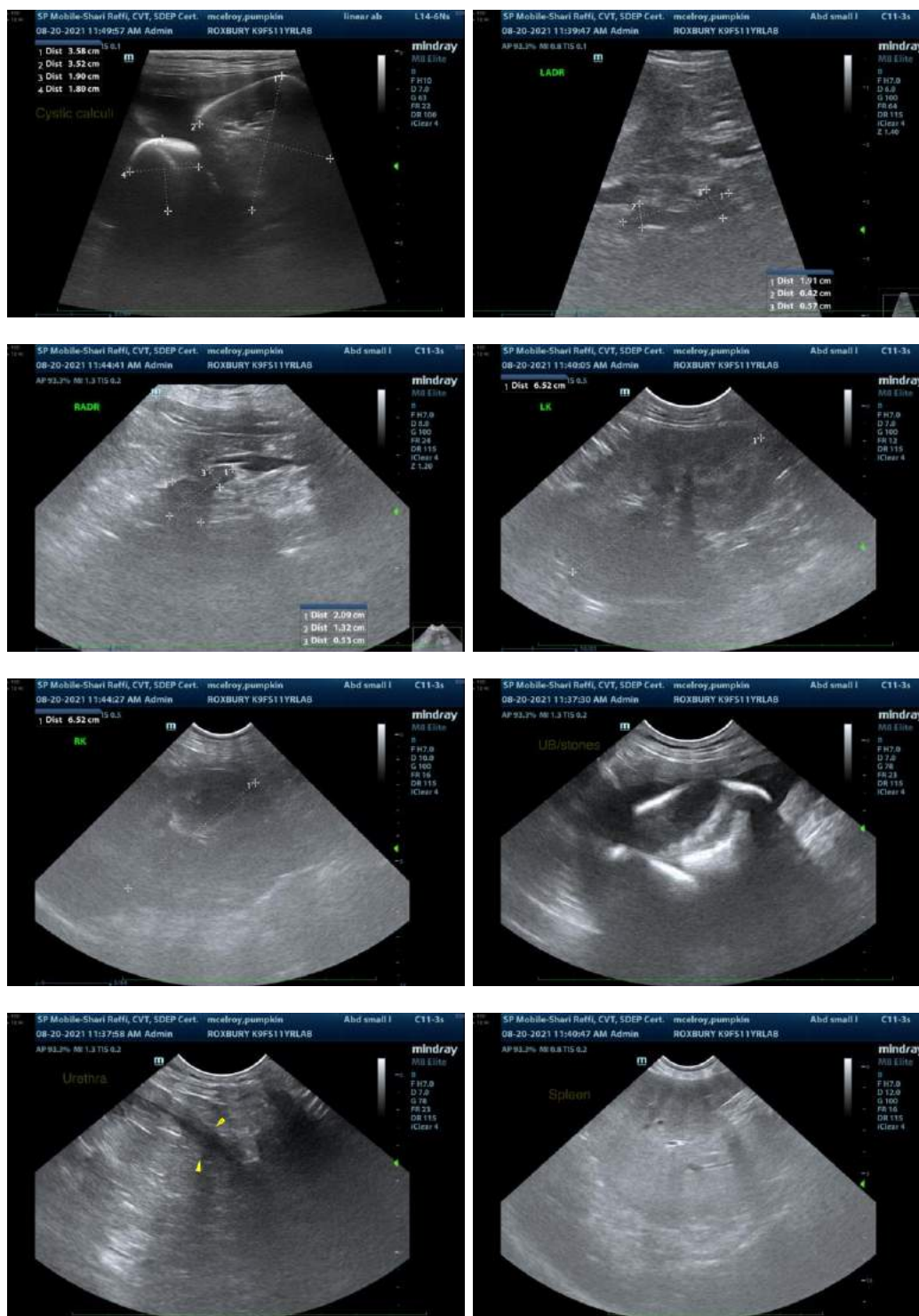
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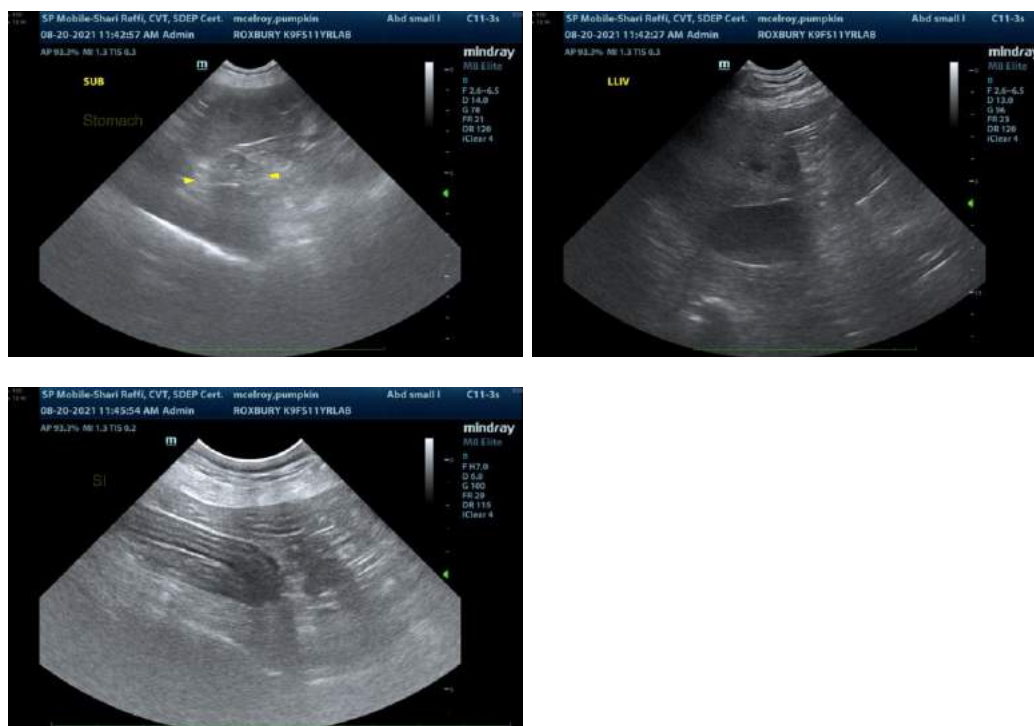
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com