**PATIENT**

Stella Rose Guerra

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Female, spayed

**AGE**

1 Yr.

**WEIGHT**

68 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

PMVU

**HOSPITAL NAME**

Banfield Pet Hospital  
Leesburg Classic

**REFERRING VET**

Dr. Cathy Jarrett

**INVOICE**

13972

**DATE**

9/19/22

**PRESENTING CLINICAL SIGNS**

**History:** Cytology from peritoneal effusion aspirate during ultrasound on 08/23 as suppurative exudate consistent with septic process. Culture of the fluid came back as staph pseudointermedius. Was treated with Convenia, SQ fluids, and gabapentin. Patient has been doing great at home since treatment. Patient's pain/anorexia/lethargy resolved however has had increased urgency to urinate every 2 hours since spay on 08/18/22. Pu/Pd.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN***Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.87 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 (6.03 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) (0.56 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 (0.76 cm at cranial pole) (0.89 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.

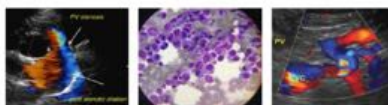
*Spleen*

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*

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The gastric lumen is not distended. 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. The lumen of the descending colon contains granular appearing fecal material. No obstructive disease is noted.

***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***

There is no obvious evidence of free fluid. The medial iliac lymph nodes are visible (left 1.60 x 0.37 cm; right 2.52 x 0.51 cm). The nodes are normal in shape and echogenicity. A few jejunal lymph nodes are visible, the largest measuring 1.30 cm in length.

***Other***

The uterine stump is visible (0.57 cm in diameter) without overt evidence of dilation. The mesentery effacing the serosal surface is slightly hyperechoic.

In the region of the left ovarian fossa, a 0.54 x 0.60 cm ill-defined hypoechoic structure is observed. Surrounding mesentery is slightly hyperechoic.

In the region of the right ovarian fossa, a 0.90 x 0.90 cm ill-defined slightly hypoechoic, mildly heterogeneous structure is observed. Surrounding mesentery is slightly hyperechoic.

**ULTRASONOGRAPHIC FINDINGS****Primary Findings:**

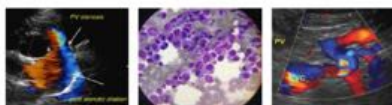
- Resolving peritonitis adjacent to the uterine stump.
- The changes in the left and right ovarian fossae could be consistent with resolving post-ovariohysterectomy inflammation or residual ovarian tissue.

**Secondary Findings:**

- The lymph node changes are most consistent with reactive lymphadenitis, lymphoid hyperplasia and/or immunologic immaturity.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If the urine culture and sensitivity is negative and the patient's PU/PD persists, consider an anti-mullerian hormone assay to assess for residual ovarian tissue.
- Other diagnostic considerations for the PU/PD could include the following:
  - Pre and post prandial serum bile acids to assess for hepatic dysfunction.
  - Leptospirosis testing.
  - DDAVP trial to evaluate for central diabetes insipidus.
  - +/- water deprivation test.



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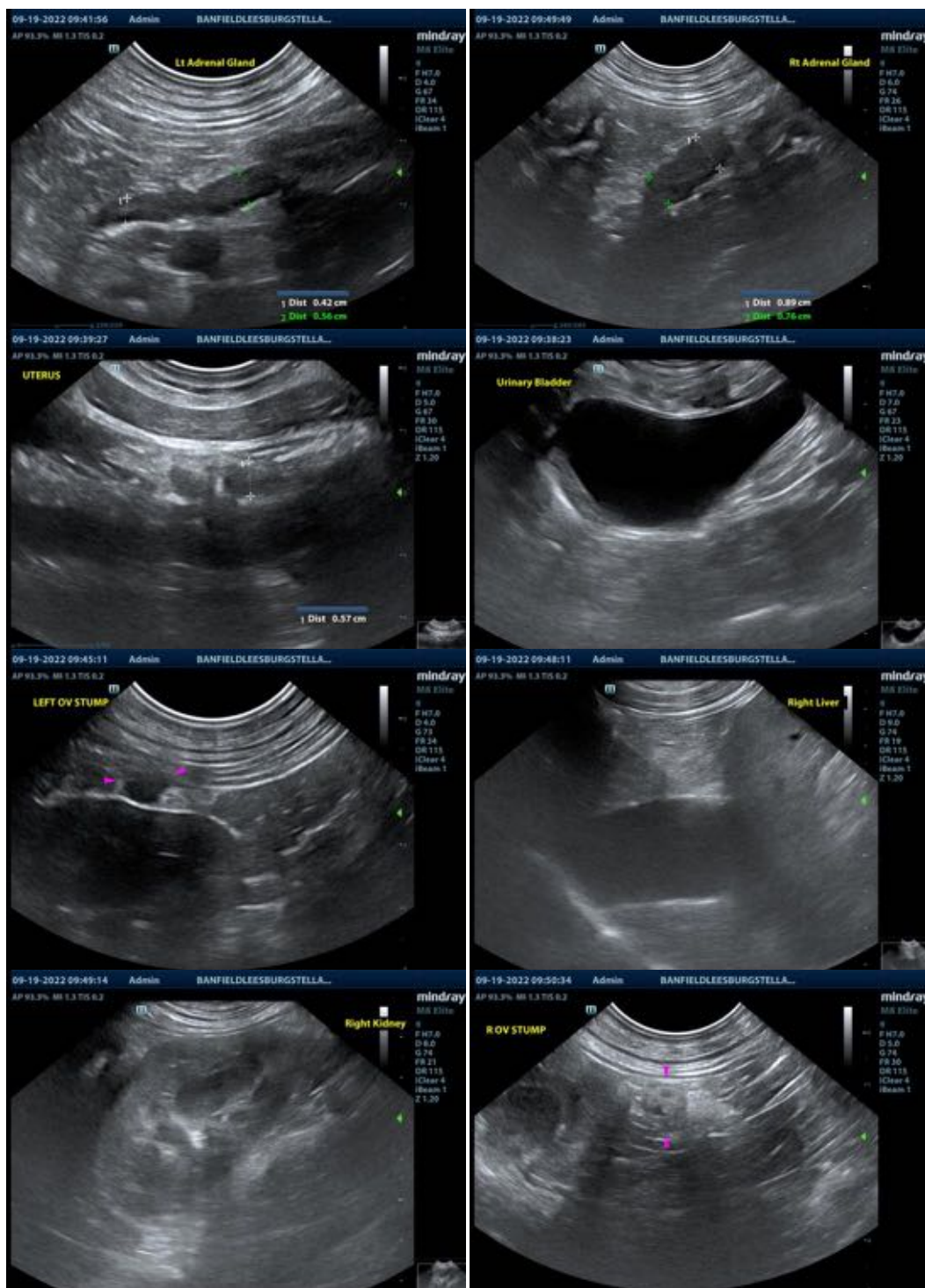
Dr. Cathy Jarrett

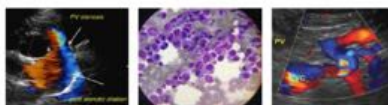
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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