

**PATIENT**

Highman Clark

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Male, neutered

**AGE**

15 years 6 months

**WEIGHT**

55.1 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Banield Leesburg

**REFERRING VET**

Dr. Jarrett

**INVOICE**

12230

**DATE**

9/21/21

**PRESENTING CLINICAL SIGNS**

History: Multiple suspected UTI's. Has been treated for UTI's, but still having issues with straining repeatedly. Very elderly, lots of spinal issues.

Abnormal PE/Chem/CBC/UA Results: No labwork results provided.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

\*The gastric distention obscures visualization of a portion of the cranial abdomen.

*Urinary System*

The urinary bladder is moderately distended. The wall is mildly thickened (up to 0.60 cm) with a slightly irregular mucosal surface. A scant amount of suspended echogenic debris is observed within the lumen. The region of the trigone and the urethra, visible to a depth of 2-3 cm, are normal.

The prostate is normal in size (2.05 cm in length; 0.74 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.37 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild to moderate pyelectasia is present (0.44 cm in the longitudinal plane). 1-2 small cortical cysts are visible. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.98 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.30 cm in the longitudinal plane). 1-2 small cortical cysts are visible. There is no evidence of hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.71 cm at cranial pole) (0.63 cm at caudal pole) (2.53 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.

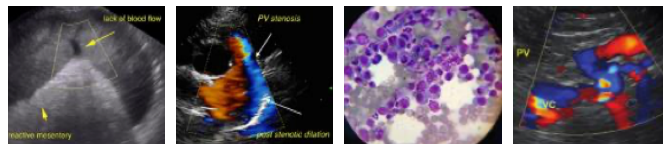
The right adrenal gland is normal size (0.74 cm at cranial pole) (0.63 cm at caudal pole) (1.78 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (1.67 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.

*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.



## PATIENT

## Gastrointestinal

Highman Clark

The gastric lumen is distended with gas and 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 segmentally dilated with chyme. 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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A portion of the pancreas is obscured by the gastric distention. 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

Male, neutered

## Free Abdomen

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

## AGE

15 years 6 months

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

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- The urinary bladder wall changes are most consistent with cystitis.
- Bilateral age-related changes. The bilateral pyelectasia may be secondary to pyelonephritis, age-related remodeling and/or PU/PD if applicable.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended if not already performed. A prolonged course of antibiotics (i.e., 3-4 weeks) may be necessary given the patient's history. If culture results are negative, consider a urine BRAF test to assess for microscopic lower urinary tract neoplasia.
- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is also recommended.

## IMAGING PERFORMED BY

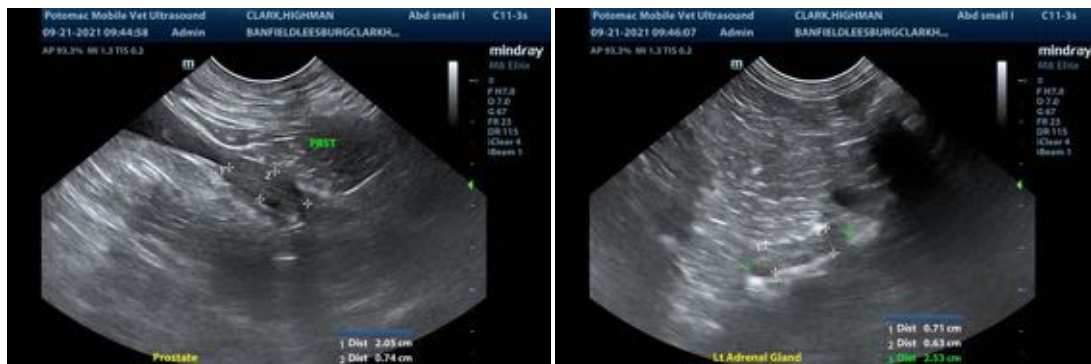
Potomac Mobile  
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## HOSPITAL NAME

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## REFERRING VET

Dr. Jarrett

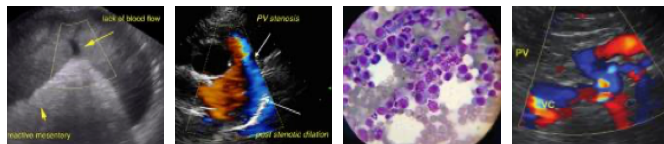


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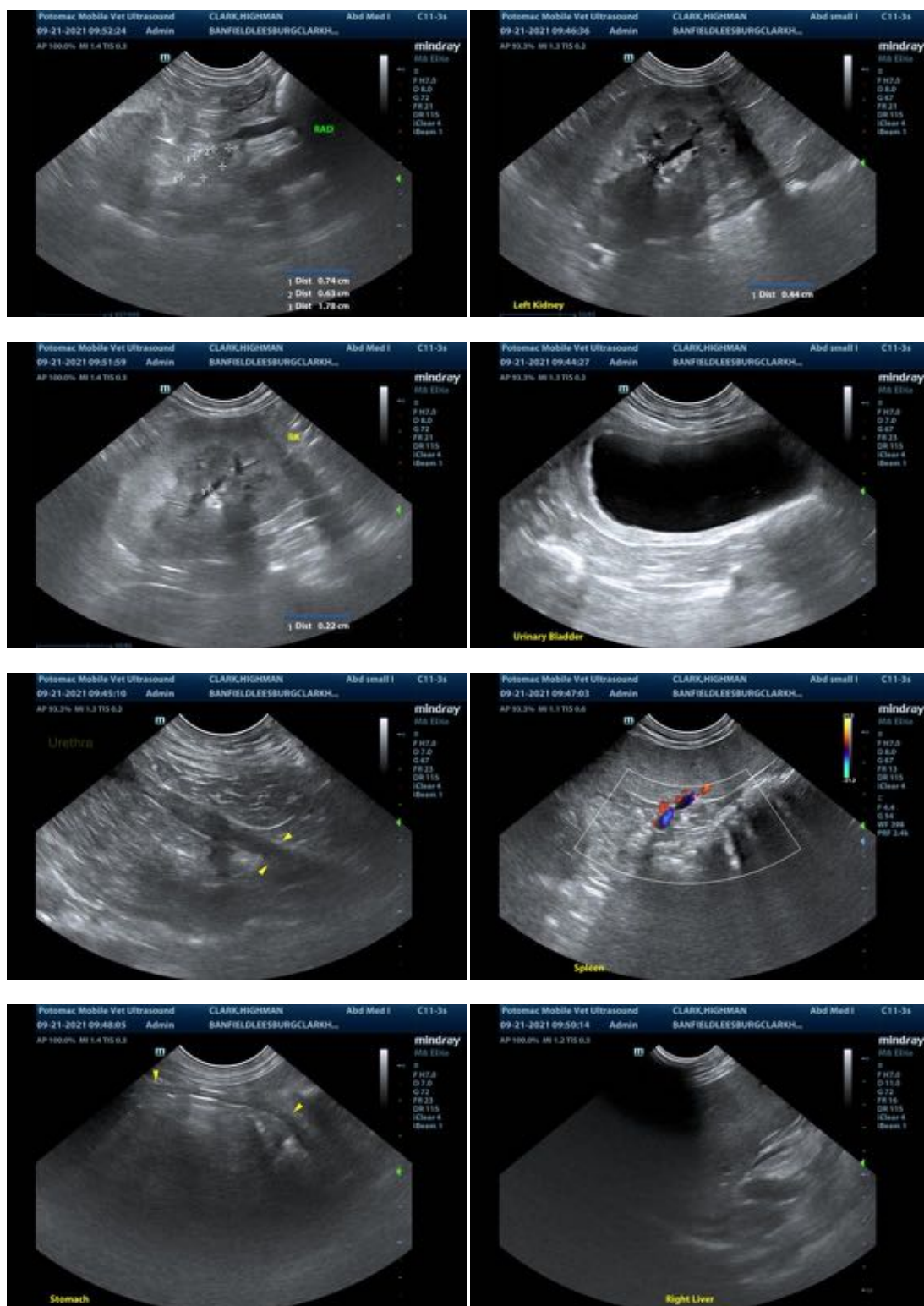
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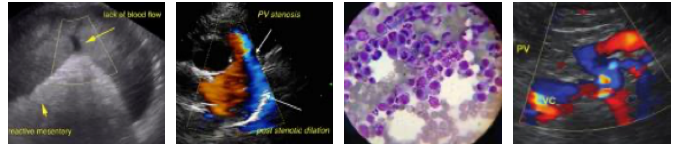
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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