



**PATIENT**

Sigma Leinheiser

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Female spayed

**AGE**

7 Months

**WEIGHT**

34 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Velasco

**HOSPITAL NAME**

Bethany Family Pet  
Clinic

**REFERRING VET**

Dr. Velasco

**INVOICE**

11942kk

**DATE**

9/30/21

**PRESENTING CLINICAL SIGNS**

History: UTI since P was 10 weeks old. Polyuria and urinary accidents despite doing well with house training. Urinary accidents have since stopped, but polyuria continues while outside. O reports dark colored urine at the end of stream. External genitalia appears normal. O reports P eats stool. 4 courses of cefpodoxime dates: 4/30, 5/17, 8/6, 8/31 The last course was 7mg/kg SID x 28 days.

Abnormal PE/Chem/CBC/UA Results: Positive urine cultures: 8/5, 8/27, 9/24 for E. coli Mid treatment cultures have shown no growth. 7-day post treatment shows return of infection. UA on 6/3 and 8/5 positive for protein and ammonium phosphate.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is moderately distended. The wall is normal in thickness. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.20 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.72 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 hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland caudal pole is visualized and is normal size (0.53 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature appears normal.

The caudal pole of the right adrenal gland is well-visualized and is normal size (0.64 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature is normal.

*Spleen*

The spleen is normal in size (1.35 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. A small amount of suspended, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small



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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.

## Pancreas

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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

## BREED

Boxer Mix

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

## SEX

Female spayed

- Unremarkable abdomen.

\*\*An obvious cause for the patient's recurring urinary tract infections is not identified in the study.

## AGE

7 Months

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

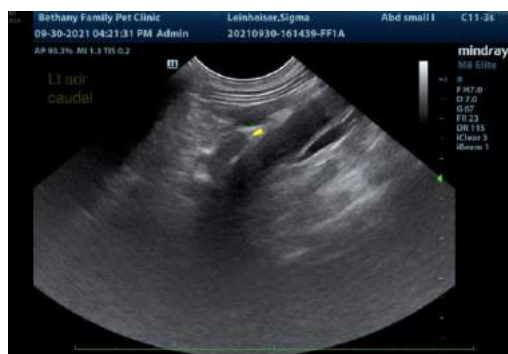
1. Baseline lab work including a CBC chemistry panel and T4 is recommended if not already performed.
2. A prolonged course of antibiotics (i.e., 3-4 weeks) based on urine culture and sensitivity results may be warranted.

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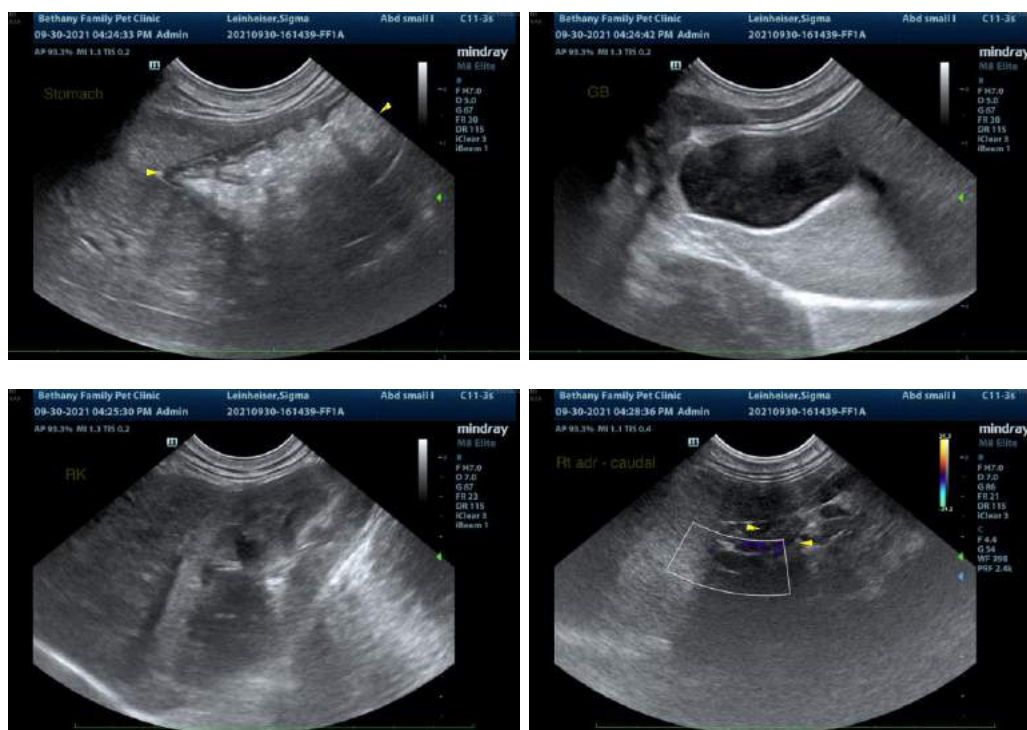
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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