



**PATIENT**

Bevi Tinkle

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Female, spayed

**AGE**

7 Yrs.

**WEIGHT**

107 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Remcho

**DATE**

11/16/21

**INVOICE**

12545

**PRESENTING CLINICAL SIGNS**

History: Recurrent urinary tract infection Current Medications finishing 3 weeks Enrofloxacin PO  
Abnormal PE/Chem/CBC/UA Results: Staphylococcus pseudintermedius - 10,000 - 50,000 CFU per ml Isolate 2: Enterococcus canintestini - 10,000 - 50,000 CFU per ml

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is moderately distended. The wall is diffusely thickened (up to 0.90 cm). Numerous varying sized cystic calculi are observed within the lumen along with a moderate amount of suspended echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.16 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal size (0.84 cm at cranial pole) (0.57 cm at caudal pole) (2.44 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*

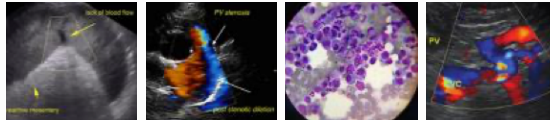
The spleen is normal in size (2.29 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*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 gallbladder 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.

*Gastrointestinal*

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with 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 not dilated. The small



**PATIENT**

Bevi Tinkle

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**

**SPECIES**

Canine

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**

Rottweiler

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

**SEX**

Female, spayed

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Cystic calculi with bladder wall changes consistent with cystitis.

**AGE**

7 Yrs.

**Secondary Findings:**

- Minor age-related renal changes.

**WEIGHT**

107 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

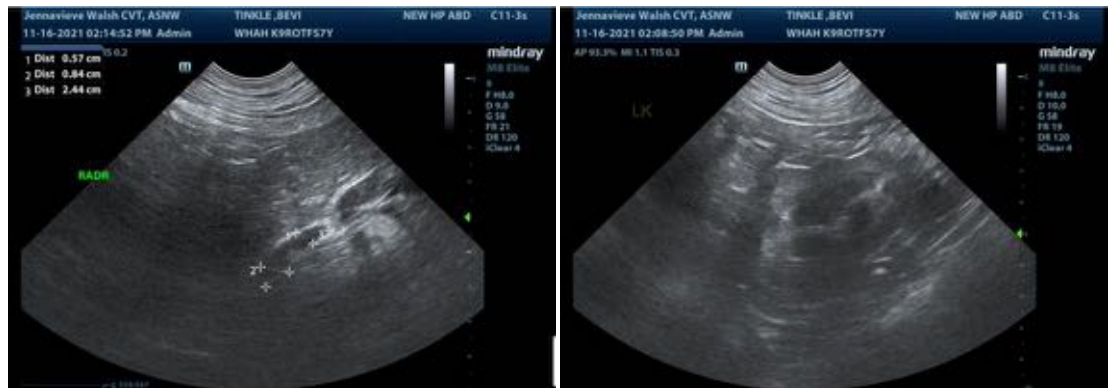
Dr. Remcho

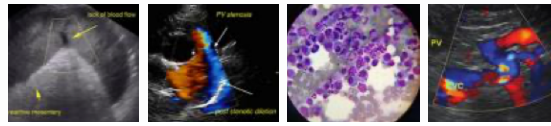
**DATE**

11/16/21

**INVOICE**

12545





**PATIENT**

Bevi Tinkle

**SPECIES**

Canine

**BREED**

Rottweiler



**SEX**

Female, spayed

**AGE**

7 Yrs.

**WEIGHT**

107 lbs.



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh



**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Remcho

**DATE**

11/16/21

**INVOICE**

12545

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](mailto:andrea.nicastro@sonopath.com)



**PATIENT**

Bevi Tinkle

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Female, spayed

**AGE**

7 Yrs.

**WEIGHT**

107 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Remcho

**DATE**

11/16/21

**INVOICE**

12545