



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Merle Seddinger  
**SPECIES** Canine  
**BREED** Catahoula Leopard dog

-Presented for wellness exam and incidentally on urinalysis hematuria and bacteriuria was found (free catch sample)  
 -When owners were called they said over the last few days Merle had started straining to urinate. Repeat UA had no bacteriuria  
 -Abdominal x-rays NSF

USG 1.050, 1+ proteinuria with an active sediment, CBC unremarkable, chem panel unremarkable, 4DX negative, T4 normal, fecal negative for ova and Giardia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**SEX** Male, neutered  
**AGE** 1/14/2012

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

**WEIGHT** 65.6 lbs.

The prostate is normal in size (1.48 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney is normal size (7.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**IMAGING PERFORMED BY** *Adrenal Glands*

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

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.52 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.

**HOSPITAL NAME** Coastal VC

The right adrenal gland is normal size (1.18 cm at cranial pole) (0.59 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.

**REFERRING VET** *Spleen*

Dr. Black/Dr. Finan

The spleen is normal in size (2.13 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**INVOICE** *Liver*

14755  
**DATE** 3/21/23



**PATIENT**

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**BREED**

Catahoula Leopard dog

**SEX**

Male, neutered

**AGE**

1/14/2012

**WEIGHT**

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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**

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 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**

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 or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Mild bilateral age-related renal changes.

**Secondary Findings:**

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A urine culture and sensitivity is recommended with treatment of the infection based on sensitivity results. Consider a longer antibiotic course (i.e., 3-4 weeks) with a recheck culture 5-7 days after the last dose of antibiotics.
- Evaluation of the external genitalia for predisposing factors is also recommended.



**PATIENT**

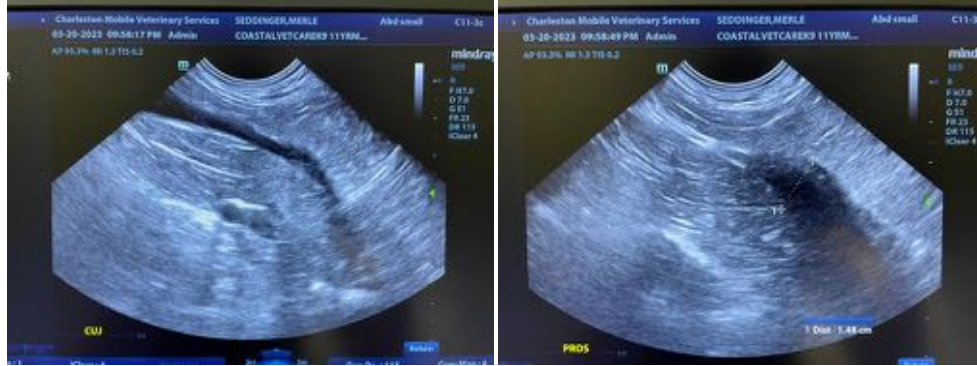
Merle Seddinger

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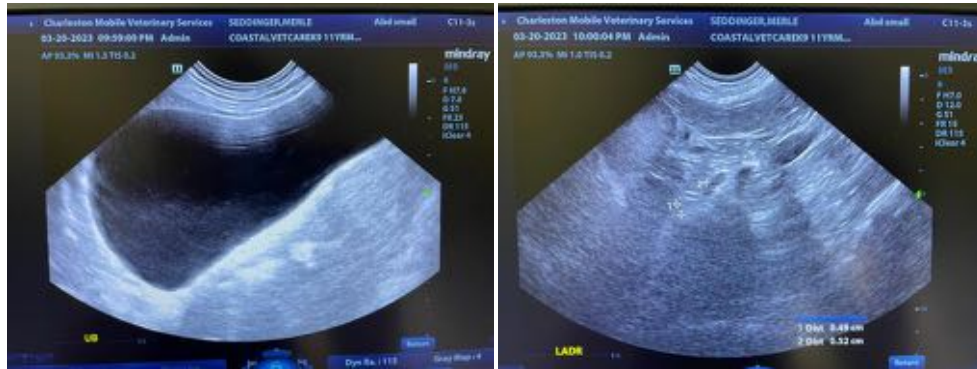
Male, neutered

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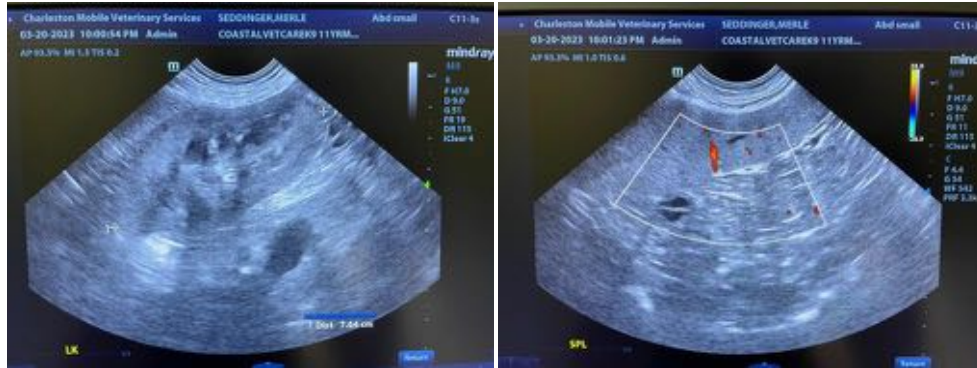


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Medicine)

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**HOSPITAL NAME**

Coastal VC

**REFERRING VET**

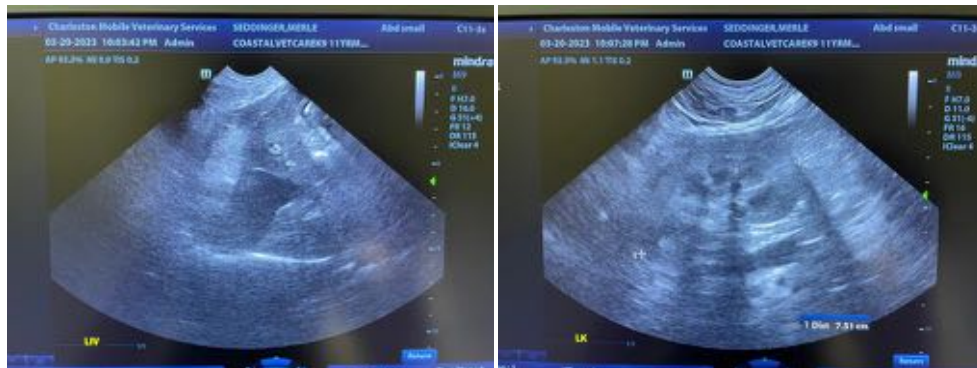
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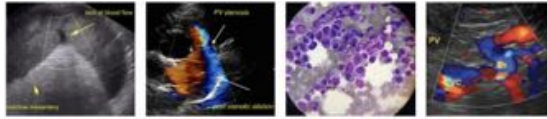
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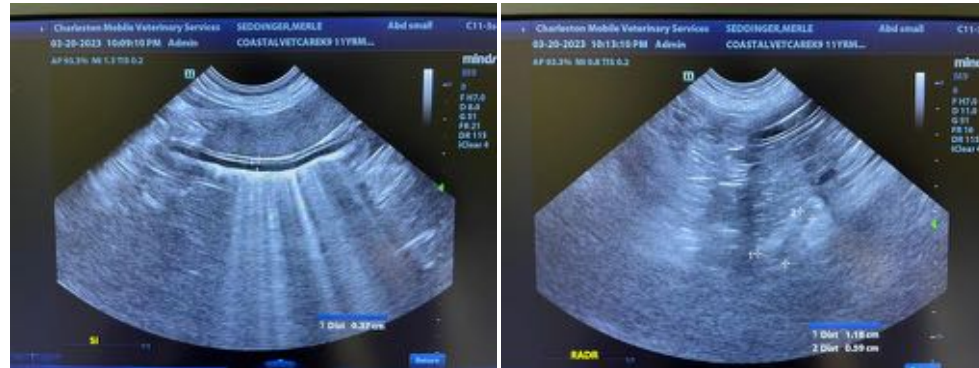
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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