



**PATIENT PRESENTING CLINICAL SIGNS**

**Casaey Rakityan** Casey is a 7yr FS Lab mix presenting for straining to urinate and blood around her vulva. O stated 2 days ago pt became anorexic but still drinking. O stated she dry heaved yesterday no further episodes today. Urinary bladder large on physical exam. Radiographs show numerous cystic calculi. Bloodwork WNL except for an ALP of 282 and slightly low potassium (19,000) with a mature neutrophilia.

**SPECIES** Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Lab mix *Urinary System*

**SEX**

The urinary bladder is over distended. The wall is normal in thickness with a smooth mucosal surface. Numerous cystic calculi are observed within the lumen. One of the larger stones measures 0.8 cm in diameter. A small to moderate amount of suspended echogenic debris is observed within the lumen. The region of the trigone is normal. The proximal urethra is dilated (up to 0.33 cm). 2-3 urethroliths are observed approximately 5 cm from the cystourethral junction, the largest stone measuring 1.33 cm in its longest dimension.

Female, spayed

**AGE**

5/18/2015

The left kidney is normal size (6.97 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.

**WEIGHT**

72.5 lbs.

The right kidney is normal size (6.05 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.

**INTERPRETED BY**

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

*Adrenal Glands*

**IMAGING**

**PERFORMED BY**

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.61 cm at caudal pole) (2.07 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.

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The right adrenal gland is normal size (0.72 cm at cranial pole) (0.39 cm at caudal pole) (1.66 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.

**HOSPITAL NAME**

Flowerton AH

*Spleen*

**REFERRING VET**

Dr. Pignatello

The spleen is normal in size (2.21 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.

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*Liver*

**DATE**

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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



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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**

- Urethral obstruction secondary to urethroliths (approximately 5 cm from the cystourethral junction). Cystic calculi with urinary bladder debris.
- The remainder of the abdomen is unremarkable.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Retrograde urohydropropulsion via rinary catheter can be considered. However, this may be difficult due to the urinary bladder size and potential resistance to retrograde flow. Alternatively, a cystotomy with cystic calculi removal and retrograde urohydropropulsion while under anesthesia (once the bladder is decompressed) may be more effective. Stones should be submitted for analysis and culture.
- Given the history of vomiting, consider thoracic radiographs prior to anesthesia to assess for aspiration pneumonia.



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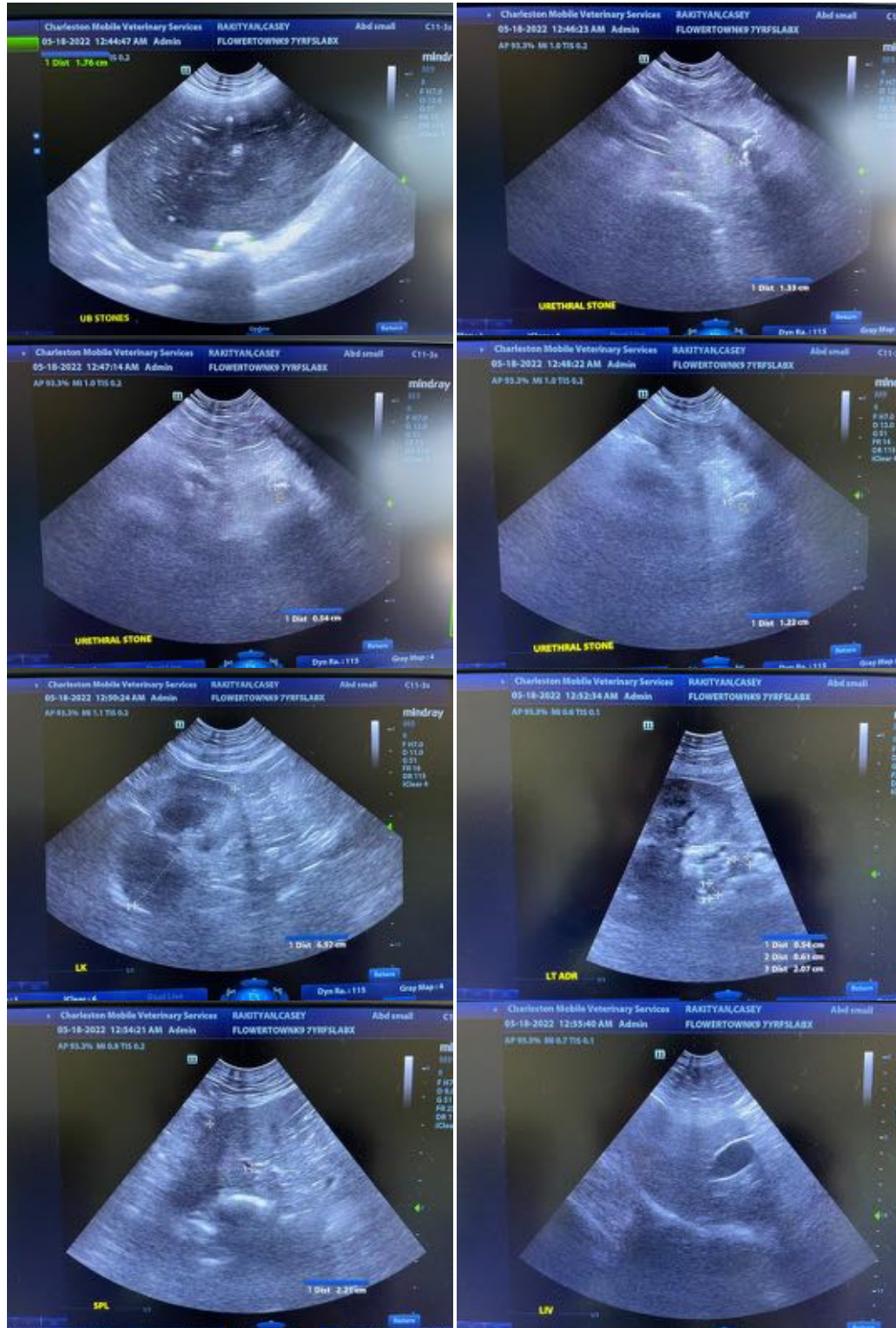
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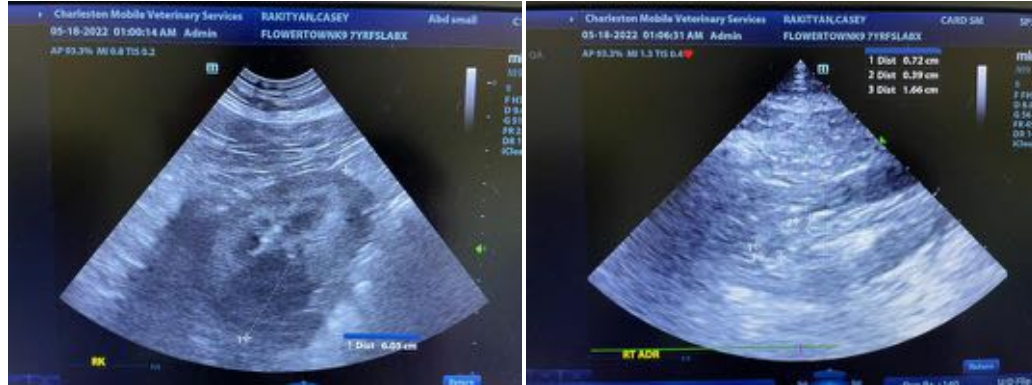
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.Nicastro@CharlestonMobile.net