

PATIENT

Gracie Marie

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

13 years

WEIGHT

21 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Hess

HOSPITAL NAME

Petmedic Urgent Care
Vet Clinic

REFERRING VET

Amy Hess

INVOICE

10231

DATE

1/27/22

PRESENTING CLINICAL SIGNS

History: Chronic UTIs - last one a year or so ago Incontinence - started this past year, Pt wearing diapers and O noticed spotting blood for the past two months Initially treated with a course of antibiotics, resolved, then once finished, hematuria resumed. Did a longer course of antibiotics and after finished (about 3 weeks ago), hematuria returned again Incontinence seems to occur before or after BM - managed well with medications Pt very distressed when urinates inside Pt squats very low, almost to the ground Has been on incurin for several months

Abnormal PE/Chem/CBC/UA Results: Grade 2/6 HM Enlarged vulva, no overt discharge UA and CS pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN *Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A moderate to large amount of suspended echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.77 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size with a normal shape and architecture with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. At least one pinpoint hyperechoic focus is observed within the cortex. Hyperechoic shadowing diverticular foci are visualized +/- a small nonobstructive nephrolith. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.46 cm at caudal pole) (1.71 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 (0.59 cm at cranial pole) (0.41 cm at caudal pole) (2.39 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.

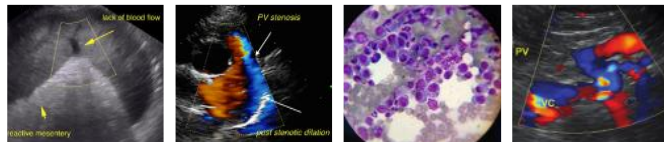
Spleen

The spleen is normal in size (1.38 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are



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anechoic. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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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.

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Free Abdomen

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

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Other

The uterine stump is prominent to enlarged (1.13 cm in diameter). There is questionable trace fluid within the lumen. There is no obvious evidence of inflammation surrounding the stump.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prominent to enlarged uterine stump, which may be secondary to chronic estrogen use or an ovarian remnant. Stump pyometra may be present. Correlation with vaginal cytology is recommended.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral degenerative renal changes with nonobstructive mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

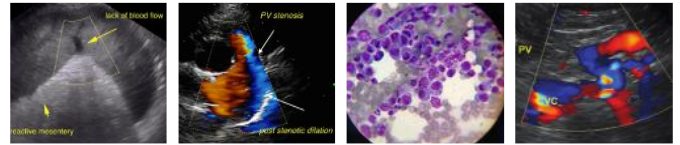
- A urine culture and sensitivity obtained via cystocentesis is recommended. The patient should be off antibiotics for at least 5-7 days before obtaining the urine sample.
- A vaginal cytology is also recommended to help determine if a stump pyometra is present. Depending on the urine culture and vaginal cytology results, broad-spectrum antibiotic therapy may be warranted again. Consider discontinuation of Incurin, with a follow-up ultrasound in 1-2 weeks to reassess the uterine stump. If the uterine stump remains persistently enlarged and a stump pyometra is suspected, surgical removal may be warranted along with evaluation for an ovarian remnant.

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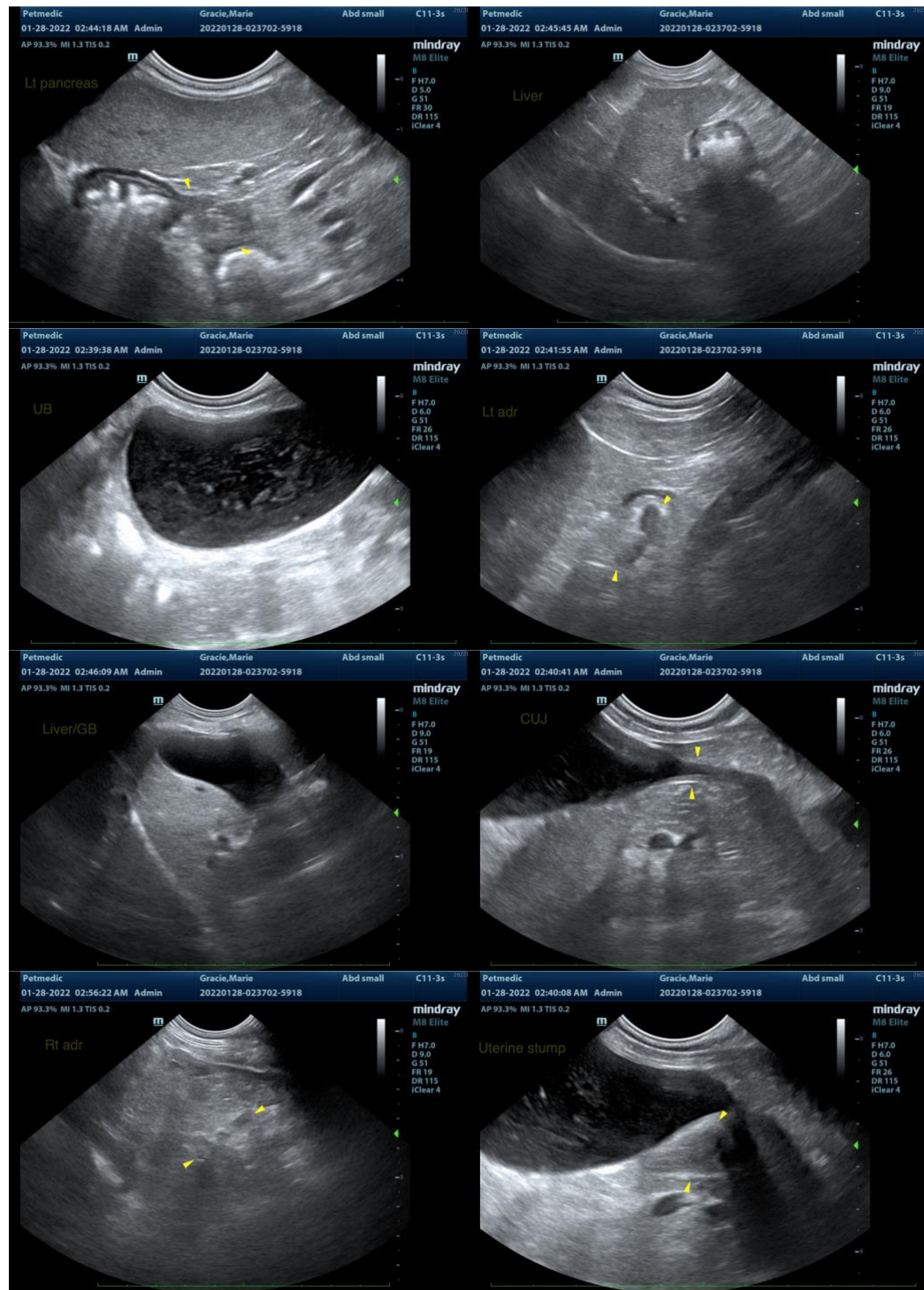
Amy Hess

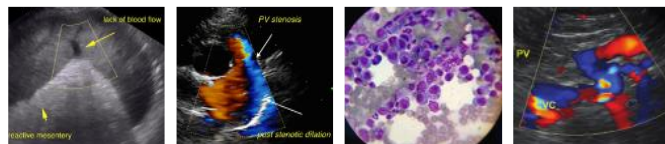
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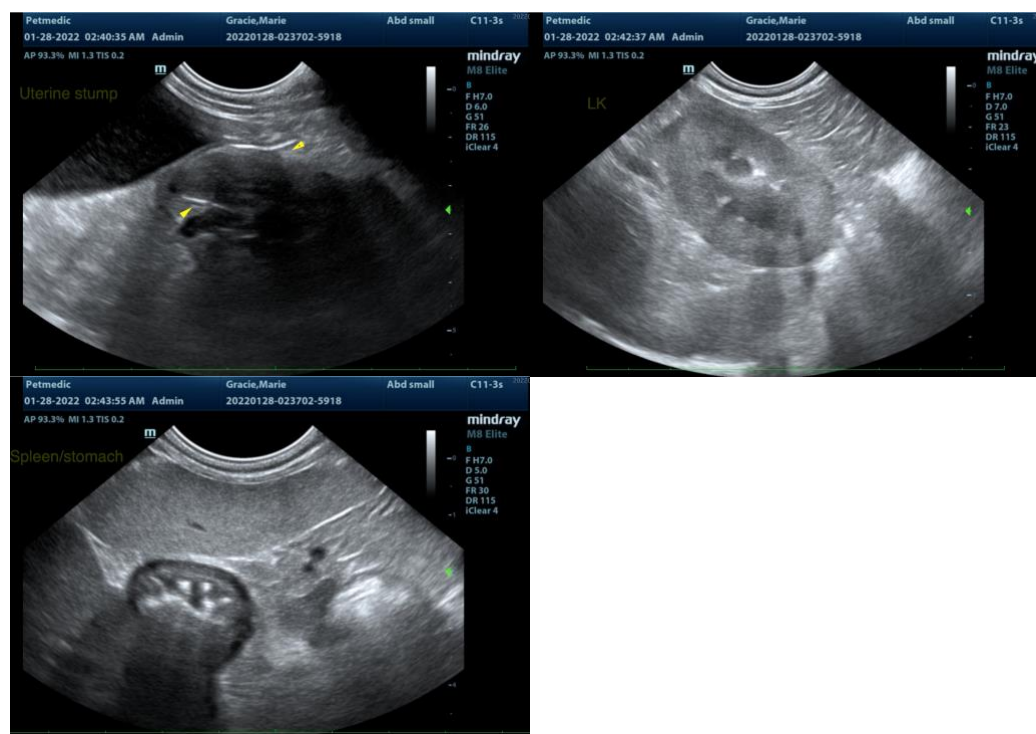
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com