

PATIENT PRESENTING CLINICAL SIGNS

Leia Lei History: persistent hematuria unresponsive to antibiotics therapy meds: clavaseptin 500mg
Abnormal PE/Chem/CBC/UA Results: please see attached rads and labs

SPECIES Lateral abdominal radiograph unremarkable. Urine specific gravity 1.038 with 2+ preinuria. Active urine sediment.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Shep x

The urinary bladder is moderately distended. The wall in the ventral apical region is thickened (up to 0.89 cm) and irregular with foci of mineralization. At least 3 cystic calculi (the largest measuring 1.99 cm in diameter), are observed within the lumen, along with mineralized sand and suspended echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Spayed Female

The left kidney is normal size (6.33 cm in length); normal shape and architecture with smooth peripheral margins. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. 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 hydronephrosis. Renal vasculature is normal.

AGE

10 yrs

WEIGHT

64 lbs

The right kidney is normal size (6.45 cm in length); normal shape and architecture with smooth peripheral margins. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.76 cm at caudal pole) (2.14 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 (1.59 cm at cranial pole) (0.78 cm at caudal pole) (2.15 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 (2.26 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No 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 mostly anechoic. The cystic and common bile ducts are normal.

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

South Side Pet Hospital

REFERRING VET

Dr. Honda

INVOICE

10215

DATE

1/27/22



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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 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 or overt infiltrative disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cystic calculi with urinary bladder wall changes could be consistent with cystitis.

Secondary Findings

- Minor degenerative renal changes
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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.
- Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia.



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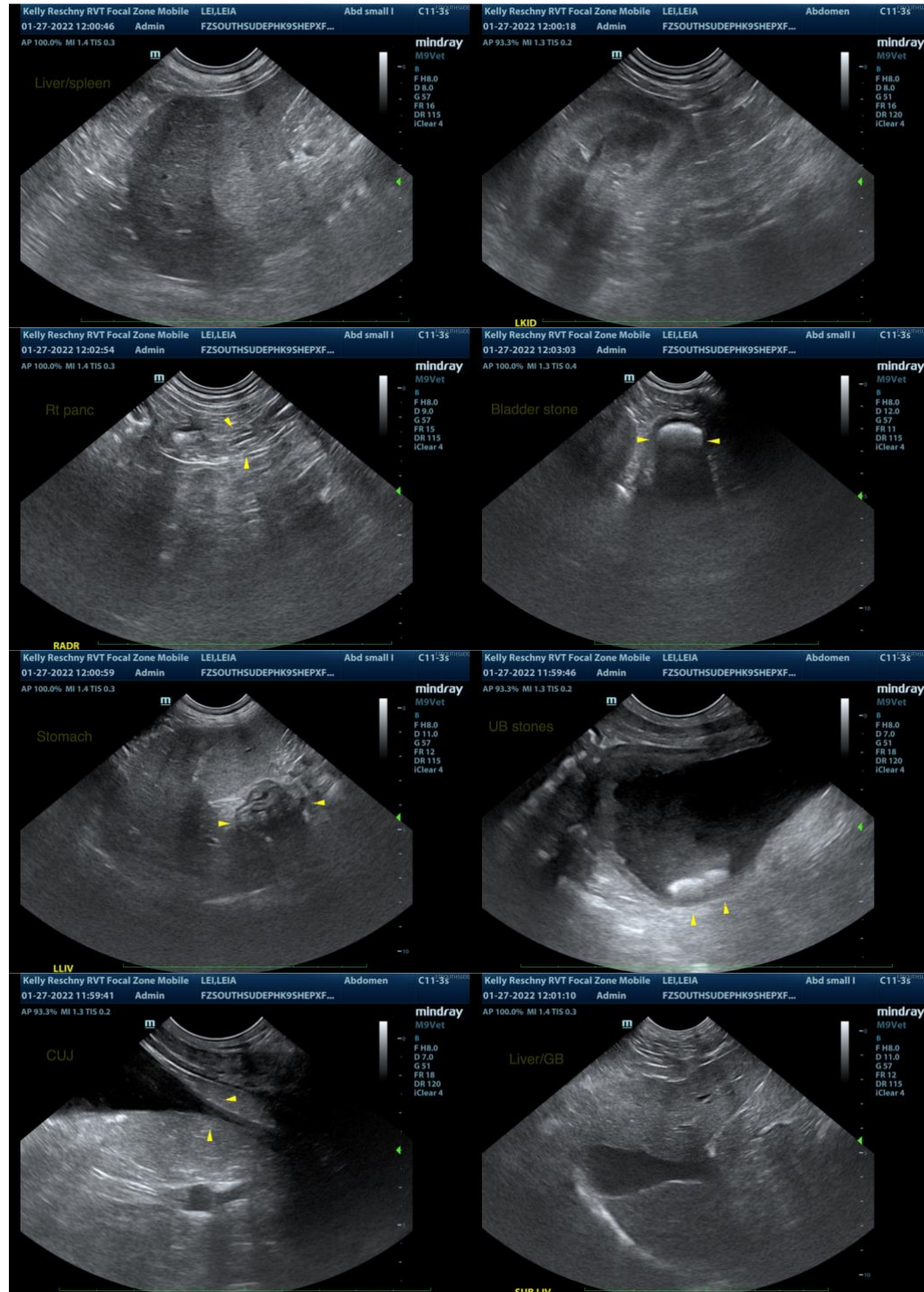
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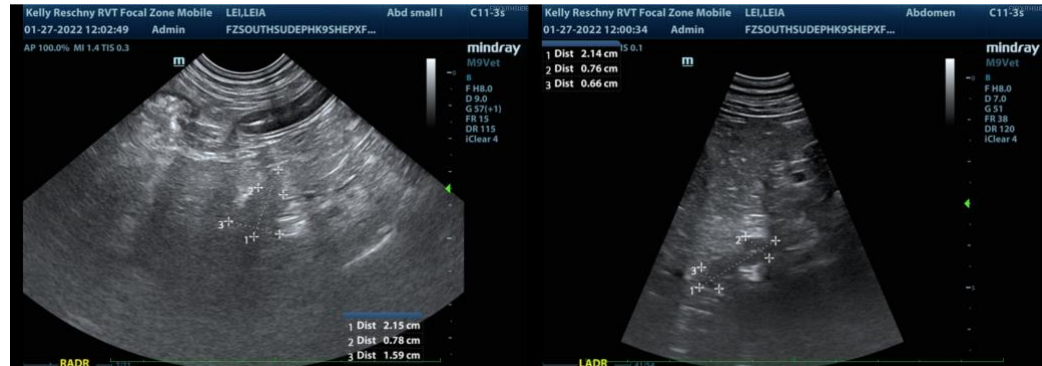
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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