

**DATE PRESENTING CLINICAL SIGNS**

1.23.23

Recurrent UTI since at least summer 2022 when rescued. Unknown history prior. Intermittent infections (cultures have all been Klebsiella) that respond promptly to treatment and have variable time to recurrence (weeks to months). Incontinence is apparent during UTI, she licks her vulva excessively when not infected so occult incontinence is suspect. She was previously obese and lost a lot of weight and has a lot of excess skin that is contributing to a markedly recessed vulva. Low normal albumin also noted on recent labs.

**PATIENT**Remi Lu's Labs  
Labrador Rescue**SPECIES**

Canine

**BREED**

Labrador Retr

**SEX**

Spayed Female

**AGE**

12/9/2016

**WEIGHT**

40 kg

**INTERPRETED BY**Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)**HOSPITAL NAME**Nexus Veterinary  
Specialists**REFERRING VET**

Dr. Steele

**INVOICE**

12090

Current Medications: Dasuquin, Canine multivitamin, Starting Incurin 2mg once daily

Lab Results: 10/3--alb 2.9, updated labs are pending

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. Both ureteral papillae are visualized. Ureteral jets are seen coming from both papillae. The proximal urethra, visible to a depth of 5 cm, is normal.

The left kidney is normal in size (6.84 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.02 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.45 cm at cranial pole) (0.66 cm at caudal pole) (1.99 cm in length) with a normal shape and 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 in normal in size (0.83 cm at cranial pole) (0.73 cm at caudal pole) (1.85 cm in length) with a slightly irregular shape. A 0.41 cm hyperechoic nodule is observed at the caudal aspect. The lesion causes slight capsular expansion. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (2.15 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 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. There is no evidence of an obstructive pattern.

### ***Pancreas***

The right limb of the pancreas is normal in size 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**

- An obvious cause for the patient's chronic urinary tract infection and incontinence is not identified in this study. Considerations include external anatomic malformation (i.e., recessed vulva, vulvar foreign body or mass), microscopic defect in the glycosaminoglycan layer, other. There is no obvious evidence of ectopic ureters. However, this congenital malformation cannot be completely excluded as occasionally, ectopic ureters have multiple openings.

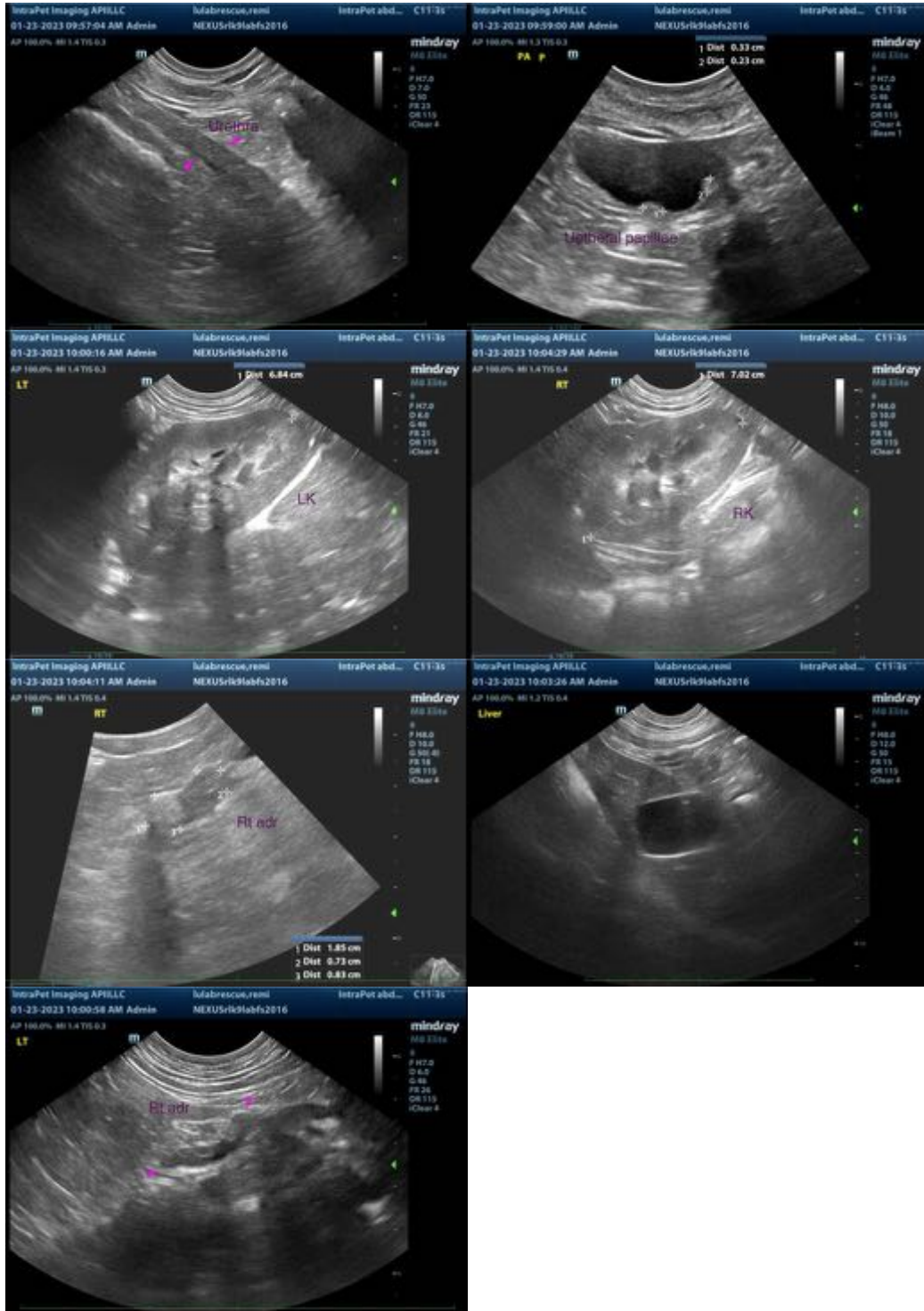
### **Secondary Findings**

- The bilateral adrenal nodules trend toward the benign (i.e., nodular hyperplasia). However, emerging tumors cannot be completely excluded.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.





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)  
[info@SonoPath.com](mailto:info@SonoPath.com)