

**DATE PRESENTING CLINICAL SIGNS**

10/12/2021

History: Recently hospitalized and treated for HGE. Patient improved with treatment but then developed significant hematuria. Abd rads had NSF. Patient is acting normal, eating, and drinking well.

PATIENT

Bella Payne

Current Medications: Initially was on Baytril, Amoxicillin, Cerenia, Provable, Propectalin. Now on Primor, Propectalin and Provable.

Lab Results: USG 1.016, numerous red blood cells

Radiographs: Mild hepatomegaly and spondylosis

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Canine

Sedation: Not needed.

Stat Report: Not requested.

BREED

Puggle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with mostly anechoic urine. The dorsal and apical wall is mildly thickened (up to 0.43 cm) and slightly irregular. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal size (4.39 cm in length); normal shape and architecture with 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.

AGE

11/5/2007

The right kidney is normal size (4.47 cm in length); normal shape and architecture with 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.

WEIGHT

29.5 lbs.

Adrenal Glands

The left adrenal gland is enlarged (0.74 cm at cranial pole) (0.90 cm at caudal pole) (2.03 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 enlarged (0.81 cm at cranial pole) (0.74 cm at caudal pole) (2.35 cm in length) with a slightly irregular shape. A 0.76 x 0.66 cm irregular, hyperechoic to mildly heterogeneous nodule is observed at the cranial pole. The parenchyma at the caudal pole is slightly heterogeneous in appearance with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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HOSPITAL NAME

Chadwell AH

Spleen

The spleen is normal in size (0.94 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.

REFERRING VET

Dr. Haskin

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. A small amount of aggregated echogenic mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

12346

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 right limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

There is no evidence of free fluid. 2-3 prominent mesenteric lymph nodes are visualized, the largest measuring 1.33 cm in length. Additionally, a prominent epigastric lymph node is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

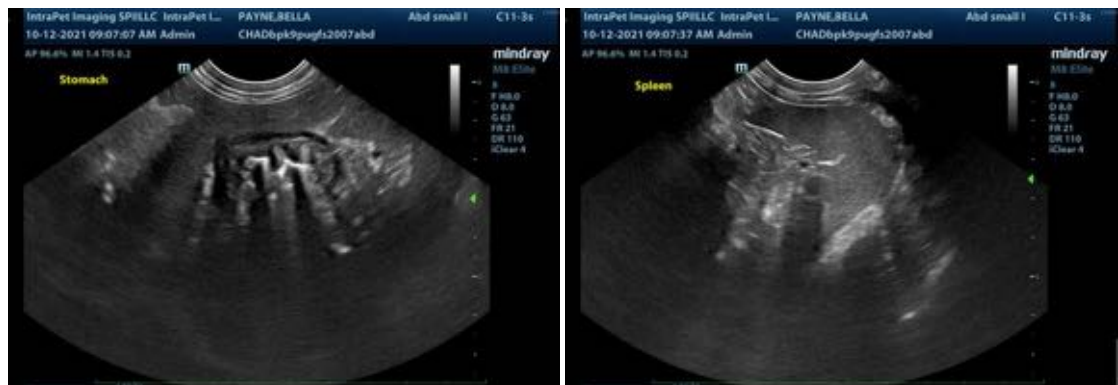
- The bladder wall changes are most consistent with cystitis with a lower possibility of emerging neoplasia.

Secondary Findings:

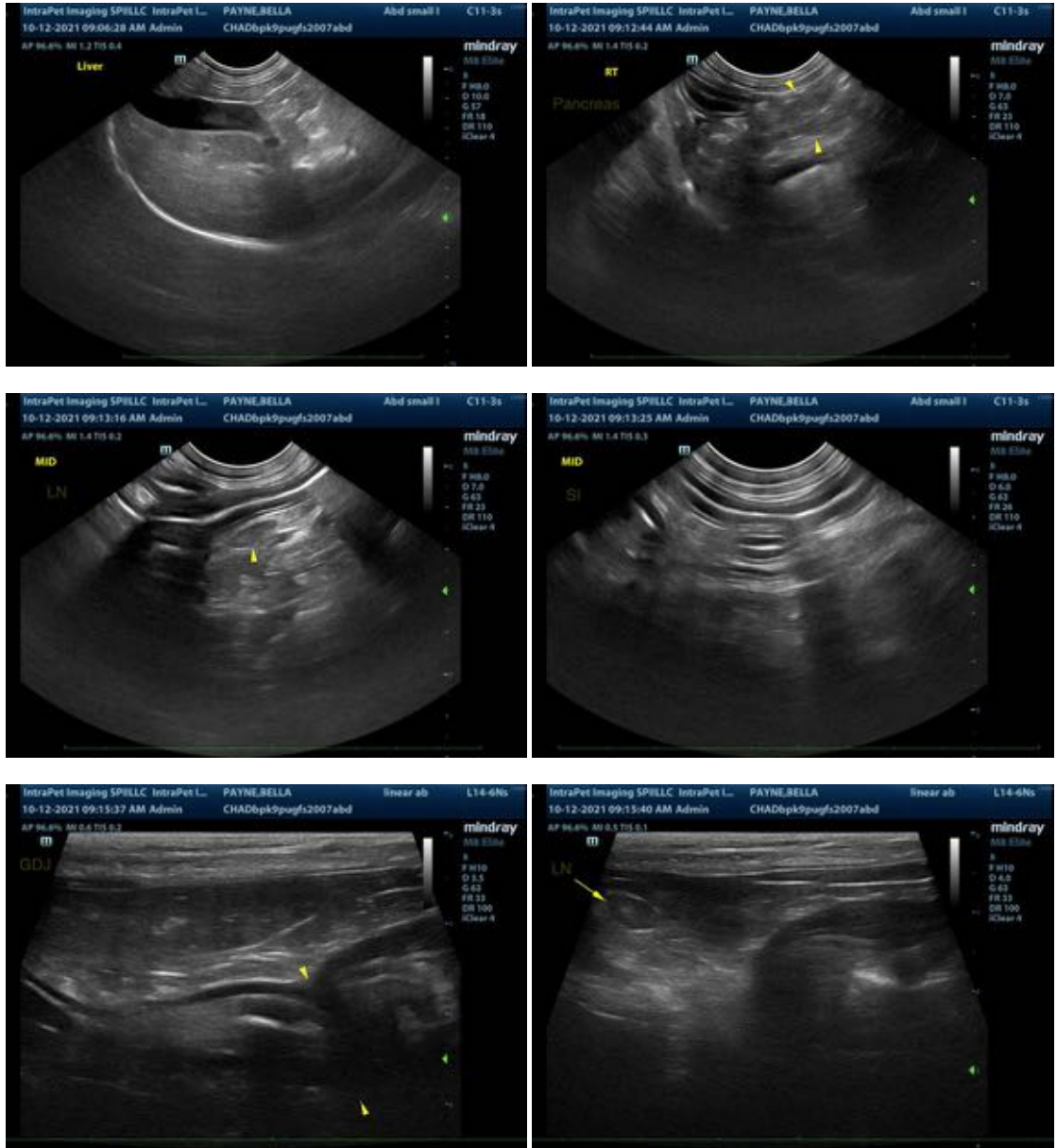
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral adrenomegaly. The right adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of an early neoplastic process.
- The pancreatic changes are suggestive of mild chronic active or resolving pancreatitis.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient's clinical signs do not resolve with antibiotic therapy, consider a urine culture and sensitivity +/- a urine BRAF test (to assess for lower urinary tract neoplasia).
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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