



PATIENT PRESENTING CLINICAL SIGNS

Alex St. Martin

History: Incontinence, have tried Stilbestrol and Proin, both helped but did not fix the issue. P is wearing a diaper, not currently on any medication. Vomiting and diarrhea for a few days. Extremely high stress dog during scan. Currently no medications.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: UA performed in March WNL, no radiographs.

BREED

Shepherd X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

AGE

3.5 Years

The left kidney presented normal size (6.09 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. Moderate to severe pyelectasia is present (0.87 cm in the longitudinal plane). The left ureter is diffusely dilated (1.06 cm proximally, 0.50 cm distally) and can be followed distally through the abdomen and courses adjacent to the urethra. However, its entry point into the lower urinary tract is not seen. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

WEIGHT

20.4 kg

The right kidney presented normal size (5.88 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.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal)

Adrenal Glands

IMAGING PERFORMED BY

Crystal Hill

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.50 cm at caudal pole) (1.58 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

Beatties PH Stoney
Creek

The region of the right adrenal gland is evaluated, and no obvious pathology is observed.

REFERRING VET

Dr. Baskin

Spleen

The spleen is normal in size (1.77 cm 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.

INVOICE

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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.

DATE

10/13/21



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The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

Gastrointestinal

BREED

Shepherd X

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.

SEX

Spayed Female

Pancreas

AGE

3.5 Years

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.

WEIGHT

20.4 kg

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 visible jejunal lymph nodes are observed medial to the spleen.

ULTRASONOGRAPHIC FINDINGS

- Suspected left ectopic ureter with subsequent left pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity along with baseline lab work, including a CBC chemistry panel and urinalysis is recommended.
- A contrast abdominal CT scan would be useful in confirming an ectopic ureter and determining its entry point as well as evaluating the right ureter for ectopy. Referral to a board-certified surgeon and/or internist is recommended for further evaluation.

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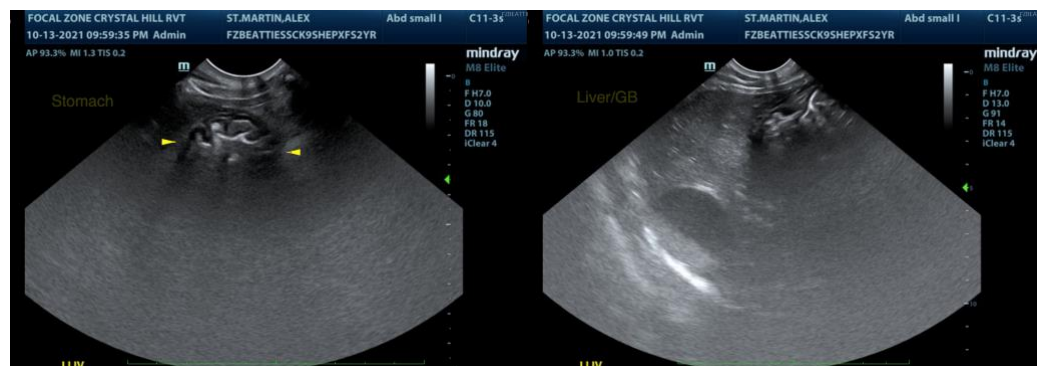
Dr. Baskin

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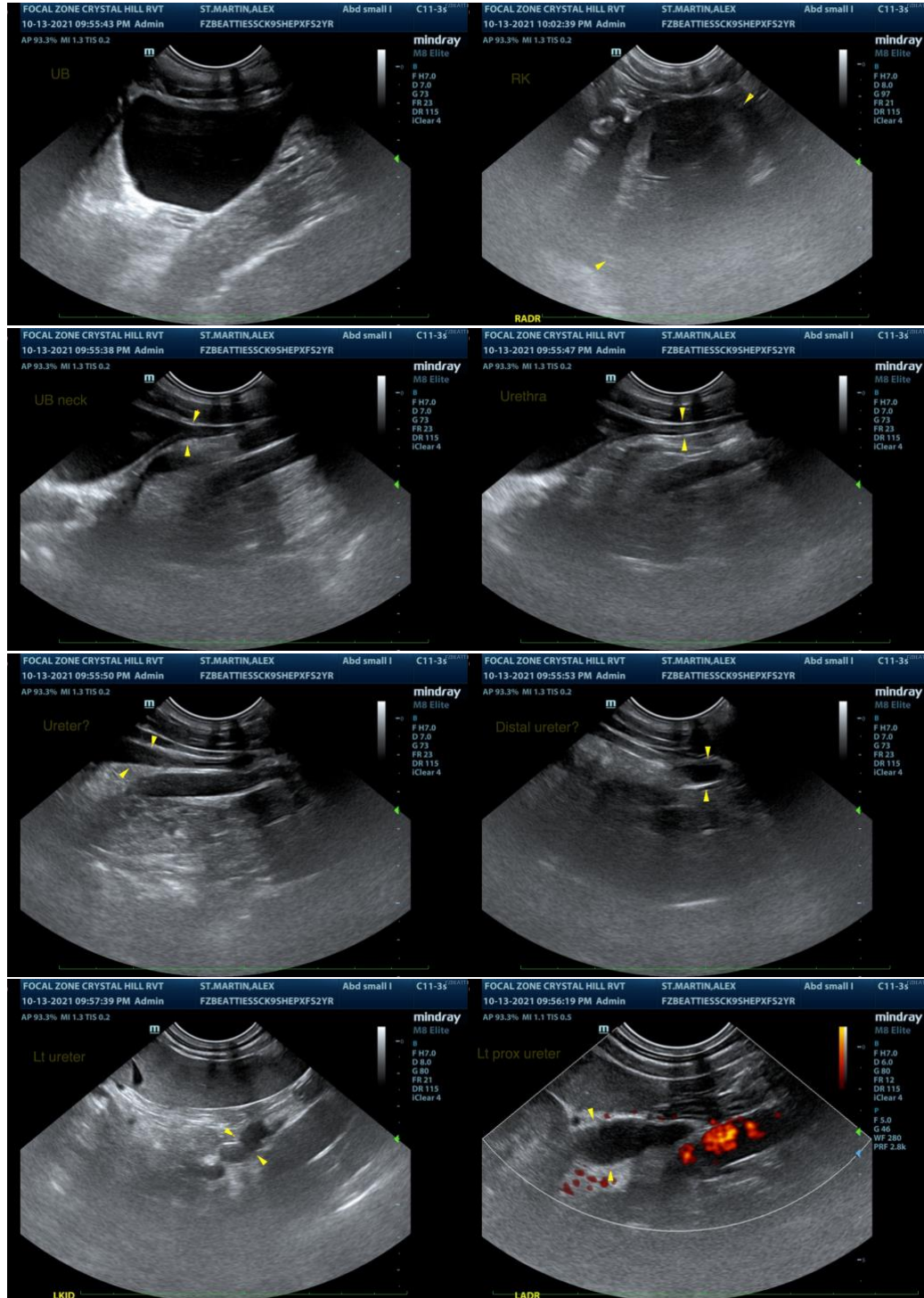
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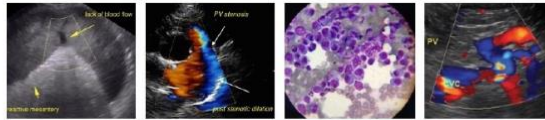
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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