

**DATE PRESENTING CLINICAL SIGNS**

10/14/21

**PATIENT**

Nika Sacker

History: 9/23/21- O called, sx to remove eyelid tumor at Spay Now and now straining to urinate and little coming out; Rx'ed Amoxicillin 500mg BID. Later, 9/30/21- no improvement; did UA/ with C&S; in meantime started Carprofen/Cephalexin while waiting for results; P also had an issue 5/2021, put on Cephalexin but O not sure ever really resolved.

**SPECIES**

Canine

**BREED**

Boxer Mixed Breed

**SEX**

Spayed Female

**AGE**

7/22/2012

**WEIGHT**

53 Pounds

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**HOSPITAL NAME**

Essex Middle River VH

**REFERRING VET**

Dr. Hicks

**INVOICE**

13746

Current Medications: Cephalexin 500mg capsules- 1 BID; Carprofen 100mg, 1/2-tab BID.

Lab Results: Lab work 9/2021- sl elevation in SDMA (15, normal up to 14); Lab work at sx car- SL decrease in Lymphocytes; otherwise WNL

UA- Brown (dark red here) in color; ++rbc, + wbc; no bacteria; no growth; 2+ Ammon. MG Phos (6-20/hpf).

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

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

The urinary bladder is moderately distended. The wall is thickened (up to 0.80 cm) with an irregular mucosal surface. Numerous varying sized irregular cystic calculi are visualized within the lumen, the largest measuring approximately 2.34 cm in diameter. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney presented normal size (6.70 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 presented normal size (6.38 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

**Adrenal Glands**

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.51 cm at caudal pole) (1.92 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 (0.51 cm at cranial pole) (0.57 cm at caudal pole) (2.52 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 (1.93 cm to 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.

### ***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 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.

### ***Free Abdomen***

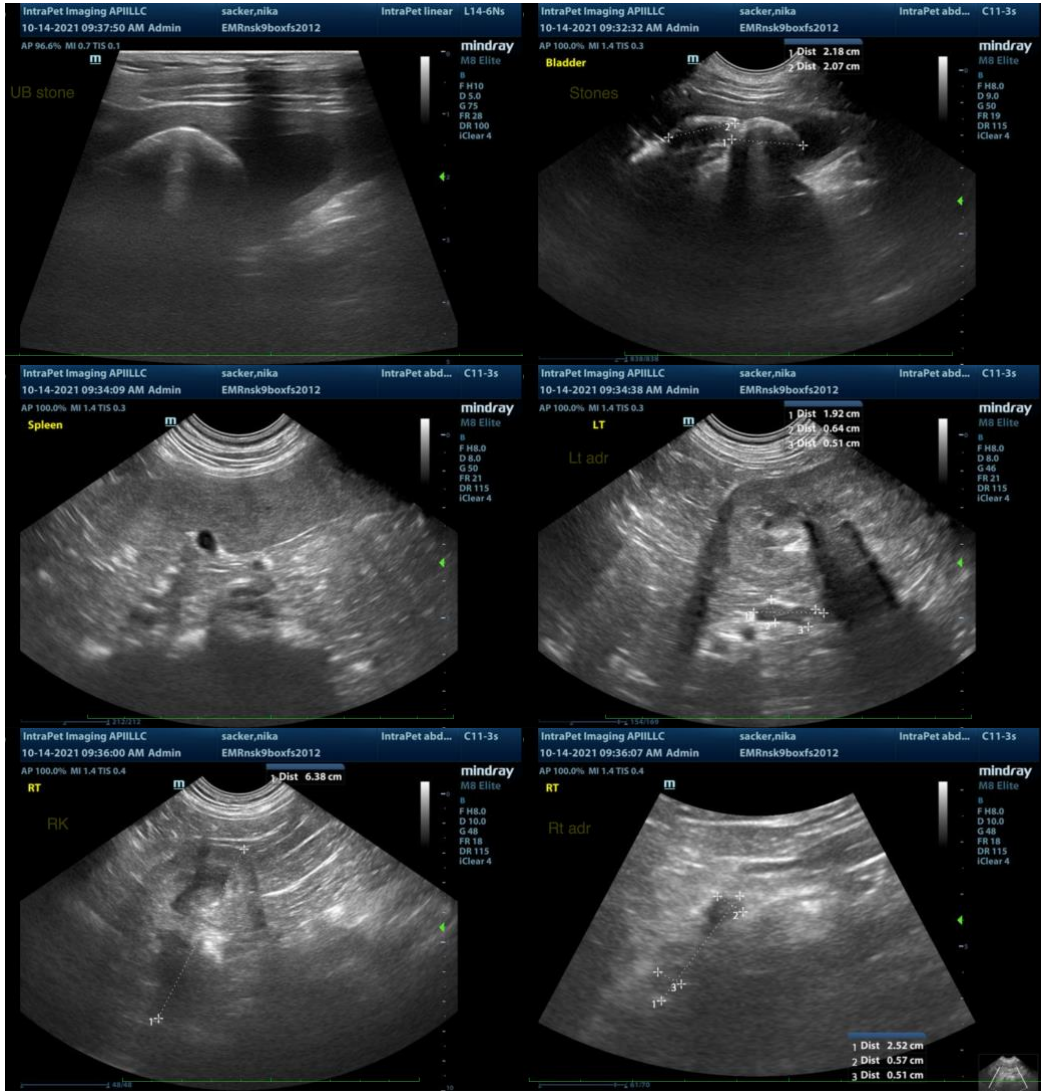
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

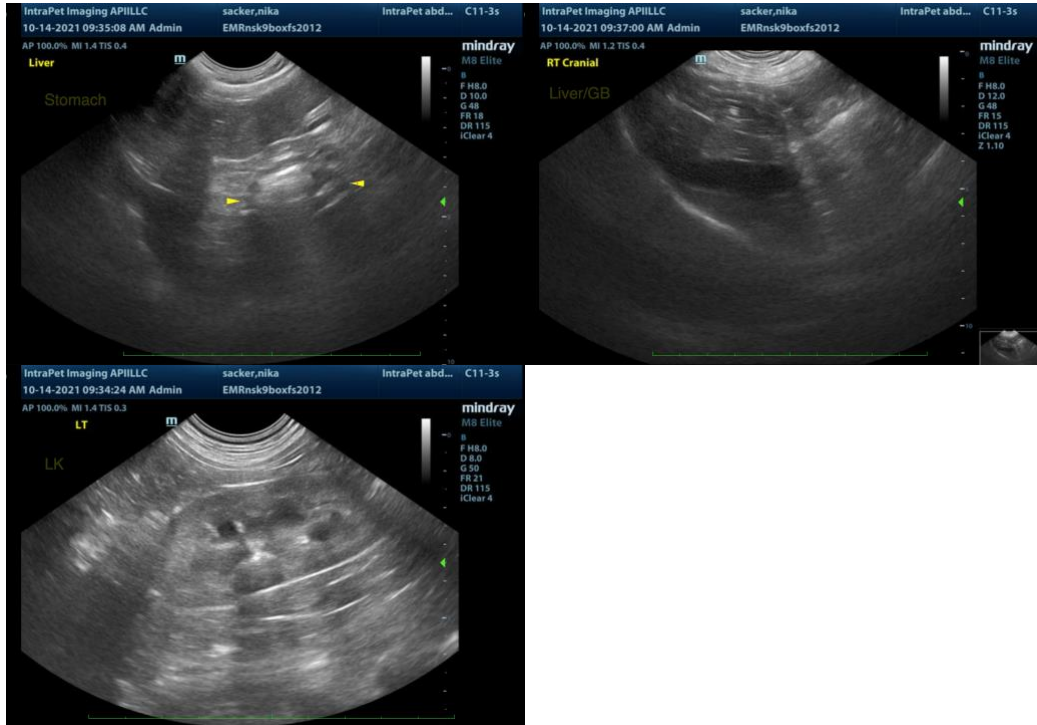
## **ULTRASONOGRAPHIC FINDINGS**

- Cystic calculi with bladder wall changes consistent with cystitis
- Minor bilateral age related renal changes with dystrophic mineralization

## **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.
- 3-view thoracic radiographs should be performed prior to any anesthetic event.





**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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