



PATIENT

Humphrey Nolen

SPECIES

Canine

BREED

Irish Wolfhound

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

56.1 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Mike Beard

INVOICE

12292

DATE

9/8/20

PRESENTING CLINICAL SIGNS

History: Urinary incontinence in a neutered male, aged wolfhound. Phenylpropanolamine is not as effective as it once was.

Abnormal PE/Chem/CBC/UA Results: CBC = increased platelet count. Chemistry = mild increase in SAP, cholesterol, BUN 35. UA = WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A small to moderate amount of echogenic debris is observed within the lumen. A 0.72 cm aggregation of mineralized sand (possible small calculus) is observed within the lumen. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.08 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.99 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. A small cortical cyst is observed at the cranial pole. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.75 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. A small cortical cyst is observed at the caudal pole. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The caudal pole of the right adrenal gland is visualized and enlarged (1.00 cm in width) with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

Previously splenectomized.

Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is diffusely heterogeneous in appearance. A few cystic or multi-septated cystic areas are observed throughout the parenchyma. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A small to moderate amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon contains shadowing fecal material. No obstructive disease is noted.

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Urinary bladder debris +/- small cystic calculus.
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization.
- Mild right adrenomegaly (left adrenal gland not definitively visualized).

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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. Several hepatic cystic lesions are present. These trend toward the benign with a lower possibility of an early neoplastic process.
- Gallbladder sludge, non-mucocele.
- Bowel pattern consistent with inflammatory bowel disease. However, correlation with clinical findings is recommended.

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*An obvious cause for the patient's recent worsening of urinary incontinence is not identified in this study. Considerations include urinary tract infection, cystitis secondary to cystic calculus, underlying neurologic issue, Cushing's disease, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Urine culture and sensitivity.
- Consider abdominal radiographs to assess for a distinct cystic calculus. If present, consider medical vs surgical management.

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- Additional imaging of the left adrenal gland would be useful to assess for possible pathology.
- A thorough neurologic evaluation is also recommended to assess for deficits that may explain the urinary incontinence.

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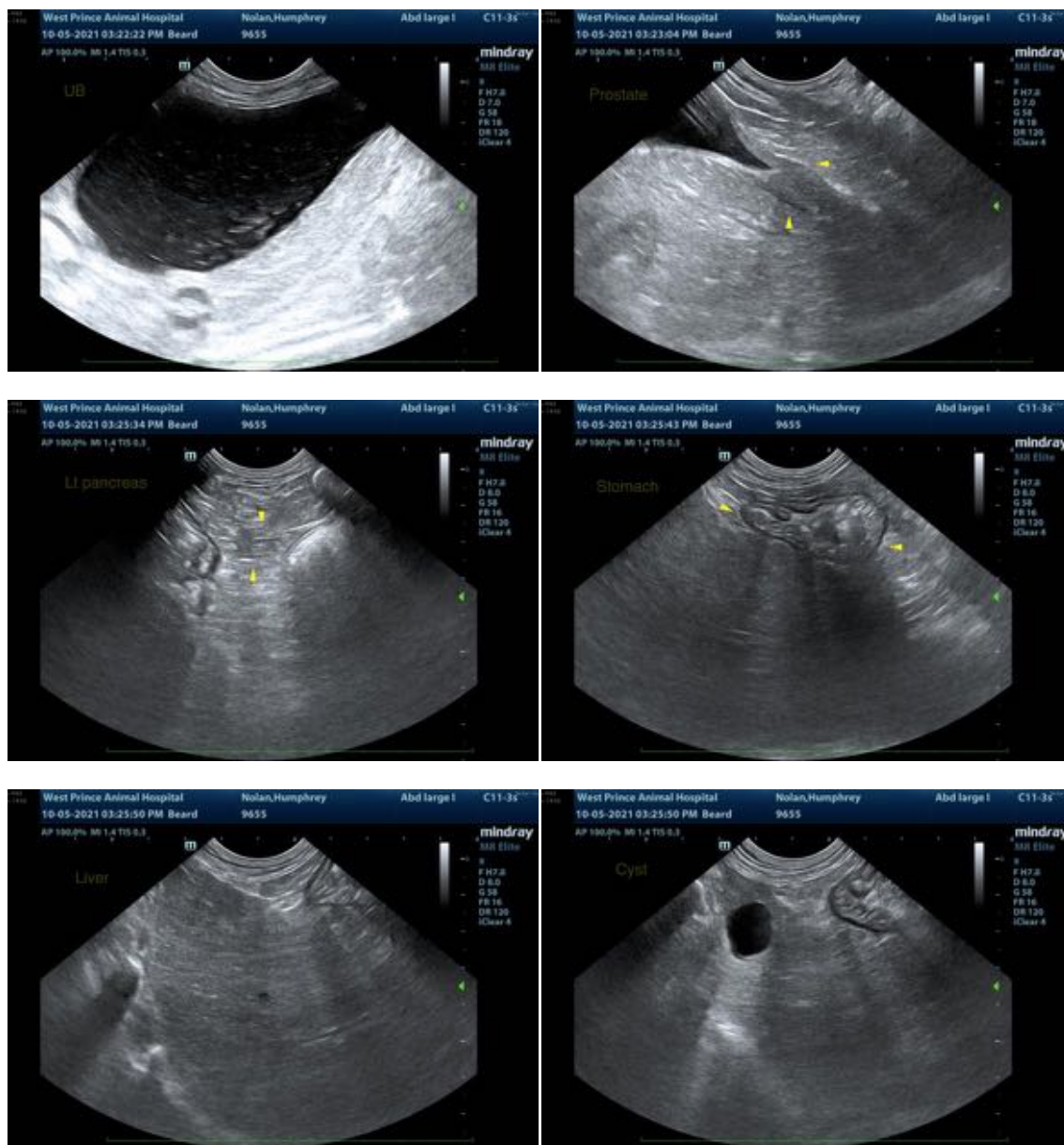
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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