

**DATE**

10/7/2021

PATIENT

Faith Lowman

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

4/1/2021

WEIGHT

37.4 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Noah's Ark VH and
 Boarding Resort

REFERRING VET

Dr. Martinez-
 Hernandez

INVOICE

12308

PRESENTING CLINICAL SIGNS

Sudden inappropriate urination (in kennel overnight) after OVH. PU/PD.

Lab Results: SDMA - elevated 16, was Prev. WNL-age vs. renal but currently showing signs of inappropriate urination

UA- NSF. ALP/phos- elevated suspect age, recently spayed. USG >1.050, trace proteinuria, mild pyuria.

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

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 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 cm, are normal.

The left kidney is normal size (5.86 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.

The right kidney is normal size (6.56 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.

Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.48 cm at caudal pole) (2.24 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 (0.72 cm at cranial pole) (0.54 cm at caudal pole) (2.33 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 (1.63 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is visualized throughout the parenchyma. 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 portal vein: caudal vena cava ratio is approximately 1:1. 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. A focal area of descending colonic wall (just dorsal to the urinary bladder) is mildly thickened (up to 0.46 cm) with retention of the normal layering pattern. No obstructive 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

There is no obvious evidence of free fluid. A 2.71 x 1.28 cm sublumbal lymph node is visualized. A few prominent jejunal lymph nodes are also seen.

Other

A uterine stump is visible (0.59 cm in diameter). The mesentery surrounding the stump is slightly reactive.

ULTRASONOGRAPHIC FINDINGS

- Visible uterine stump with mild regional peritonitis, consistent with recent ovariectomy (normal post-operative inflammation).
- The mild colonic wall thickening may be secondary to mild peritonitis from the recent spay. Alternatively, primary colitis is possible. Correlation with clinical findings is recommended.
- The abdominal lymphadenopathy may be secondary to immunologic immaturity and/or reactive change.

*An obvious cause for the patient's inappropriate urinations is not identified in this study. There is no obvious evidence of a congenital extrahepatic portosystemic shunt, renal dysplasia or cystic calculi. There is no visible evidence of ectopic ureters although if small, they can be difficult to visualize sonographically.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity is recommended to assess for an occult urinary tract infection. If there is no evidence of infection and clinical signs persist, a contrast CT scan can be considered to further evaluate for ectopic ureters.







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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