



PATIENT

Lucy Sylvestre

PRESENTING CLINICAL SIGNS

History: Recurring *E. coli* urinary tract infections.
Abnormal PE/Chem/CBC/UA Results: Chronic urinary infections

SPECIES

Canine

USG 1.049, 1+ proteinuria, inactive sediment. UPC 0.1. Labwork from 10/15/22 unremarkable.

BREED

Basset Hound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is mildly irregular. A 0.34 cm cystic calculous is observed within the lumen. The remaining luminal contents are anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal size (5.85 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

11 yrs.

The right kidney is normal size (5.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

47.6 lbs. .

Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.67 cm at caudal pole); 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.

INTERPRETED BY

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

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.65 cm at caudal pole) with a relatively normal shape. A 1.98 x 0.82 cm, ill-defined hyperechoic nodule/area is observed in the cranial to mid-aspect. The glandular echogenicity and detail at the caudal aspect are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Amy Mayhew

Spleen

The spleen is subjectively normal in size (1.40 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled with numerous varying sized hypoechoic nodules/areas, the largest measuring 1.06 cm in diameter. Splenic vasculature appears normal with no evidence of thrombosis.

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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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended, echogenic debris 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 not distended. The gastric wall is 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 disease is noted.

SPECIES

Canine

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

There is no evidence of free fluid. A 1.00 cm left media iliac lymph node is visualized. The node is normal in shape and echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cystic calculus.
- The splenic parenchymal changes are non-specific and could be secondary to a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation). Alternatively, emerging neoplasia (i.e., lymphoma) is possible.

Secondary Findings:

- The right adrenal nodule trends toward the benign (i.e., nodular hyperplasia). However, an emerging tumor is also possible.

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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.
- Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.
- Consider a fine needle aspirate of the spleen (to further evaluate for infiltrative neoplasia) if clotting status is appropriate. A 25-gauge needle should be used.

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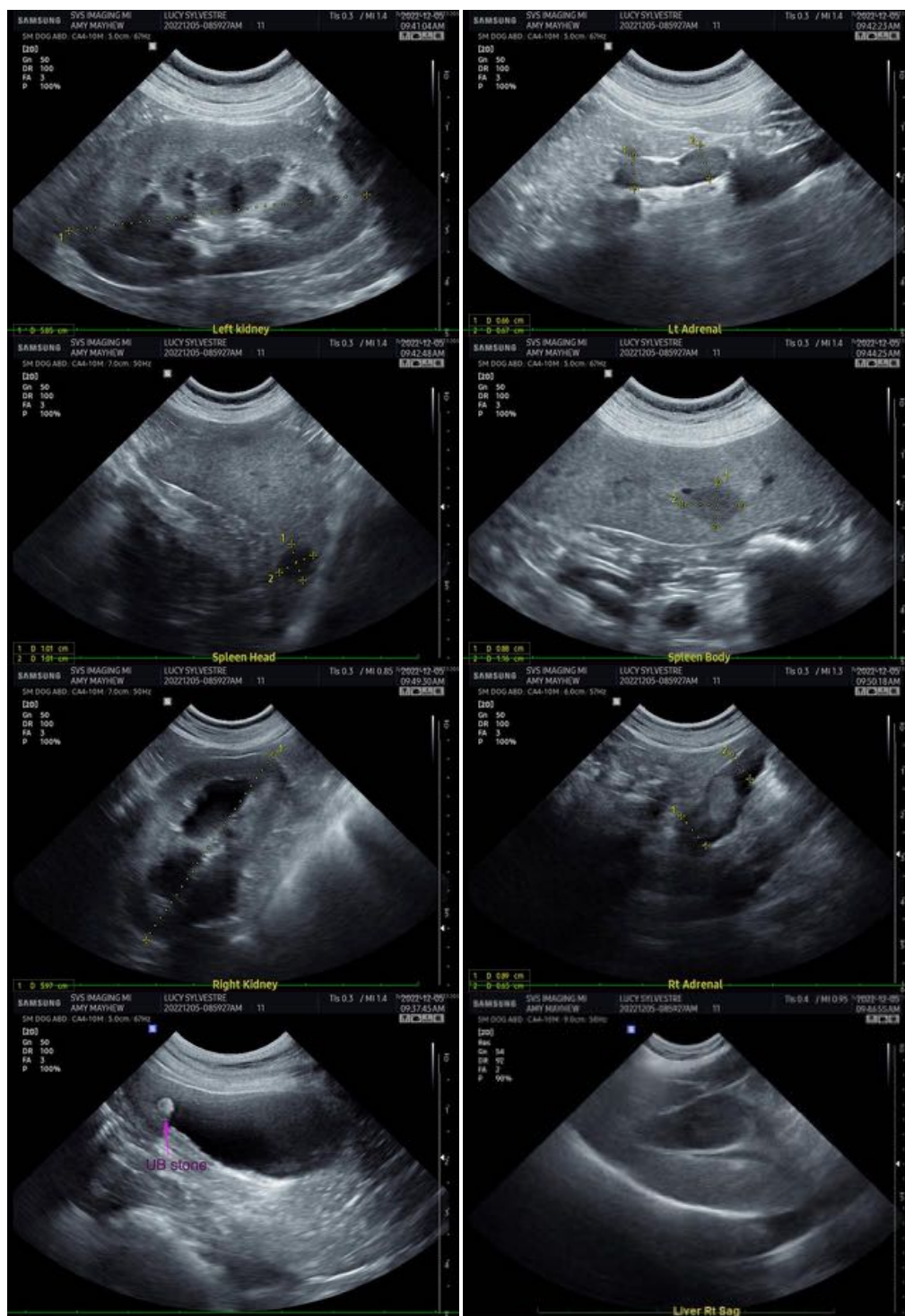
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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