

**DATE PRESENTING CLINICAL SIGNS**

12/6/22

History of straining when having a bowel movement & urinating. (See prior ultrasound report). Increased frequent urination and small bowel movements (stool is dry?)

**PATIENT**

Frosty Schwinn

Current Medications: Enrofloxacin 68mg 1 by mouth every 24 hours for 14 days, started: 11/1/2022, stopped ~ 11/15/2022. Started back up again 11/30/2022.

Lab Results: Superchem/CBC/T4 done 11/01/2022: Platelet Count 426

UA done 11/01/2022: Protein 2+

**SPECIES**

Canine

Radiographs: 11/29/21: narrow IV Disc spaces L1-2, L2-3 +/- L-5, T8-9

Date of Previous IntraPet Ultrasound: 12/7/21. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Bichon Frise

Imaging Performed By: Stephanie Wagra RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Male, neutered

**Urinary System**

The urinary bladder wall is 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.

**AGE**

9/9/2008

The prostate is prominent in size (1.35 cm in width) with a slightly rounded shape and subtly heterogeneous parenchyma. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

**WEIGHT**

13.4 lbs.

The left kidney is normal in size (3.55 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney is normal size (3.78 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**HOSPITAL NAME**

Bel Air VH

**Adrenal Glands**

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.54 cm at caudal pole) (1.80 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.

**REFERRING VET**

Dr. Stevenson

The right adrenal gland is normal size (0.62 cm at cranial pole) (0.34 cm at caudal pole) (2.16 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.

**INVOICE**

14313

**Spleen**

The spleen is normal in size (1.20 cm in width 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.

**Liver**

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are

observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is not distended. The gastric wall is 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. The colonic wall is normal. The lumen of the descending colon contains shadowing fecal material and gas. Within the descending colonic lumen, at the level of the urinary bladder, an ill-defined (0.99 cm) echogenic lesion/structure is visualized. 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***

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

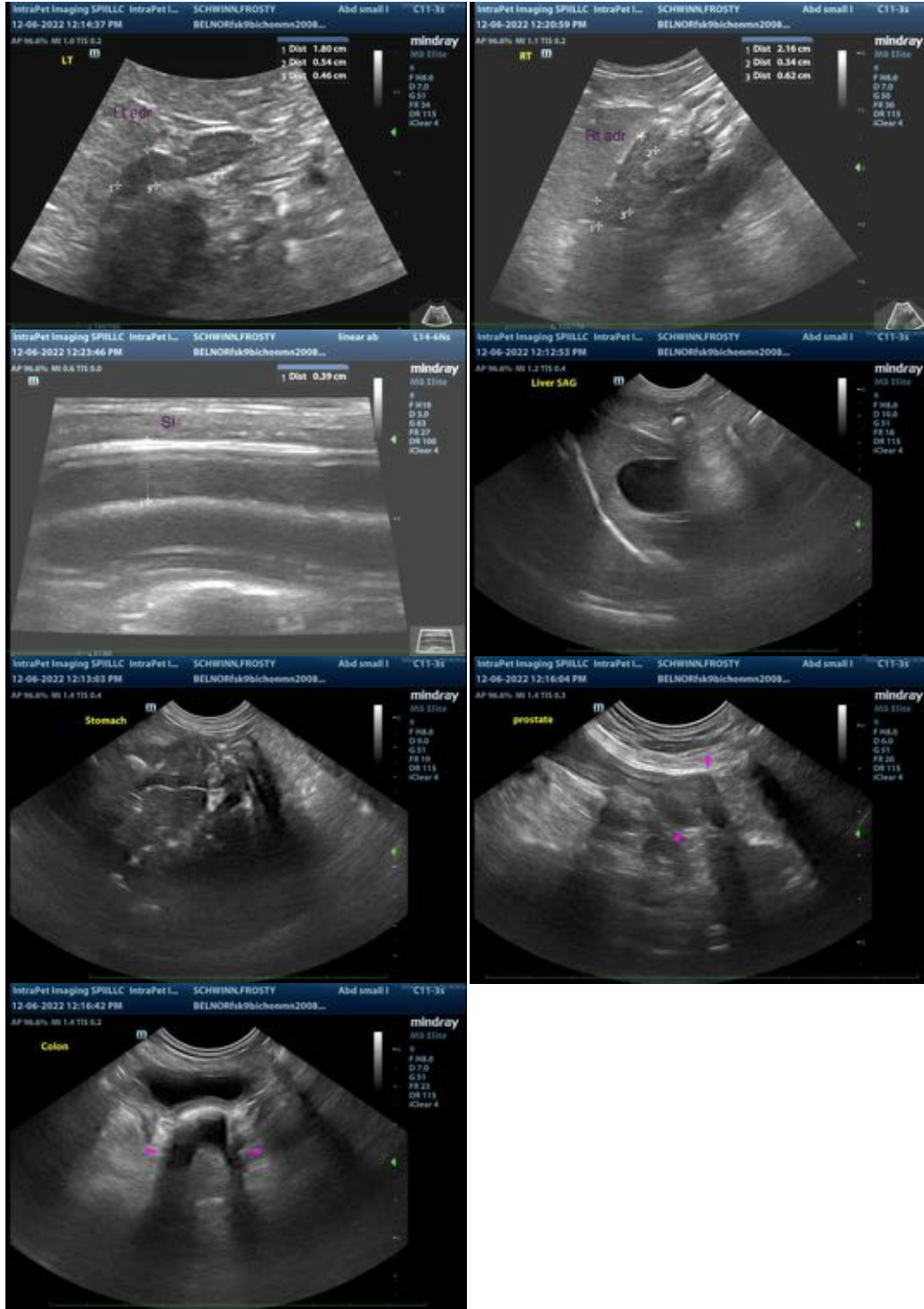
- The echogenic lesion/structure within the descending colonic lumen may represent an imaging artifact. Alternatively, a tumor, polyp, granuloma, other may be present.

### **Secondary Findings:**

- Mild prostatomegaly. Changes are similar to the previous sonogram.
- Bilateral, degenerative renal changes with dystrophic mineralization. Renal changes appear to have progressed since the previous sonogram.
- The hepatic parenchymal changes are most consistent with vacuolar hepatopathy.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A colonoscopy with mucosal biopsies is recommended. Prior to anesthesia, three-view thoracic radiographs should be performed to assess cardiopulmonary status.
- Given the straining to urinate, also consider a urine culture and sensitivity.
- Given the presence of proteinuria, a UPC is recommended (if the culture is negative for infection).



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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