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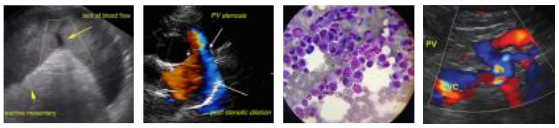


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Lizzy Miksell

SPECIES

Canine

BREED

Chinese crested X

SEX

Spayed Female

AGE

14 years

WEIGHT

9.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small VC, Corvallis, OR

REFERRING VET

Jessica Bailes

INVOICE

10323

DATE

2/10/22

PRESENTING CLINICAL SIGNS

Chronic intermittent hx of vomiting, poor appetite and diarrhea w/ fresh blood and mucous. Also chronic hx of inappropriate urination, incontinence and bloody vaginal discharge. Very difficult to medicate and also very hard to obtain sterile urine samples from; there has been positive growth of several different organisms (e - coli, enterococcus, proteus, klebsiella, pseudomonas, actinobacter) when free catch samples were cultured. Was referred to local university for further evaluation of urinary issues - they were able to obtain a sterile cysto-urine sample and that sample had negative growth. Symptoms have persisted despite multiple rounds of antibiotics. Currently on proin, incurin and symptoms are better but not resolved. Has presented w/ bloody vaginal discharge in the past. Current concern is mainly ongoing vomiting, poor appetite and diarrhea despite being fed chx/rice and pumpkin only Appetite improved w/ cerenia; diarrhea slightly improved w/ pro - pectalin.

Abnormal PE/Chem/CBC/UA Results: Progressive weight loss, poor MCS/BCS Severe dental disease Prominent vulva - no discharge Vaginal cytology today: consistent w pro - estrous; rods/cocci TNTC, no WBC, no RBC's; 75% cornified epithelial cells noted Bloodwork last performed 12/21: increased BUN (39/CREAT = 1.1); increased PSL (186); USG = 1.018; bacteriuria but free catch sample; WBC 2-3/hpf; 3+ blood.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

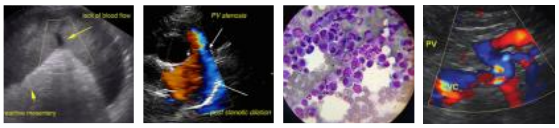
The urinary bladder is mildly distended. The wall is thickened (up to 0.66 cm), and irregular. A small amount of echogenic debris is observed within the lumen. No cystic calculi are observed.

The right kidney is normal size (4.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. Mild to moderate pyelectasia is present (0.31 cm in the longitudinal plane). At least one nonobstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.06 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. Trace pyelectasia is present. Mineralization is observed within the tissue adjacent to the renal pelvis. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.34 cm at cranial pole) (0.59 cm at caudal pole) (1.55 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.



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The right adrenal gland is mildly enlarged (0.51 cm at cranial pole) (0.57 cm at caudal pole) (2.62 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 (0.77 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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 small amount of echogenic debris is observed within the lumen. 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 minimally fluid 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 right limb is prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to the surrounding omental fat. No discreet focal lesions are observed. The pancreatic duct measures 0.25 cm in diameter.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

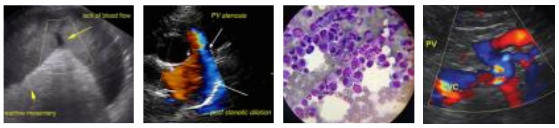
Other

A prominent uterine stump is visible (0.99 cm in width). There is no obvious evidence of pathology. A 1.11 x 0.70 cm well-circumscribed fluid-filled structure is observed just cranial to the urinary bladder apex.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prominent uterine stump. There is no obvious evidence of a stump pyometra. However, correlation with the patient's vaginal cytology is recommended.
- An obvious cause for the patient's gastrointestinal signs is not identified in this study. Possible differentials include microscopic gastrointestinal disease, underlying metabolic issue, low-grade pancreatitis, other.



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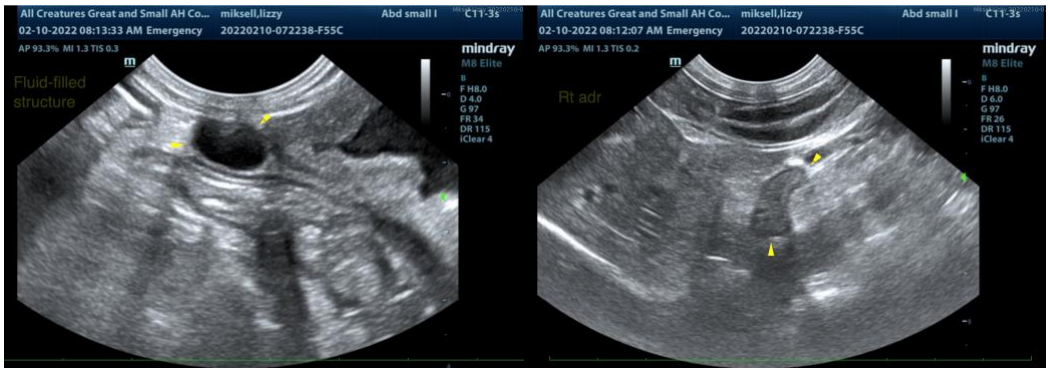
- The urinary bladder wall changes are most consistent with cystitis with a low possibility of infiltrative neoplasia.
- The origin of the fluid-filled structure cranial to the urinary bladder is unclear. It may be arising from the mesentery, uterine stump, lymph node, other. Its significance is unclear.

Secondary Findings

- Bilateral age-relate renal changes with nonobstructive nephrolithiasis and mild pyelectasia
- Mild left adrenomegaly
- 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.
- The pancreatic changes could be consistent with low-grade pancreatitis +/- age-related remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the uterine stump and bloody vaginal discharge, consider a serum progesterone level (measured 1-3 weeks after behavioral estrus) to assess for functional luteal tissue.
- Regarding the GI signs, consider the following:
  1. Fecal evaluation for ova and Giardia and fecal PCR infectious disease panel
  2. Prophylactic deworming (i.e., fenbendazole)
  3. Malabsorption panel including serum cobalamin, folate, TLI and PLI
  4. Low-fat or hypoallergenic diet trial +/- GI biopsies. However, the patient's age and overall health status should be taken into account when deciding when deciding whether to pursue anesthetic procedures.



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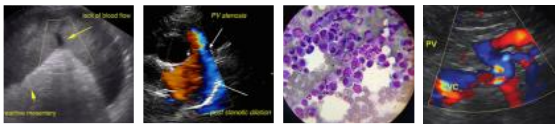

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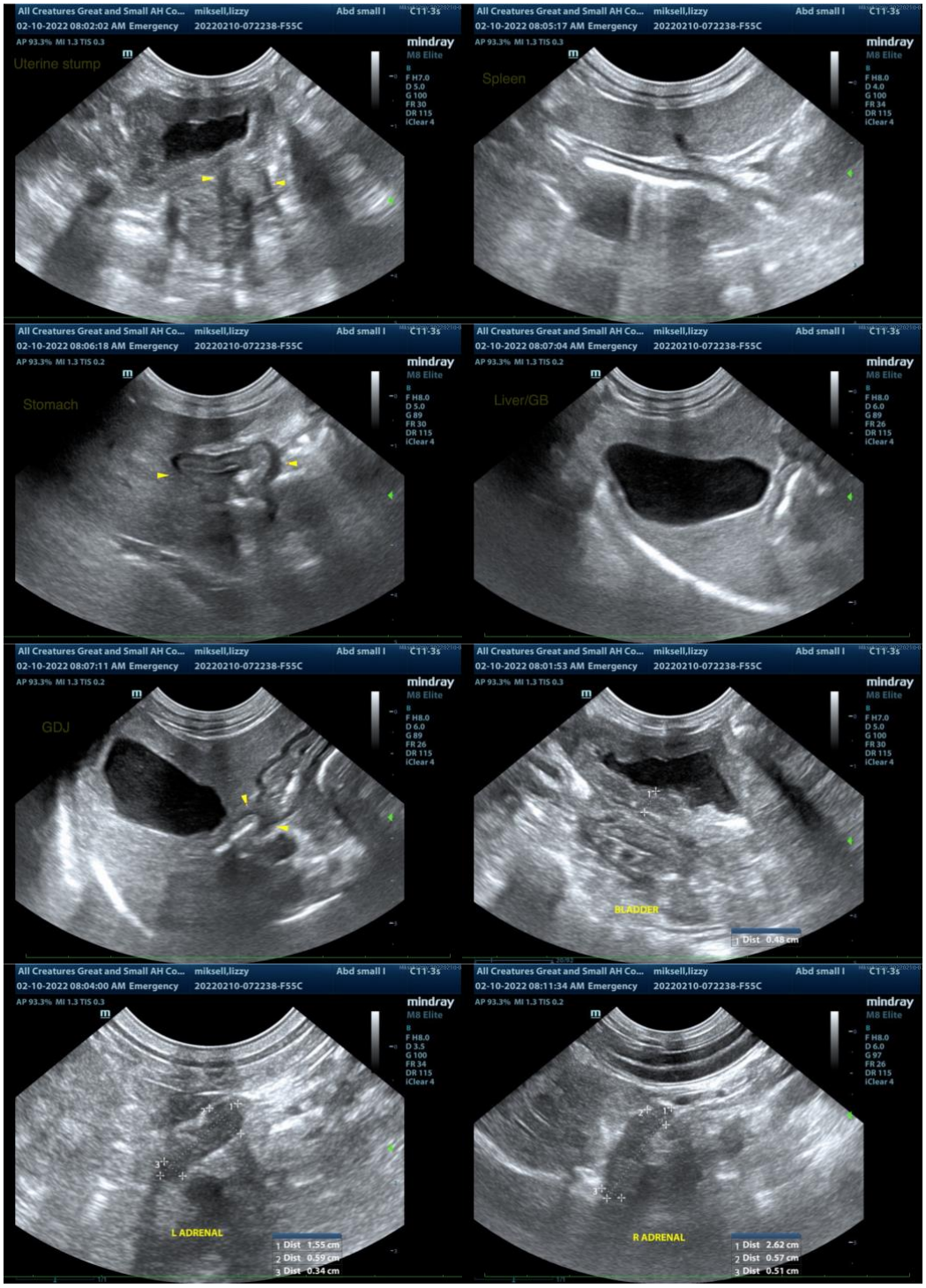

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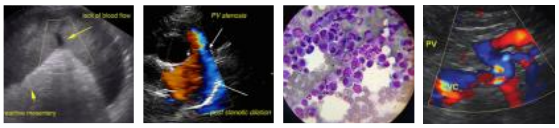

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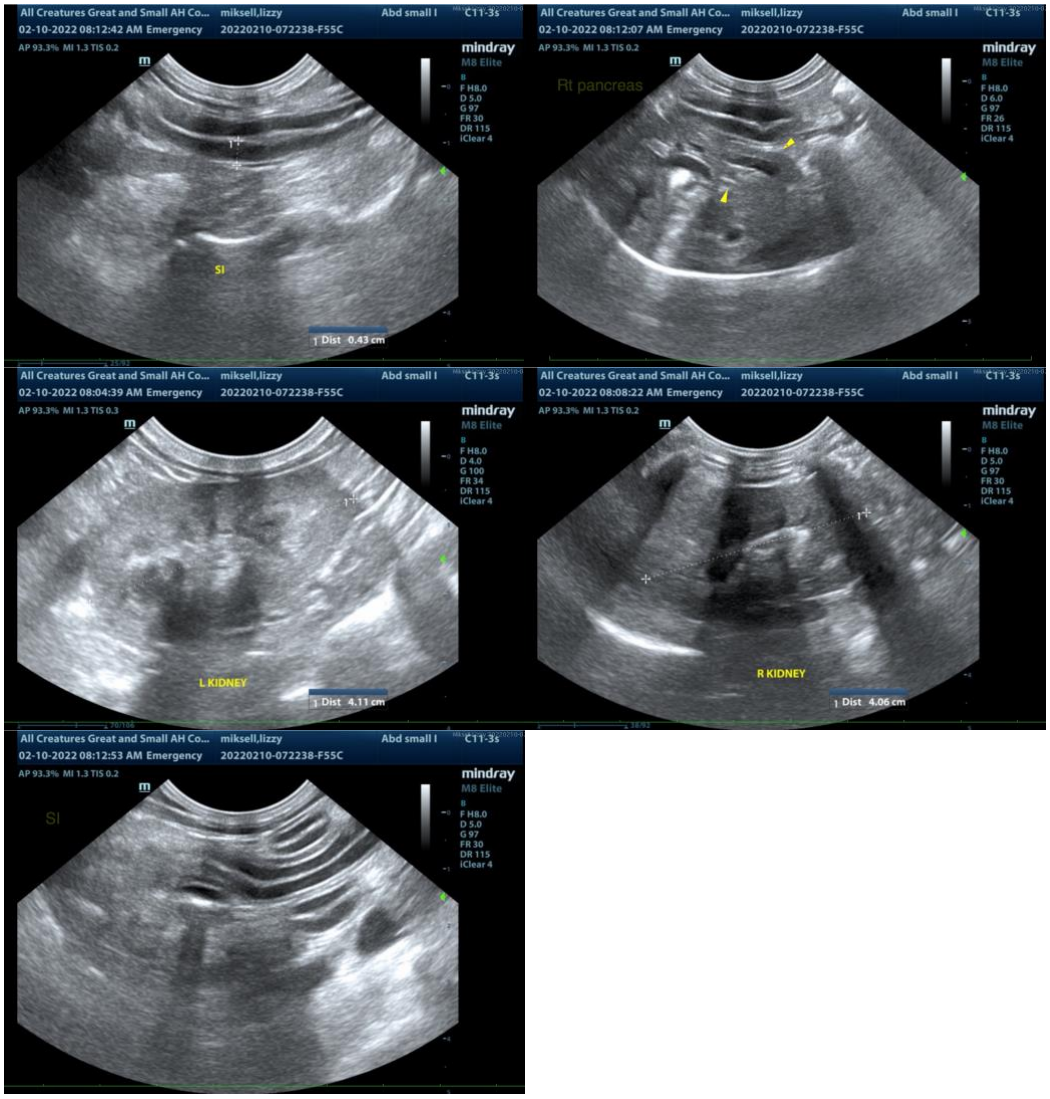

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com