



PATIENT PRESENTING CLINICAL SIGNS

Gracie Marie History: Presented several weeks ago for urinary incontinence and spotting blood Had been on incurin from rDVM Performed AUS and urine culture culture + and sensitive to enrofloxacin treated with 14-day course stopped incurin AUS with SonoPath- concern for stump pyometra Today much improved clinical signs- returned for recheck AUS and urine culture

Abnormal PE/Chem/CBC/UA Results: Urine culture pend

BREED

Cocker Spaniel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Urinary System

Spayed Female The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

AGE

13 years The left kidney presented normal size (4.76 cm in length); with a normal shape and smooth peripheral margins. The cortex is mildly thickened and hyperechoic. There is mild to moderate loss of corticomedullary distinction. Foci of mineralization are visualized. There is no evidence of pyelectasia,, infarcts or hydroureter.

WEIGHT

9.5 kg The right kidney presented normal size (5.75 cm in length); with a normal shape and smooth peripheral margins. The cortex is mildly thickened and hyperechoic. There is mild to moderate loss of corticomedullary distinction. Foci of mineralization are visualized. There is no evidence of pyelectasia,, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.60 cm at caudal pole) (1.73 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.

IMAGING PERFORMED BY

Dr. Hess The right adrenal gland is normal size (0.49 cm at caudal pole) (2.12 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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Spleen

The spleen is normal in size (1.19 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.

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Dr.Hess

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 1.75 cm ill-defined nodule/area is observed in the region of the right medial lobe. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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DATE

2/18/22

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal



PATIENT contents are anechoic. The cystic and common bile ducts are normal.

Gracie Marie

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric is normal in thickness with a normal layering pattern. The pyloric antral wall is slightly thickened (up to 0.49 cm), and irregular with a focally prominent muscularis layer. 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. No obstructive or overt infiltrative disease is noted.

SPECIES

Canine

BREED

Cocker Spaniel

Pancreas

The left limb is visible with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

SEX

Spayed Female

Free Abdomen

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

AGE

13 years

Other

A prominent uterine stump is visible (0.94 cm in width). There is no obvious evidence of luminal dilation or adjacent inflammation.

WEIGHT

9.5 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Prominent uterine stump. The changes are similar, to slightly improved compared to the previous sonograph.

Secondary Findings

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- Bilateral age-related renal changes with nonobstructive nephrolithiasis
- 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 hyperechoic nodule/area trends toward the benign (i.e., regenerative nodule), with a lower possibility of emerging neoplasia.

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- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

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- The focally thickened pyloric antral wall may be an imaging artifact or may represent inflammation, hypertrophy or less likely, emerging neoplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

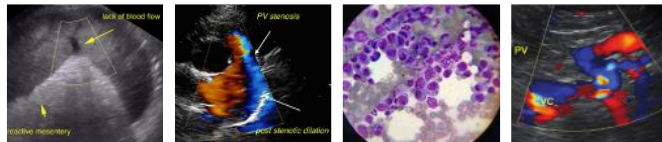
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- A repeat ultrasound is recommended in 4-6 weeks to reassess the uterine stump. If the patient's clinical signs recur, an ultrasound should be performed sooner.

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SEX

Spayed Female

AGE

13 years

WEIGHT

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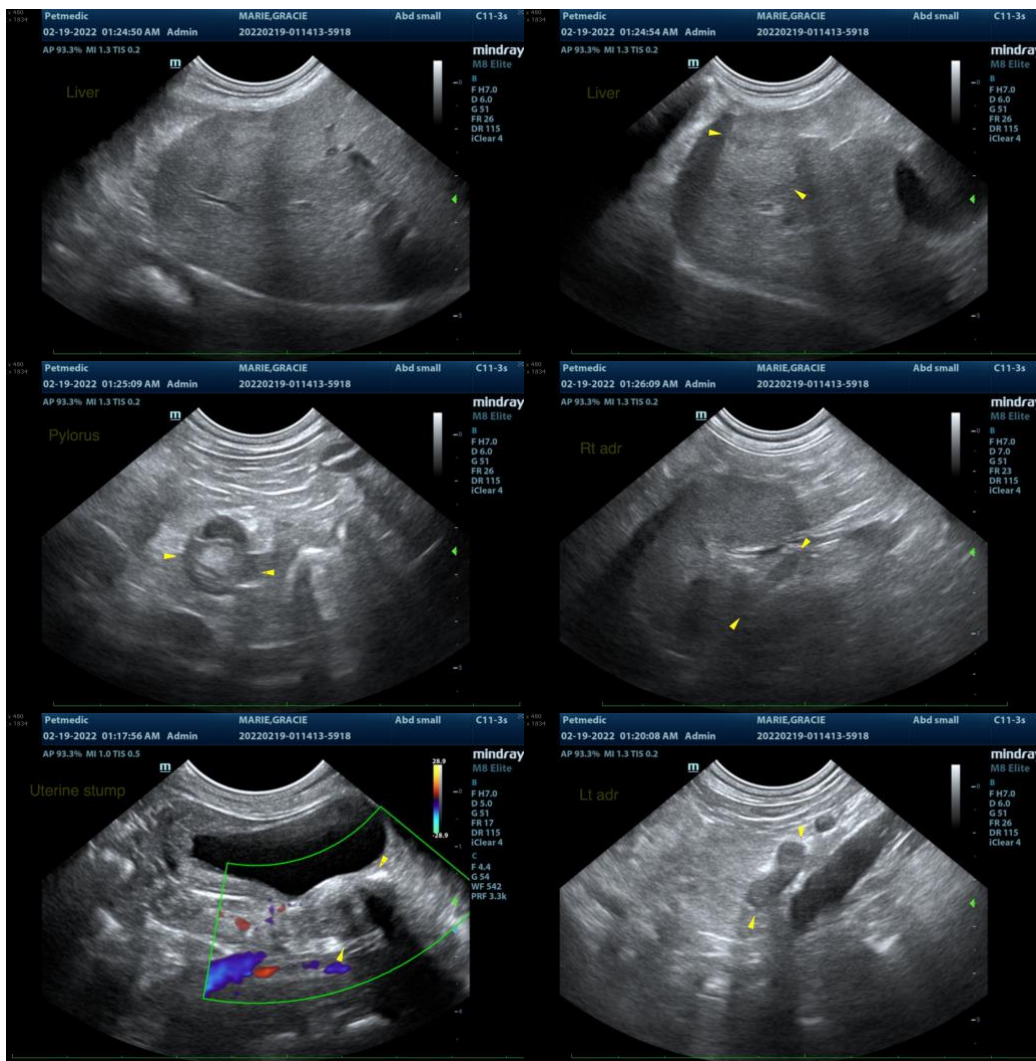
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PATIENT

Gracie Marie

SPECIES

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SEX

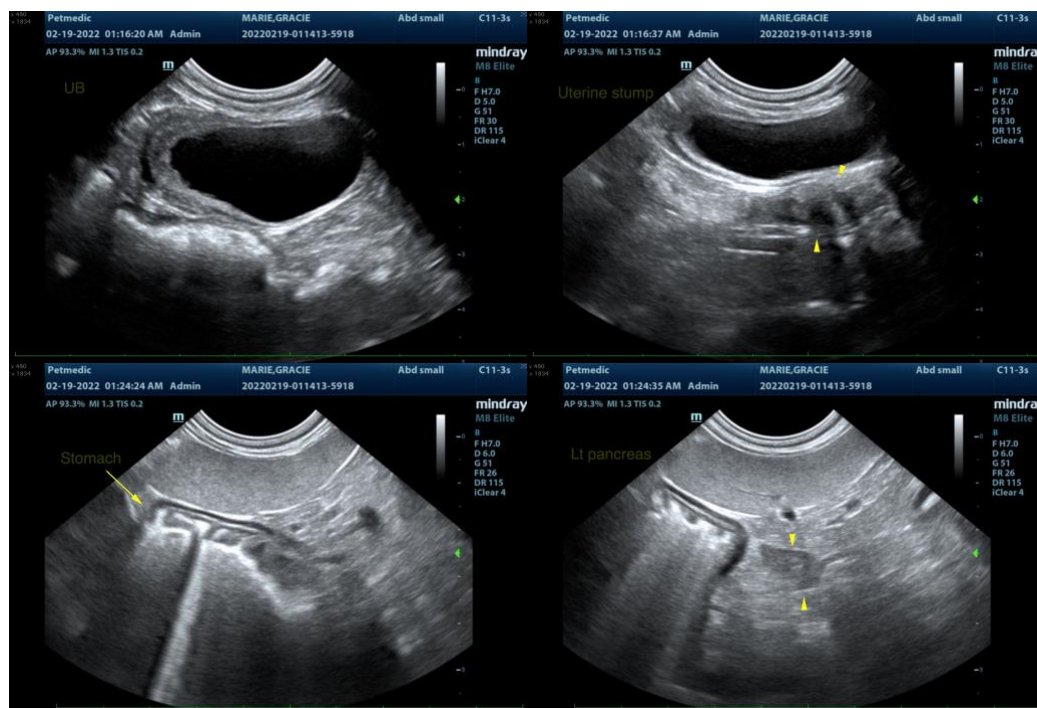
Spayed Female

AGE

13 years

WEIGHT

9.5 kg



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.

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Diplomate ACVIM (Small
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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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