

**PATIENT PRESENTING CLINICAL SIGNS**

Abby Cuonzo **History:** increased urination, having urinary accidents in the house

Abnormal PE/Chem/CBC/UA Results: SG 1.021. USG 1.021.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Labrador Retr Mix

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. A moderate to large amount of suspended echogenic debris is suspended within the lumen, along with a small amount of gravity dependent mineralized sand. The region of the trigone and visible portion of the proximal urethra are normal.

**SEX**

Female Spayed

The left kidney is normal in size (5.78 cm in length) with a normal shape, architecture and 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.

**AGE**

1 year

The right kidney is difficult to visualized due to imaging artifact. It appears normal in size (7.43 cm in length) with a normal shape and smooth peripheral contours. There appears to be a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

89 lbs

**Adrenal Glands**

The left adrenal gland is normal in size (0.50 cm at cranial pole) (0.49 cm at caudal pole) (2.03 cm in length) with a normal shape and 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

**IMAGING PERFORMED BY**

Jenn

**Spleen**

The spleen is normal in size (2.27 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.

**HOSPITAL NAME**

Rocakway AH

**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.

**REFERRING VET**

Dr. Maniar

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 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. There is no evidence of an obstructive pattern.

**INVOICE**

12293

**DATE**

2.27.23

### **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.

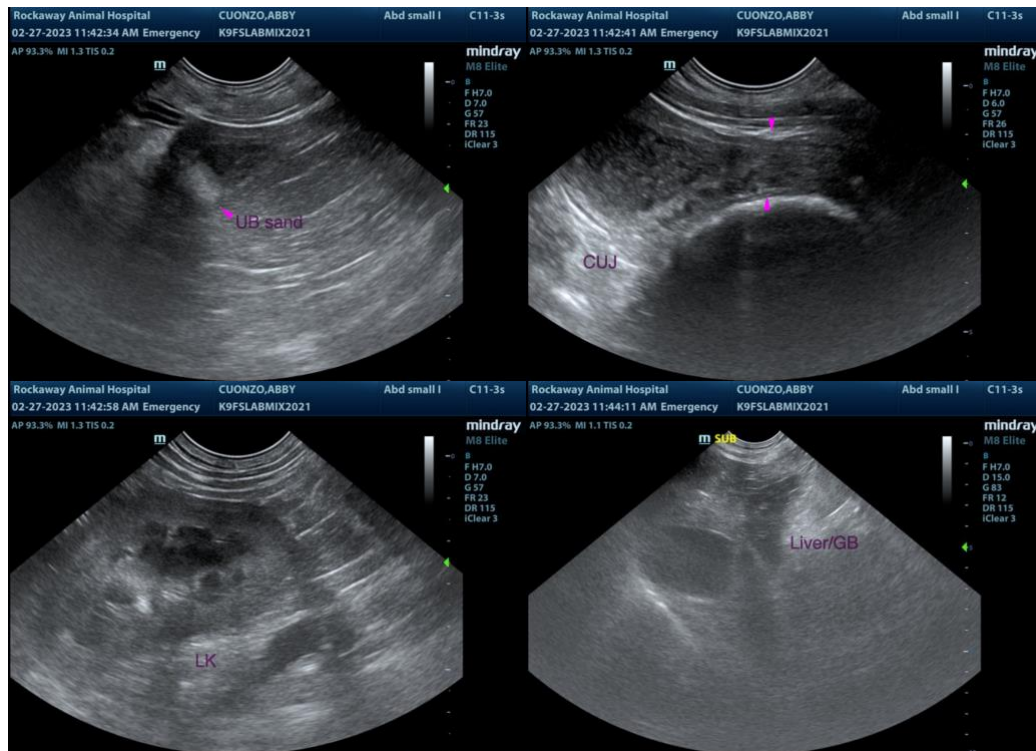
## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Urinary bladder debris with mineralized sand

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

- A urinalysis with a culture and sensitivity is recommended, along with baseline lab work (CBC, chemistry panel, urinalysis and T4) to assess overall metabolic function.





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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)