



PATIENT

Bourbon Carter

SPECIES

Canine

BREED

Pit Mix

SEX

Female Intact

AGE

10/31/2024

WEIGHT

57.8lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Coastal Vet Care

REFERRING VET

Dr Laura Black

INVOICE

22684

DATE

3-13-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Was found in dumpster and then lived with a friend and 2 other dogs that picked on her. Mr. Carter adopted her from friend less than one week ago. Hx urinary incontinence--e.g. when sitting will leak urine. No squatting or accidents in between. Also sometimes leaks urine when asleep. Currently on 50mg proin--unsure if ER or regular, unsure if has made a difference. Had an ultrasound and may have smaller kidneys? -full report not available in history

Patient was too afraid to perform examination, had return on medications for fear/anxiety
Abnormal lab-work values: Patient has not had recent lab-work.
Current Medications: Proin ER SID
Radiographic Findings: NA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is slightly thickened (up to 0.51 cm) with a mildly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2.0-3.0 cm, are normal.

The left kidney is small in size (3.14 cm in length) and misshapen. There is poor corticomedullary distinction. Mild pyelectasia is present (0.32 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal perfusion appears reduced.

The right kidney is normal- to mildly enlarged (7.91 cm in length) with a normal shape, architecture and smooth peripheral contours. 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.

Adrenal Glands

The left adrenal gland is normal in size (0.45 cm at cranial pole) (0.46 cm at caudal pole) 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.

The right adrenal gland is normal in size (1.20 cm at cranial pole) (0.65 cm at caudal pole) 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.

Spleen

The spleen is normal in size (1.79 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly distended with ingesta and gas. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with gas and chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes

A 2.50 x 1.29 cm medial iliac lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

The uterine body is visible (measuring 0.67 cm in width). The lumen is not dilated. The ovaries are subjectively normal-in-size (left: 2.27 x 1.12 cm / right: 2.56 x 0.79 cm). No obvious pathology is observed. Both uterine horns are visible and appear subjectively normal (left: 0.54 cm in width / right: 0.63 cm in width)

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The left renal changes are most consistent with a prior insult (i.e., infection, toxin, hypotensive event) although renal dysplasia cannot be completely excluded. Renal dysplasia, however, is considered less likely, given the normal architecture of the right kidney.
- The urinary bladder wall changes in the region of the apex are suggestive of mild cystitis.

Secondary Findings

- The prominent medial iliac lymph node is likely reactive, with a lower possibility of emerging neoplasia.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A more thorough history of the patient's clinical signs is recommended to determine if the patient is incontinent while sleeping, or if she appears to be dribbling urine while walking.
- A minimum database (including a CBC, chemistry panel, urinalysis, T4, and urine culture and sensitivity) is also recommended to assess overall metabolic function.
- Depending on the results of the above diagnostics further work-up may be indicated.



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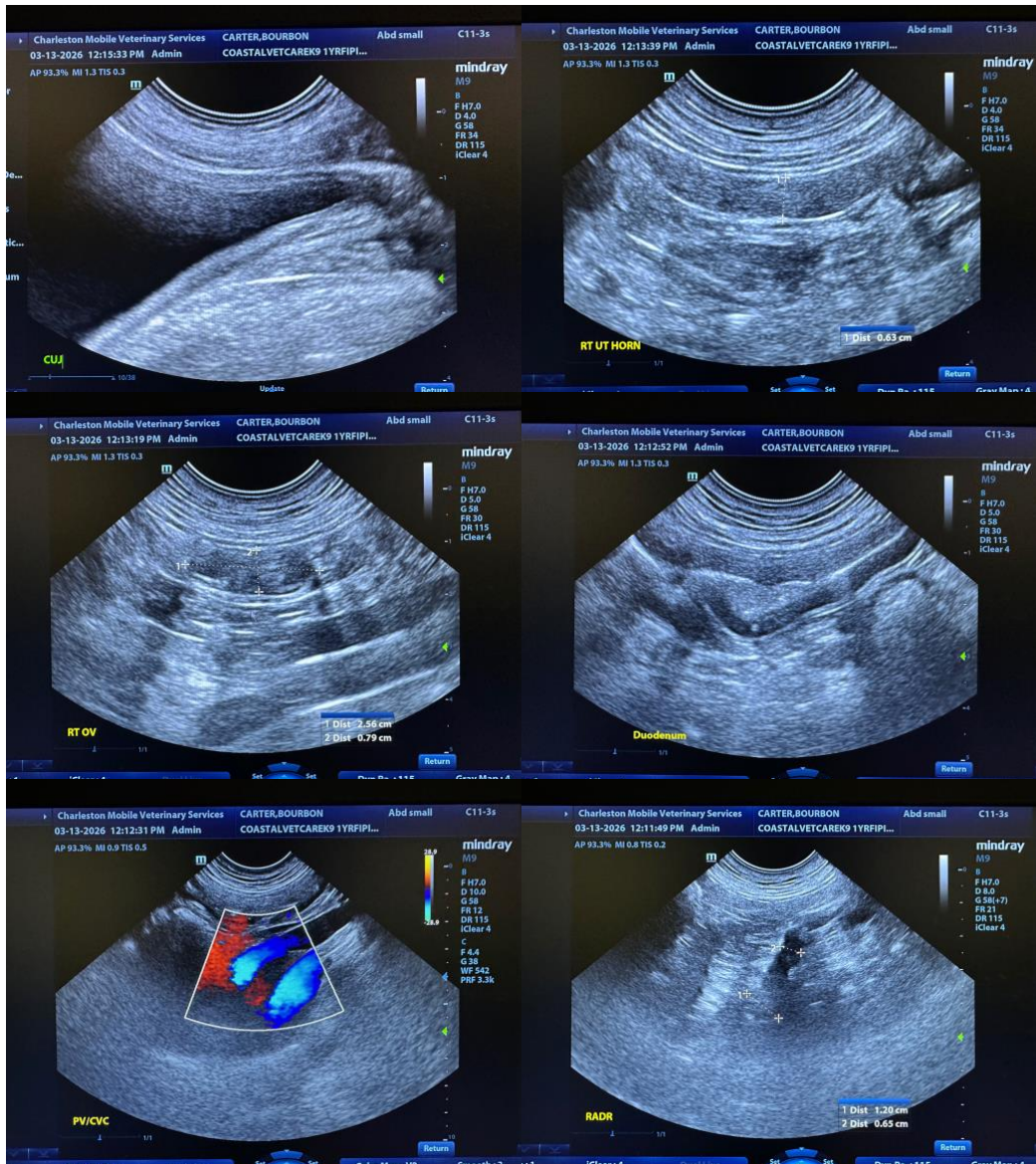
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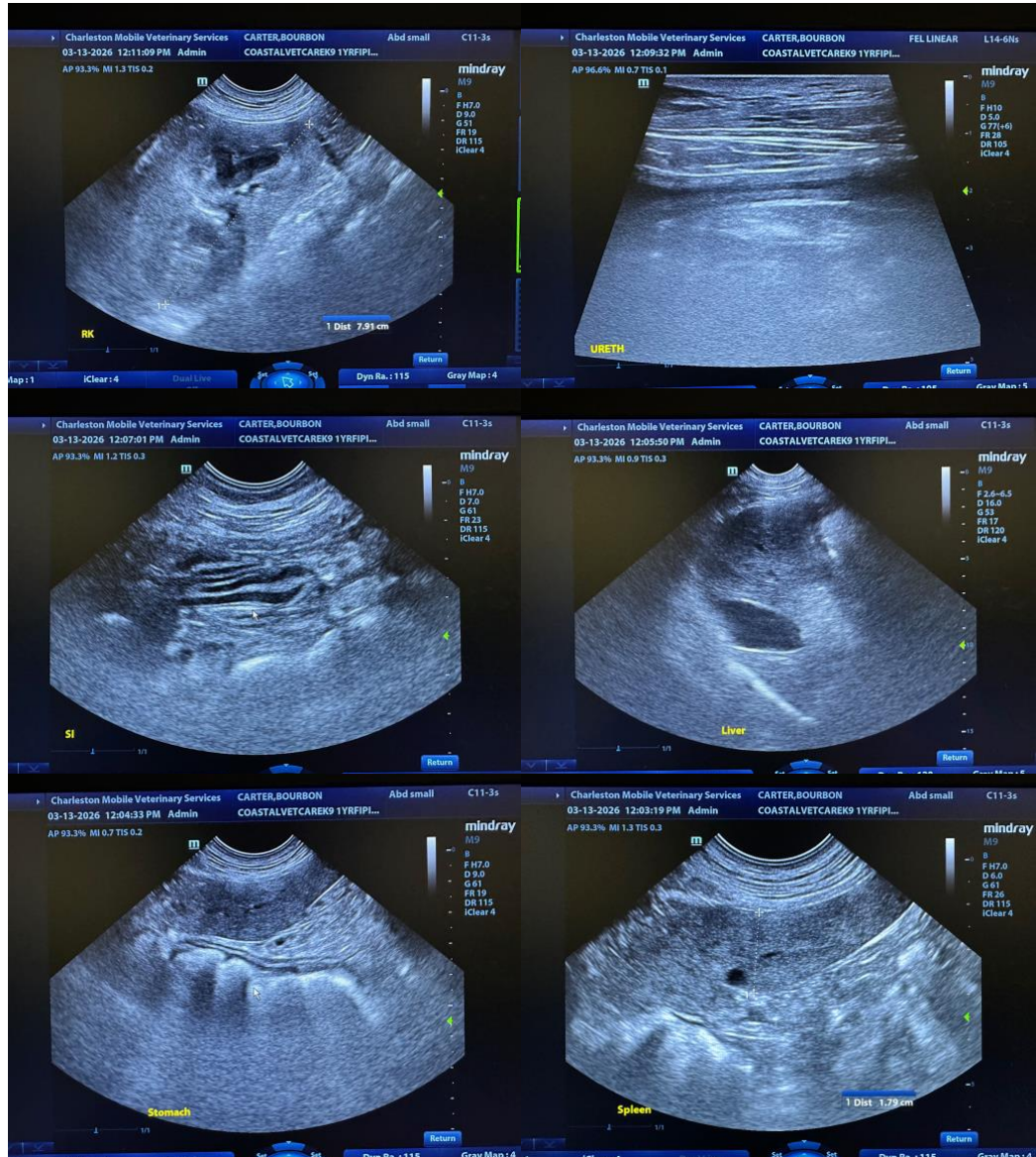
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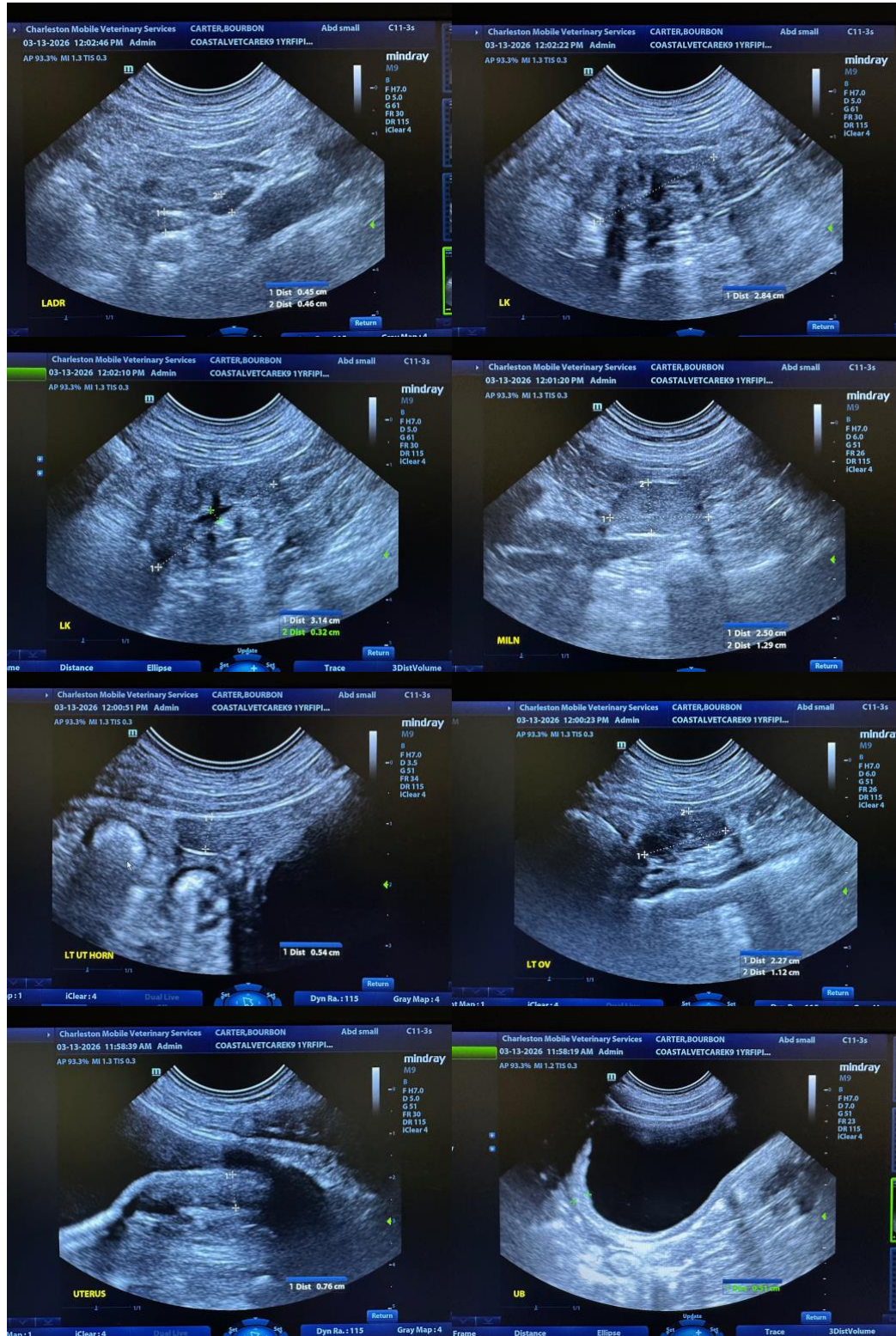
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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