



**PATIENT PRESENTING CLINICAL SIGNS**

May Chapman

History: Urinating large volumes and licking back end. Leaking at times. Urinalysis seems normal. C+S negative. Not responsive to antibiotics. No current meds.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: U/A normal, C+S neg, mildly elevated AlkPhos. Rads for vomiting April 2021 normal.

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Bernese Mountain Dog

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are 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.

**SEX**

Spayed Female

The left kidney presented normal size (5.77 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

**AGE**

2 years

**WEIGHT**

103 lbs

The right kidney presented normal size (6.40 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

**Adrenal Glands**

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

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.70 cm at caudal pole) (2.35 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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**IMAGING PERFORMED BY**

Crystal Hill

**Spleen**

The spleen is normal in size (2.47 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**

Hillview VC

**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. Stevenson

**INVOICE**

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.

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**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall

**DATE**

3/15/22



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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.

**SPECIES**

Canine

**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.

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Bernese Mountain Dog

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent sublumbar lymph nodes are visualized, the largest measuring 1.94 cm in length.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**AGE**

2 years

\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include urethral sphincter mechanism incompetence, underlying neurologic disease, occult infection, ectopic ureters (less likely), other.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If the patient's urine specific gravity is concentrated, urethral sphincter mechanism incompetence or primary neurologic disease would be the top considerations. In this scenario, a neurologic examination and empirical treatment for USMI (i.e., estrogen or phenylpropanolamine) can be considered. If the patient is isosthenuric or hyposthenuric, further workup for PU/PD should be considered.

**INTERPRETED BY**

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Crystal Hill

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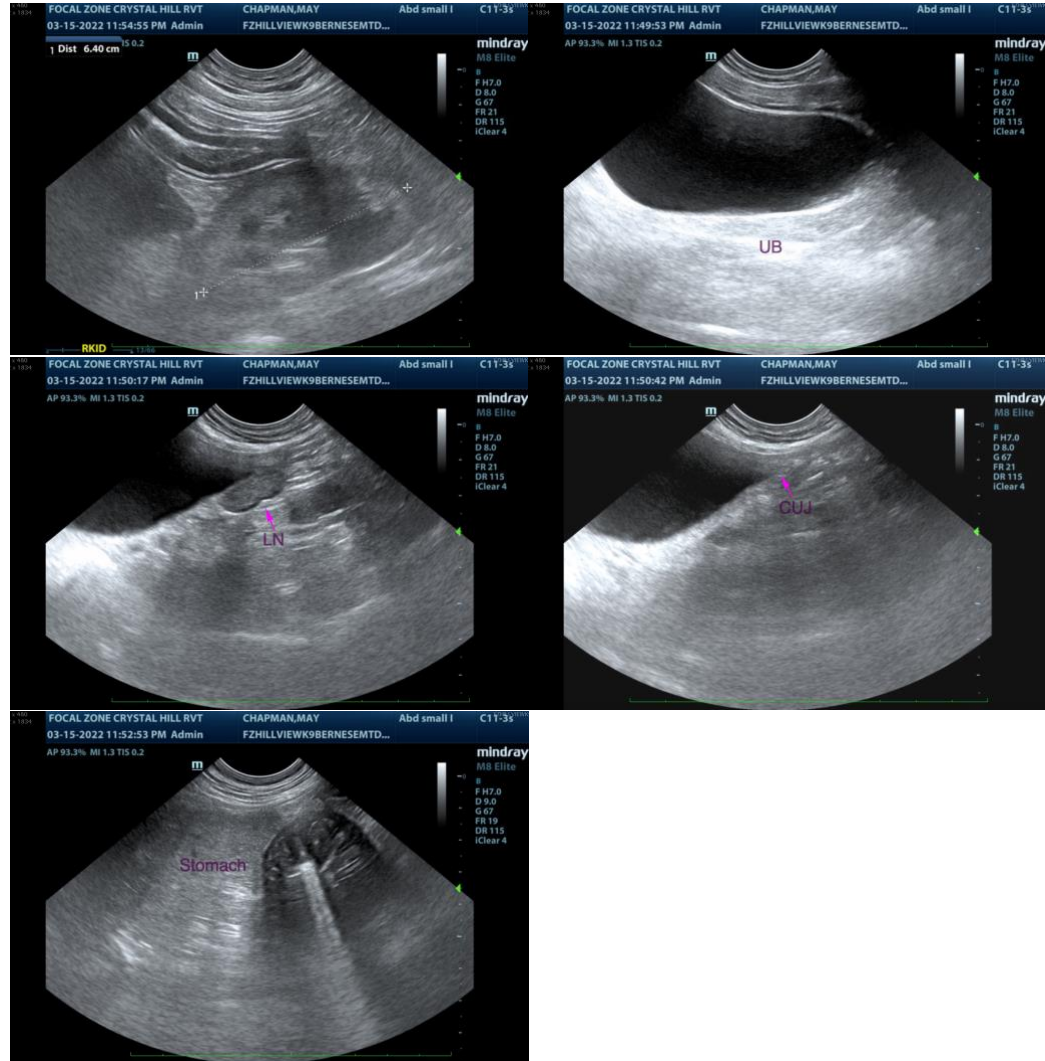
Dr. Stevenson

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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.

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