

**DATE PRESENTING CLINICAL SIGNS**

3/28/2022

Blood in urine. No improvement after treatment with antibiotics. 3/14/22 - BAR, TPR: WNL MM pk; CRT < 2.0 sec HL: No murmurs or arrhythmias, lungs clear, femoral pulses are strong and synchronous. Oral: HEAVY TARTAR; GR 4 PDD EENT: NUCLEAR SCLEROSIS OU INT: Normal coat, skin, nails ABDOMEN: Soft and comfortable on palpation with no abnormalities noted URO/GEN: No discharge, urination normal MS: nsf NEURO: NSF APPRECIATED TODAY PERIPHERAL Lymph nodes: nsf 5/9 body score.

**PATIENT**

Smash Ryan

**SPECIES**

Canine

Current Medications: 3/14/22: Convenia 80mg/ml 0.7mL SQ.

Lab Results: 3/14/22- UA: Free Catch; Bloody color; Specific gravity: 1.024; Occult Blood: +++250: Protein: +++300: Ph: 8; Leukocytes: Trace; WBC/RBC/Cocci TNTC Per HPF. Bladder Scan (Fast Scan): NSF appreciated (very limited view).

**BREED**

Dachshund

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Neutered Male

Imaging Performed By: Andi Parkinson, RDMS.

**AGE**

6/8/2014

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder normal in size minimally distended with anechoic urine. The wall is variably thickened (up to 0.51 cm). Numerous stones are observed within the lumen, the largest measuring 1.64 cm in diameter. The proximal urethra appears normal.

**WEIGHT**

6.53 kg

The prostate is not definitively visualized due to its pelvic location.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

The left kidney presented normal size (4.30 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 hydroureter.

The right kidney presented normal size (4.28 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 hydroureter.

**HOSPITAL NAME**

Banfield Westminster

**Adrenal Glands**

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.49 cm at caudal pole) (1.47 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.

**REFERRING VET**

Dr. Carroll

The right adrenal gland is normal size (0.59 cm at cranial pole) (0.48 cm at caudal pole) (1.87 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.

**INVOICE**

10616

**Spleen**

The spleen is normal in size (1.21 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.

### ***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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic sludge is observed within the lumen. The cystic and common bile ducts are normal.

### ***Gastrointestinal***

The gastric lumen is mildly distended with gas and a small amount of ingesta. 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. No obstructive or overt infiltrative disease is noted.

### ***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.

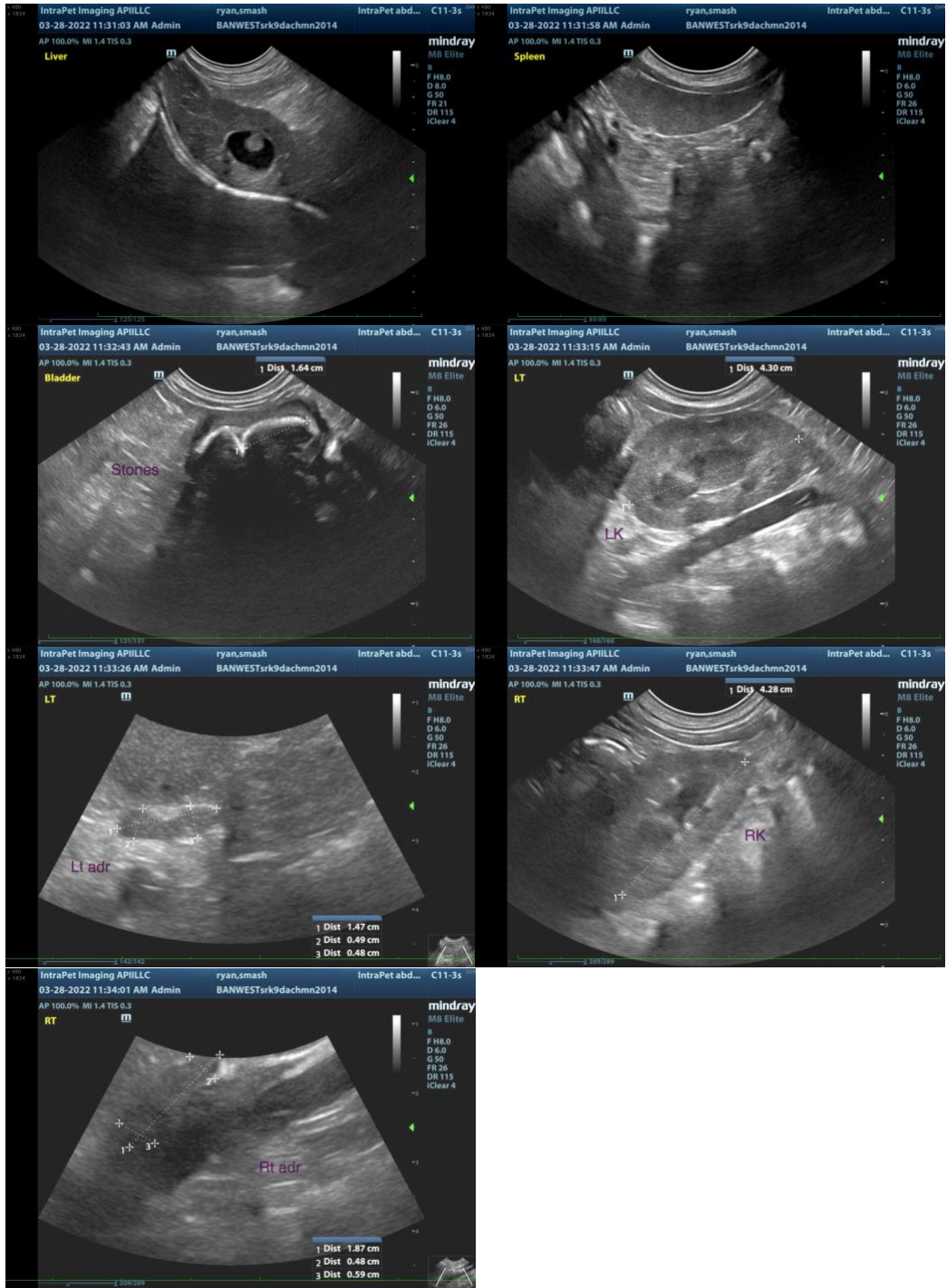
## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Cystic calculi.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of luminal distention.

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

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- Given the patient's age, three-view thoracic radiographs are recommended prior to any anesthetic event.



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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