

**DATE PRESENTING CLINICAL SIGNS**

3/8/22

Recurring UTIs and urinary incontinence, 4 episodes since 9/21, culture on 1/22 showed susceptible to Clavamox, most recent UTI 3/1 unable to collect sterile sample for recheck culture, will try and acquire sample during ultrasound for culture.

**PATIENT**

Eve Reyes

Current Medications: 3/1/22- current Enrofloxacin 136mg SID, Proin dispensed 2/1 patient would not take medication.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

Imaging Performed By: Andi Parkinson, RDMS.

**BREED**

Shepherdhd

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

Female, spayed

The urinary bladder is mildly distended with anechoic urine. The wall in the region of the apex is thickened (up to 0.77 cm) and irregular. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed. The region of the trigone is normal.

**AGE**

6/1/2009

The left kidney is normal size (5.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

**WEIGHT**

37.5 lbs.

The right kidney is normal size (5.24 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.

**INTERPRETED BY**

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

**Adrenal Glands**

The adrenal glands were not able to be evaluated due to the presence of the large splenic mass.

**Spleen**

The spleen is enlarged with irregular peripheral contours. An approximately 14 cm irregular heterogeneous cavitated mass is arising from the parenchyma. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the spleen, the parenchyma is relatively homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

**HOSPITAL NAME**

Perry Hall 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. The gall bladder is not definitively visualized.

**REFERRING VET**

Dr. Baer

**INVOICE**

13112

**Gastrointestinal**

The stomach is obscured by the large splenic mass. The small intestinal segments are 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 disease is noted.

**Pancreas**

A portion of the pancreas is obscured by the splenic mass. In the visualized portions, no obvious pathology is seen.

### *Free Abdomen*

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

### *Other*

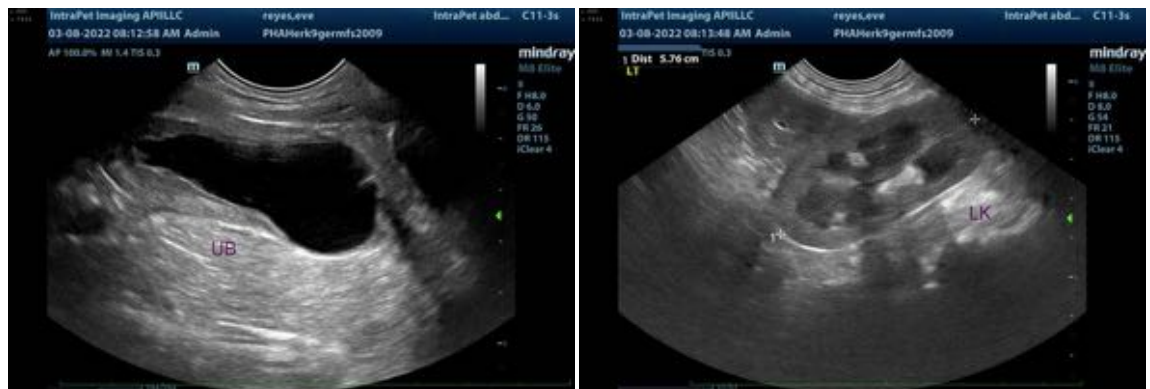
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

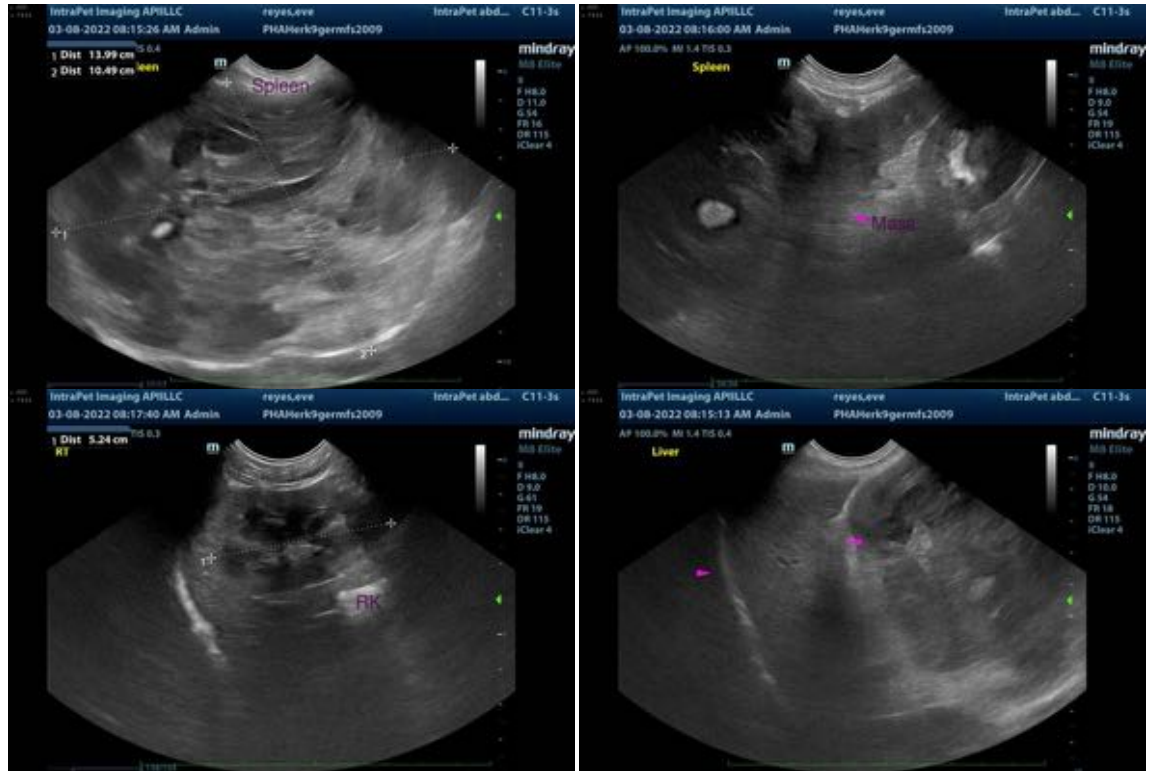
## ULTRASONOGRAPHIC FINDINGS

- Large splenic mass. Neoplasia (i.e., sarcoma) is suspected with a lower possibility of benign pathology. Regional peritonitis is present.
- The urinary bladder wall changes are consistent with cystitis.
- Minor, age-related left renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastases, a splenectomy with submission of the spleen for histopathology can be considered. A liver biopsy should also be obtained at the time of surgery to assess for micrometastasis.
- Regarding the recurring urinary tract infections, a prolonged antibiotic course (based on urine culture and sensitivity results) may be warranted. Ideally, the urine would be cultured halfway through the treatment regimen and again 5-7 days after the last dose. Evaluation of the external genitalia for predisposing factors is also recommended.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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