



PATIENT

Thelma Lou Brook

SPECIES

Canine

BREED

Boykin Spaniel

SEX

Female Spayed

AGE

02/16/2020

WEIGHT

17.5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrea Nicastro, DVM,
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Animal Internal Medicine*)

HOSPITAL NAME

MP Blue Pearl ER

REFERRING VET

Fraser

INVOICE

12349

DATE

3.8.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings/History: CC: Reviewed history and PE findings with owner. Patients was adopted at 13mo old, breeder is a friend. Spayed with breeder in Clemson June 15th, 2021. No history of urinary issues until January first noted that she was having accidents in the house. Seen at rDVM, per notes 2/1/23 where UA was performed. Records do not indicate bacteria seen, 7d course of clavamox prescribed. Owner reports she seemed to have improved initially but then signs recurred. Seen at rDVM 2/23/23 noted abdomen uncomfortable, repeat UA did not show bacteria, radiograph noted to show no stones (per rDVM records), prescribed clavamox for longer course (14d) and carprofen (5d). Next rDVM notes from 3/7/32 (yesterday), show diagnostics as noted above and recommended AUS but not available there until next Thursday.

Owner reports she is continuing to have accidents and leak urine, will both have puddle after she is sleeping but also will get up and urinate urgently within the house and can't seem to hold it. She also seems progressively lethargic, progressive hyporexia and decrease thirst but also will then drink large amounts of water. She had vomiting with carprofen so stopped giving Friday, but she vomited a few times this weekend. She also has change in behavior and has been more guarded about her backend.

PE:

Mentation: Bright, alert and responsive. Nervous

Hydration: Adequately hydrated

Eyes, Ears, Nose: No ocular discharge OU; no nasal discharge and airflow present bilaterally; mild debris AU; no significant abnormalities noted

Oral Cavity: Mild dental tartar and calculus; mucous membranes are pink and moist; CRT 2 sec; no evidence of petechiation or ulceration; no foreign object or mass appreciated

Cardiovascular: No murmur or arrhythmia noted, pulses were strong and synchronous.

Respiratory: Eupnea, normal bronchovesicular sounds on all lung fields, no cough elicited on tracheal palpation

Neurologic: Appropriate mentation, normal CNN, no pain elicited on manipulation and palpation of neck and spine; no CP deficits

Gastrointestinal/Urogenital: Soft and non-painful abdomen with no evidence of mass or organomegaly on palpation

Rectal: Normal stool color and consistency with no mass or foreign material evident; anal glands soft and small, not expressed

Peripheral Lymph Nodes: Small, soft, smooth, and symmetrical

Integument: Hair coat in good condition for age and breed, no ectoparasites or dermatitis noted, mild dorsal scale

Musculoskeletal: BCS 6/9, adequate musculature, no evidence of weakness or lameness during ambulation; no obvious orthopedic abnormalities noted (complete orthopedic exam not performed).

Abnormal lab-work values:

rDVM diagnostics 3/7/23

- See attached for prior to 3/7/23

- CBC: WNL (HCT 56.7, WBC 7.23, PLT 336)

- Chem: WNL (Glu 110, Creat 0.9, BUN 27, Alb 3.7, ALT 47)

- UA: free catch, WBC 6/hpf, RBC 2/hpf, suspect cocci, nsEPI <1/hpf, pH 7, USG 1.050, leuk 25leuk/uL, trace protein, ketone 15mg/dL, UBG 1mg/dL

Current Medications: last got carprofen and clavamox 3/3/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 3-4 cm, are normal.

The left kidney is normal in size (5.72 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.14 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.42 cm at cranial pole) (0.49 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 in normal size (0.80 cm at cranial pole) (0.60 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 (1.39 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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 stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discrete masses are not identified. The colonic wall is 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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

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

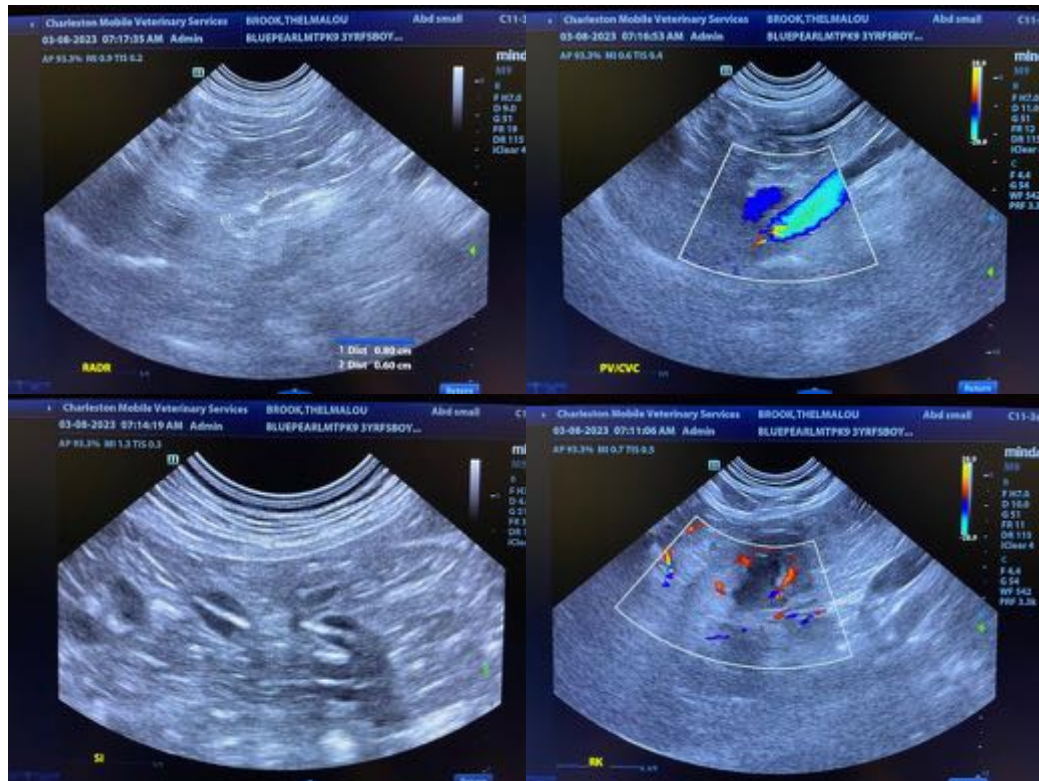
ULTRASONOGRAPHIC FINDINGS

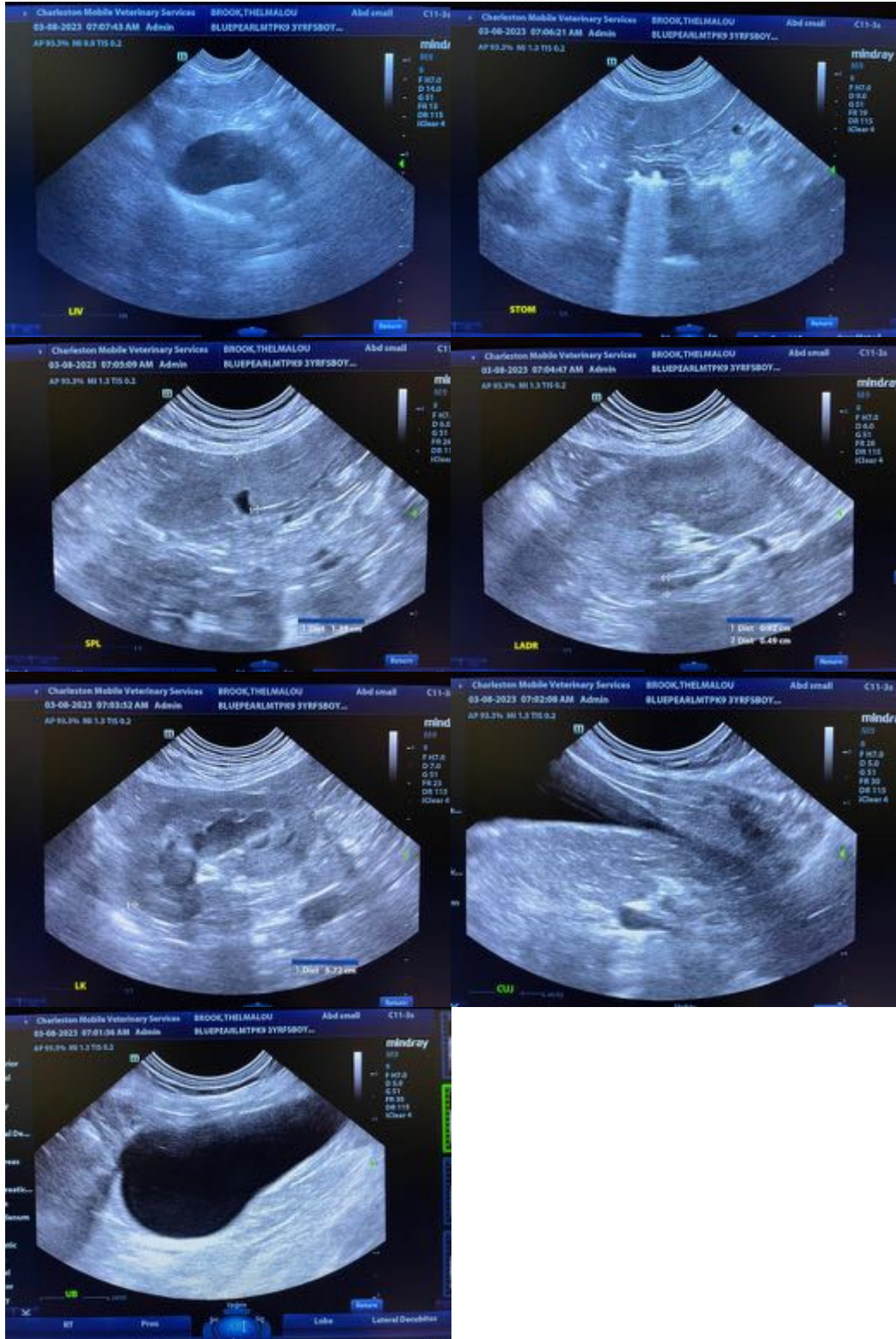
Primary Findings

- Unremarkable abdomen. An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include occult urinary tract infection, urethral sphincter mechanism incompetence, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity. Consider initiation of a fluoroquinolone while awaiting urine culture and sensitivity results. If the culture is negative and/or if the patient does not respond to antibiotics, consider empirical treatment for urethral sphincter mechanism incompetence (i.e., phenylpropanolamine).





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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