



PATIENT PRESENTING CLINICAL SIGNS

Nadia Cervino-Woodhull History: Patient presents for urinary incontinence, no improvement with antibiotic treatment; R/O TCC vs. other. Current meds: Began Proin on 4/13/22 25 mgs 1 PO Q 12 hrs (trial).
Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL. USG: 1.020.

SPECIES

Canine

BREED

Collie

SEX

Spayed Female

AGE

6 years

WEIGHT

61 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Taylor McConnell

INVOICE

10743

DATE

4/14/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney presented normal size (6.68 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.

The right kidney presented normal size (4.73 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.

Adrenal Glands

The left adrenal gland is normal in length with a flattened contour (0.36 cm at cranial pole) (0.33 cm at caudal pole) (2.05 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 right adrenal gland is normal size (0.88 cm at cranial pole) (0.49 cm at caudal pole) (2.50 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.

Spleen

The spleen is normal in size (1.84 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 echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is distended with ingesta. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discrete 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

- The flattened left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism). The remainder of the abdomen is unremarkable.

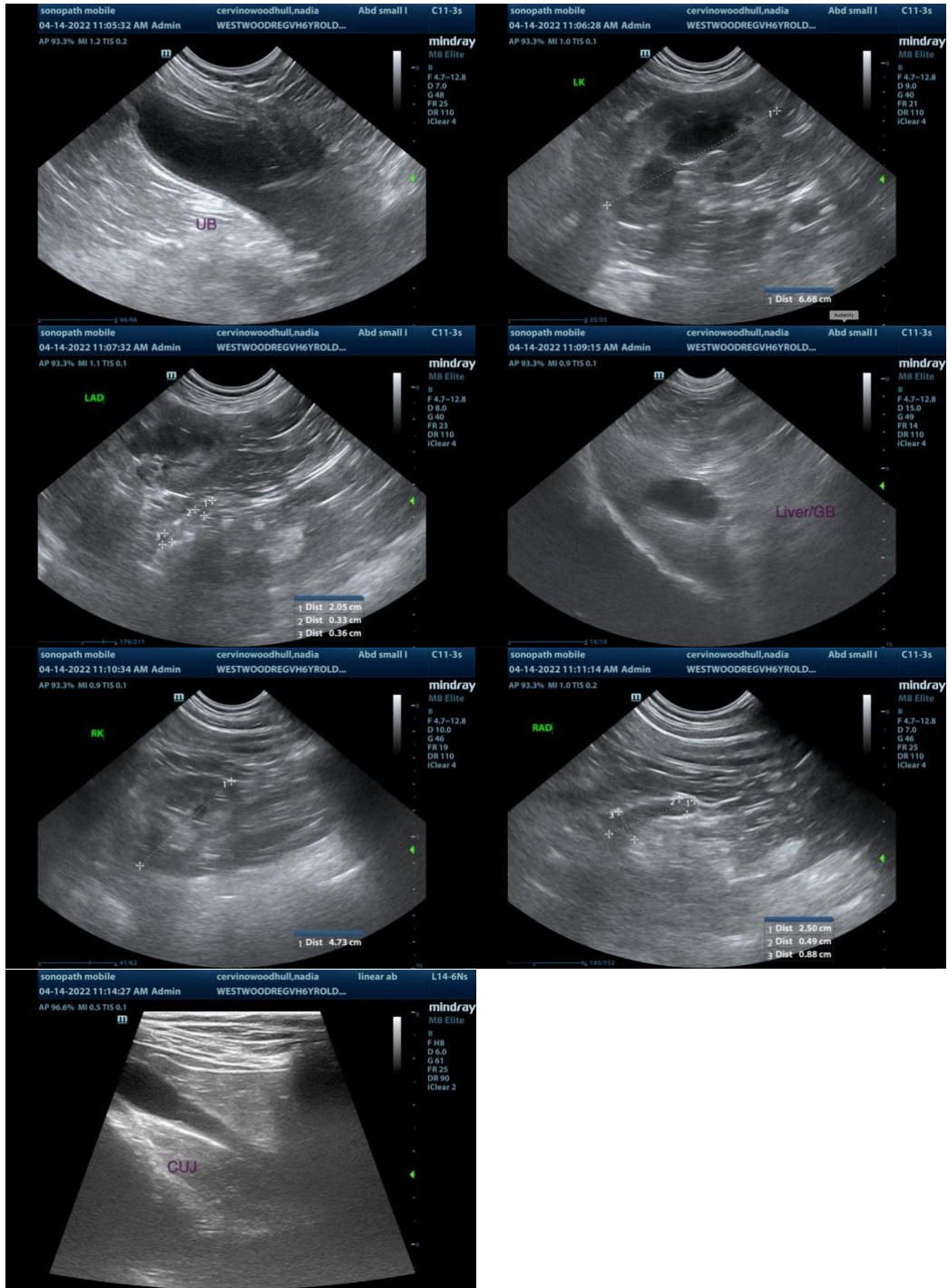
**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include urethral sphincter mechanism incompetence, resistant urinary tract infection, urine trapping due to a recessed vulva, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a urine culture and sensitivity, preferably 5-7 days after the last dose of antibiotics, to assess for a resistant urinary tract infection.

Consider consultation with a board-certified surgeon to discuss vulvoplasty for the the recessed vulva.

If the patient does not respond to treatment for urethral sphincter mechanism incompetence, a more advanced urinary work-up may be warranted.



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com