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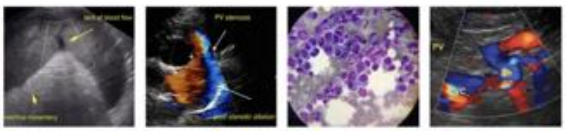


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Miss Scarlett Stuhr

SPECIES

Canine

BREED

WH Terrier

SEX

Spayed Female

AGE

12 years

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

West Ashley VC

REFERRING VET

Lauren Tierney

INVOICE

12754

DATE

4.14.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: repeat UTI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3-4 cm, are normal.

The left kidney is normal in size (6.09 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

In the region of the right kidney, a 0.75 x 0.51 cm hypoechoic oval structure is visualized. There is no visibly normal renal tissue.

Adrenal Glands

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.55 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 (0.46 cm at cranial pole) (0.44 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 (1.09 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. A small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are 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

Findings

- The structure in the region of the right kidney is suspected to be a malformed/under-formed kidney (consistent with right renal agenesis). Minor age-related changes in the left kidney.

- The remainder of the abdomen is unremarkable. An obvious cause for the patient's chronic urinary tract infections is not definitively identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

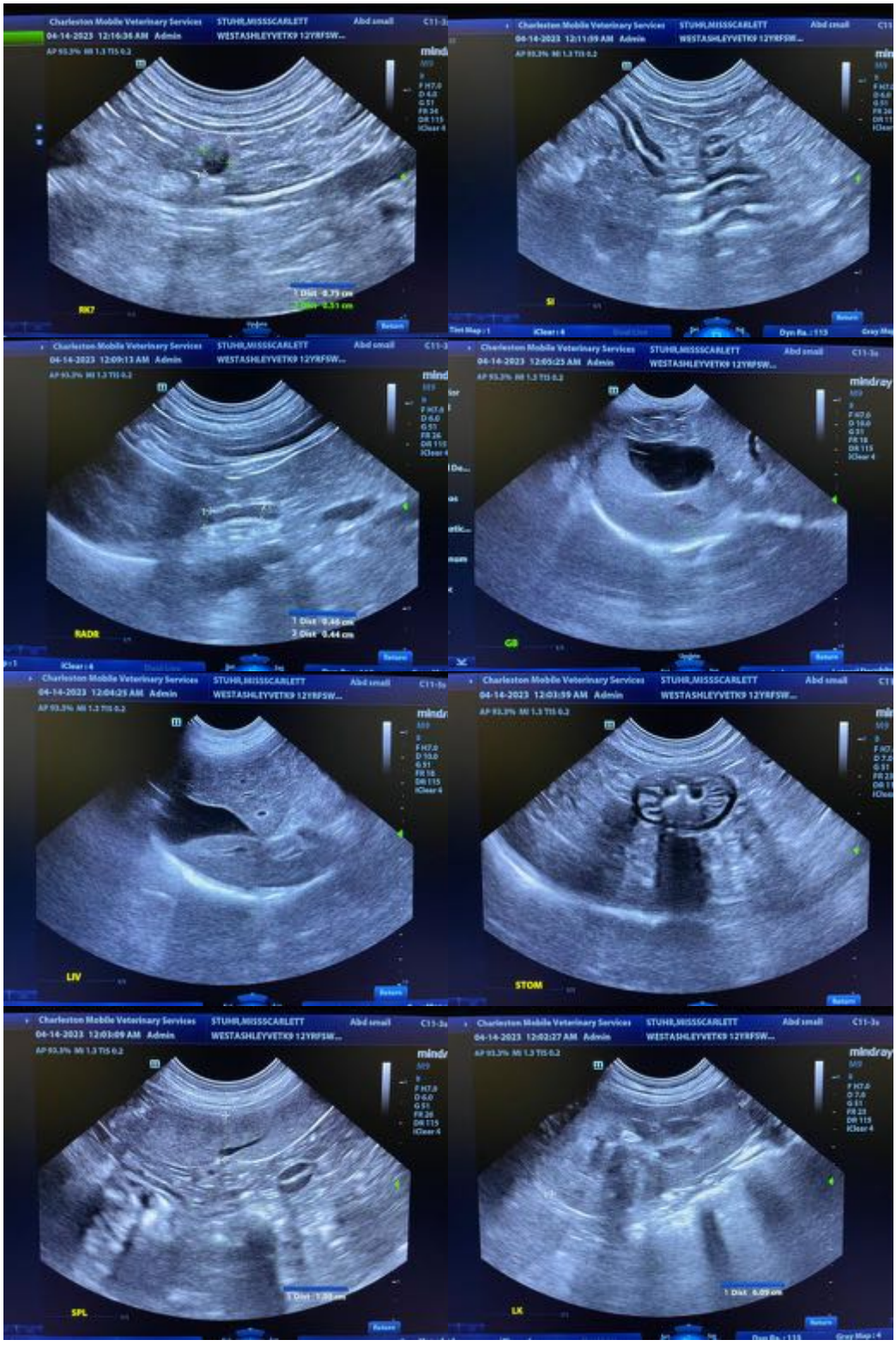
- Evaluation of the external genitalia is recommended to assess for predisposing factors (i.e., recessed vulva, vaginal lesions).

- A urine culture and sensitivity is also recommended. If the urine culture is positive, a more prolonged antibiotic course (i.e., 3-4 weeks) may be warranted with a repeat culture halfway through the treatment regimen, and again 5-7 days following the last dose of antibiotics.

- Periodic (i.e., every 3 months) of urine cultures should also be considered to assess for recurrence of infection.

- Consider an episioplasty to address the recessed vulva. This may help reduce the frequency of urinary tract infections but is unlikely to completely eradicate them.

- Given the presence of right renal agenesis and recurring urinary tract infections, the patient's renal values should be monitored (i.e., every 3-4 months) assess for the development of azotemia.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1 Dist 6.09 cm
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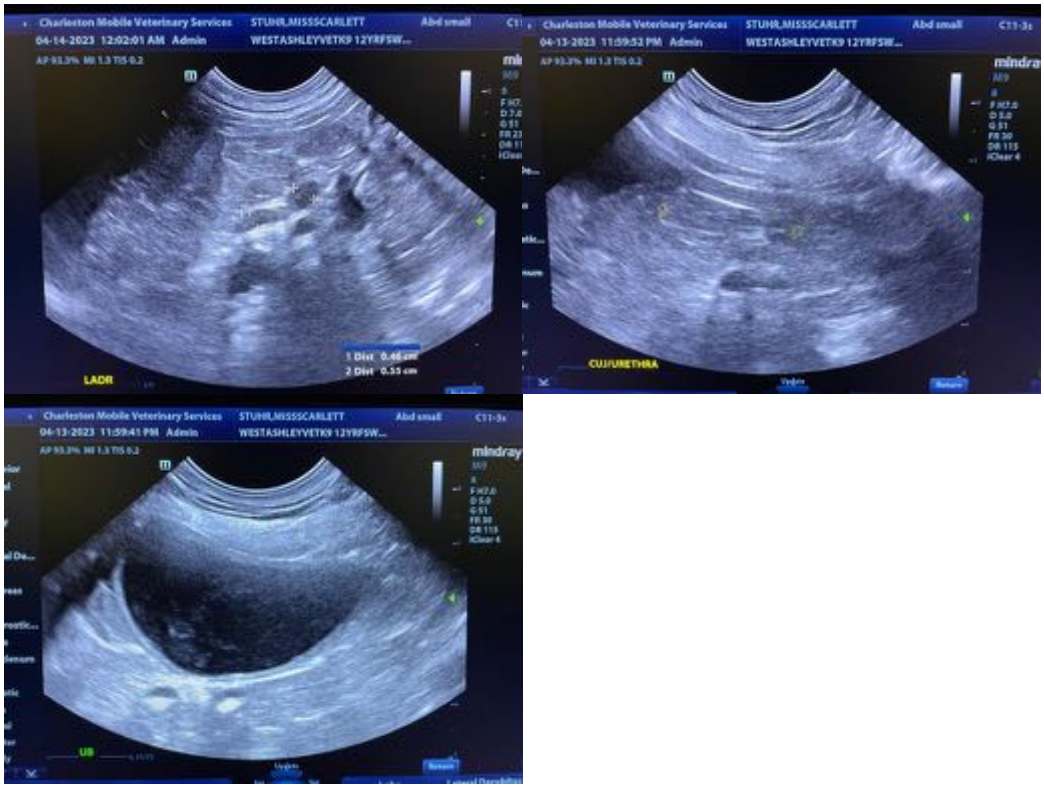

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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