



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Gracie Mcphee

SPECIES
Canine

BREED
Border Collie

SEX
Spayed Female

AGE
3 years, 9 mos

WEIGHT
20.7 kg

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

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Brian Barnes

INVOICE
10883

DATE
5/11/22

History: History of behavioral issues, Has been on behavioral modifying drugs Trazodone, Prozac, Gabapentin, Clonidine Gracie continues to have urinary incontinent events. Always in the evening, after supper, and usually when she has been soundly sleeping. Not bedtime, between 7 and 8 usually. Usually after she has been exercising / training in the yard. She exercises in the yard hard in the morning as well, but it has never happened during the day. She wakes up in a pool of pee, and then sometimes we discover she has dribbled once she gets up. She has no trouble holding her pee except in these times. AUS for evaluation

Abnormal PE/Chem/CBC/UA Results: Had hyaline cast in urine USG 1.025 pH 5.0 Leu, pro, glu, ket, bil, bld neg UBG normal SediVud Dx WBC <1/HPF RBC 1/HPF No bacteria or crystals detected Casts hyaline >1/HPF - this has not been detected on previous samples Epi non squam <1/HPF

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 1-2 cm, are normal.

The left kidney presented normal size (5.64 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 (5.91 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.

Adrenal Glands

The left adrenal gland is normal in length (0.42 cm at cranial pole) (0.38 cm at caudal pole) (1.84 cm in length); with a flattened contour. 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 in length (0.41 cm at cranial pole) (0.52 cm at caudal pole) (2.05 cm in length); with a flattened contour. 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 (1.58 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with ingesta. The gastric wall and pylorus are 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.

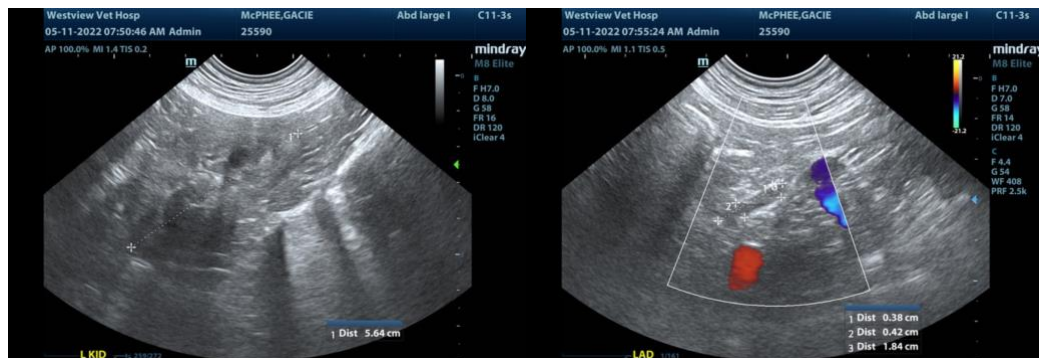
ULTRASONOGRAPHIC FINDINGS

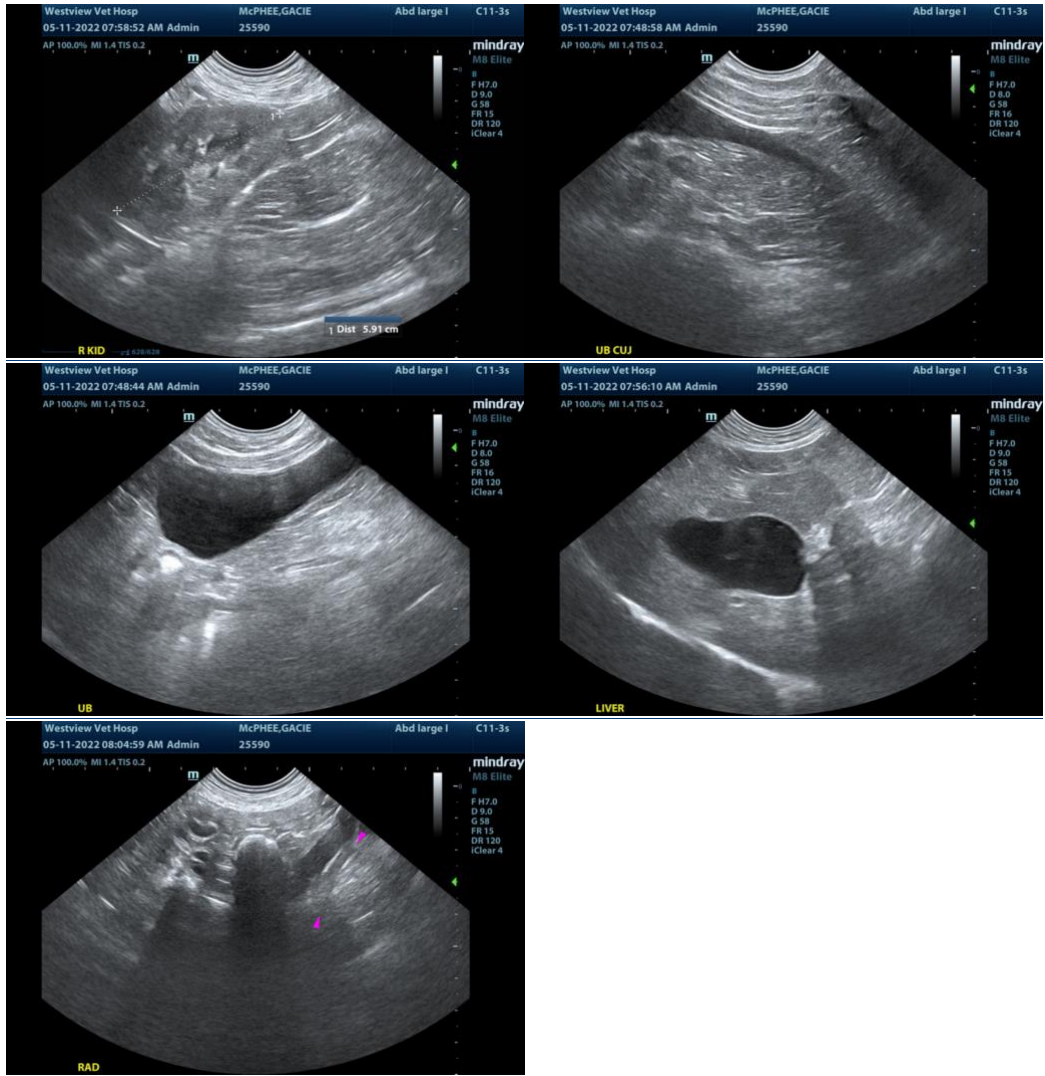
Primary Findings

- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab-work including a CBC, chemistry panel and T4 is recommended, if not already performed.
- Also consider a urine culture and sensitivity to assess for occult pyelonephritis.
- Given the flattened adrenal glands, consider a resting cortisol level to screen for hypoadrenocorticism, particularly if the patient's electrolytes are supportive of this disease process.
- Consider pre-and postprandial serum bile acids to assess for occult hepatic dysfunction as a possible cause for inappropriate urinations.
- If the above diagnostics are inconclusive, consider empirical treatment for urethral sphincter mechanism incompetence (i.e., phenylpropanolamine or estrogen).





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