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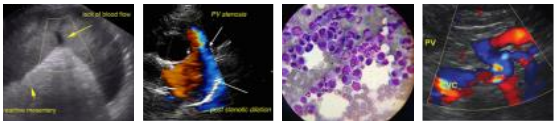

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Wilma Rambeck

SPECIES

Canine

BREED

Pug Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

21.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Larsen

DATE

5/18/22

INVOICE

10928

PRESENTING CLINICAL SIGNS

Recent bloody urine and bacteriuria/pyuria History of renoliths? and intermittent episodes of pain (back or passing a stone)

Abnormal PE/Chem/CBC/UA Results: TIME/DATE Stamp: SC: 05-11-22 at 2:01p: Date of sample collection: Method of collection:free catch Color:light yellow Appearance:clear, dilute SG:1.006 pH:6.5 Occult Blood: +10 Bilirubin:neg Ketones: neg Nitrite:(+/-) neg Protein:none Glucose:none Ascorbic Acid: norm Leukocytes:++250 Urobilinogen:norm CS: 05-11-22 at 2:17p: Microscopy: chains of rods +++, WBC ++, bladder cells ++ Radiographic Findings 11/16/21 - irregular opacity noted in the region of the kidneys (noted on lateral only)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall, particularly in the region of the apex, is thickened (up to 0.40 cm) with an irregular mucosal surface. A small amount of gravity dependent mineralized sand, as well as some suspended debris is observed within the lumen. No discreet cystic calculi are seen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (5.00 cm in length); with a normal shape and smooth peripheral contours. The cortex is variably thickened and hyperechoic. There is mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild to moderate pyelectasia is present (0.43 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.79 cm in length); with a slightly irregular shape. The cortex is thin and hyperechoic. There is moderate loss of corticomedullary distinction. A 1.45 cm nephrolith is observed near the region of the renal pelvis. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged at the caudal pole (0.91 cm), and normal in size at the cranial pole (0.37 cm); (2.02 cm in length). A 1.18 x 0.83 cm hyperechoic nodule is observed at the caudal aspect. Glandular echogenicity and detail at the cranial aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.75 cm at cranial pole) (0.80 cm at caudal pole) (1.64 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

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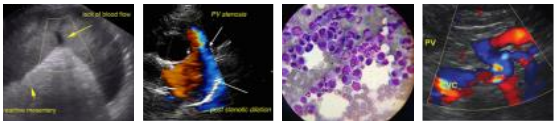

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The spleen is normal in size (1.11 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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/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. Discreet masses are not identified. The colonic wall is normal. No obstructive 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.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral, chronic renal changes with a large right nephrolith and left pyelectasia. The right chronic renal changes are more pronounced than on the left side. The disproportionate left renal size is suspected to be secondary to compensatory hypertrophy.
- The urinary bladder wall changes are most consistent with cystitis with mineralized sand.

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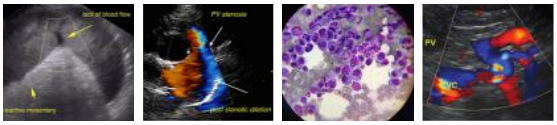

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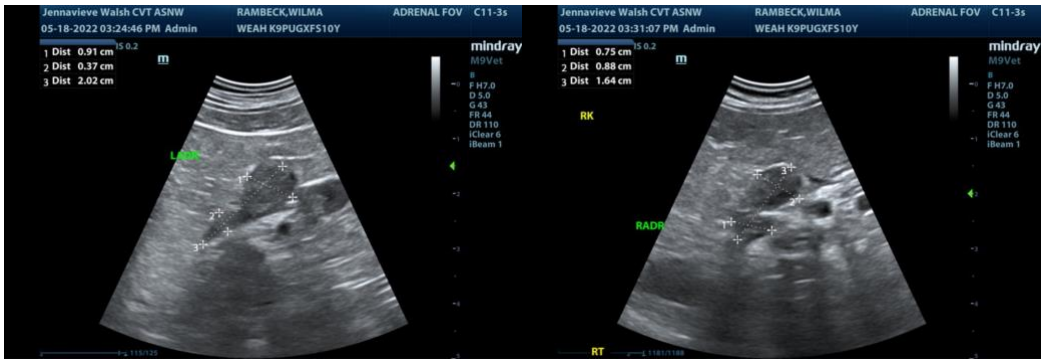
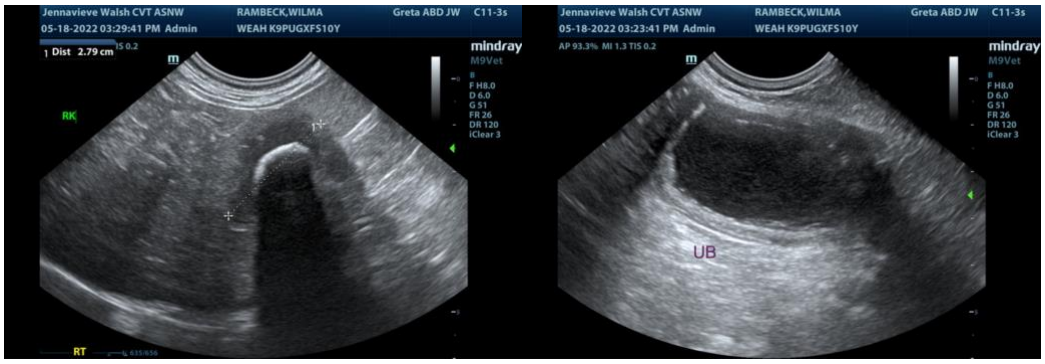
Secondary Findings

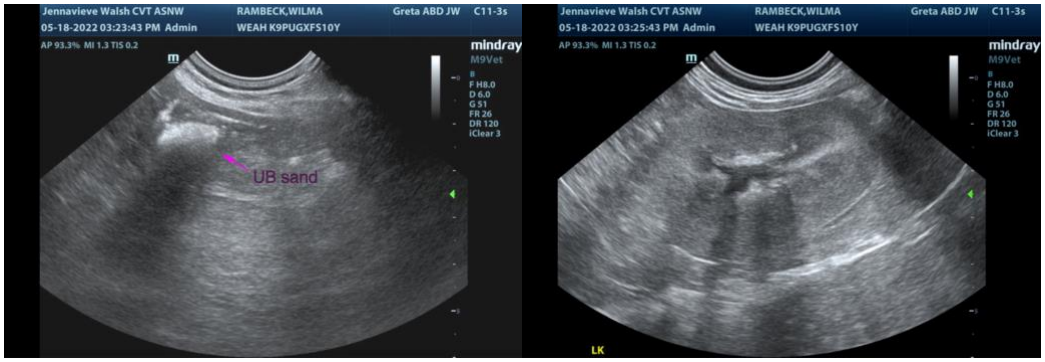
- Bilateral adrenomegaly. The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with potential for emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity
- Baseline lab work, including a CBC chemistry panel and T4, is also recommended to assess overall metabolic function, particularly with regard to the kidneys.







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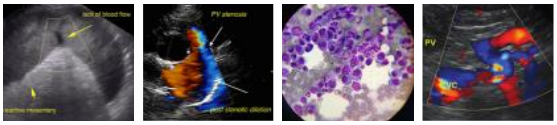

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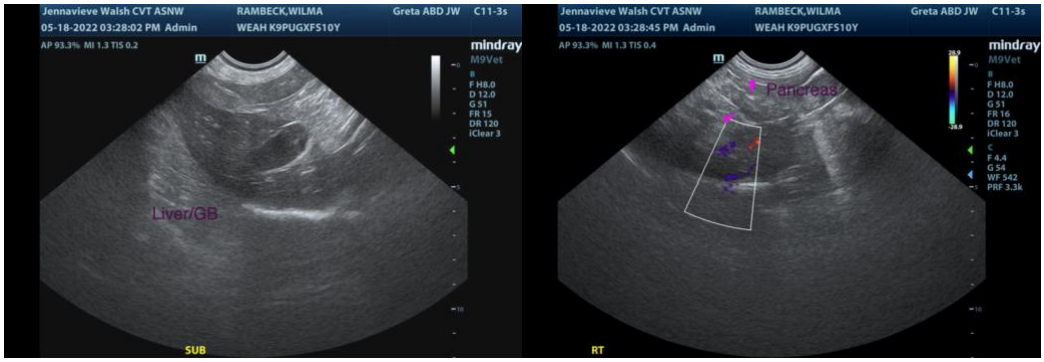

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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