

PATIENT

Sandy Bordas

PRESENTING CLINICAL SIGNS

SPECIES

Canine

History: urinary incontinence and azotemia- suspects Kidney/Bladder stones due to crystals seen in her urine- sedated 0.1ml torb and dex
Abnormal PE/Chem/CBC/UA Results: UA: Calcium oxalate dihydrate and mono hydrate. CBC
Chemistry unremarkable. NSG 1.027 with 1+ proteinuria.

BREED

Catahoula

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

9 years

The left kidney presented normal size (7.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

73 lbs

The right kidney presented normal size (7.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is mildly enlarged (0.58 cm at cranial pole) (1.07 cm at caudal pole) (3.16 cm in length); with a slightly irregular shape. A 1.02 x 0.90 cm hypoechoic to slightly heterogenous nodule is observed at the caudal pole. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

The right adrenal gland is mildly enlarged (1.48 cm at cranial pole) (0.90 cm at caudal pole) (3.12 cm in length); with a slightly irregular shape. A 0.95 x 0.89 cm hyperechoic nodule is observed approximately mid-gland. The remaining glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

HOSPITAL NAME

No. Hills VC

Spleen

The spleen is normal in size (2.13 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.

REFERRING VET

Dr. David Bagget

Liver

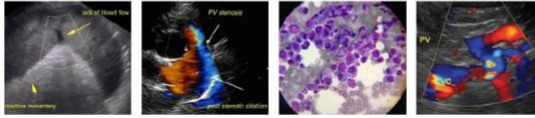
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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DATE

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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 segmentally dilated with chyme. 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.

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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

AGE

9 years

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.08 cm in length.

Other

WEIGHT

73 lbs

A uterine stump is visible (0.47 cm in width). No obvious pathology is observed.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral adrenal nodules. These lesions trends toward the benign (i.e., nodular hyperplasia). However, emerging tumors cannot be excluded.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations for urinary incontinence include urethral sphincter mechanism incontinence, occult urinary tract infection, neurologic disease, early renal disease, other.

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Secondary Findings

- Uterine stump – incidental

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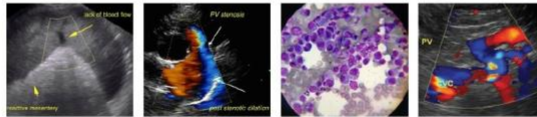
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity and UPC
- Neurologic evaluation to assess for deficits

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- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

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If the above diagnostics are inconclusive, consider empirical treatment for urethral sphincter mechanism incontinence (i.e., phenylpropranolamine or estrogen). Because phenylpropranolamine can cause hypertension, a baseline blood pressure measurement is recommended prior to initiating therapy.

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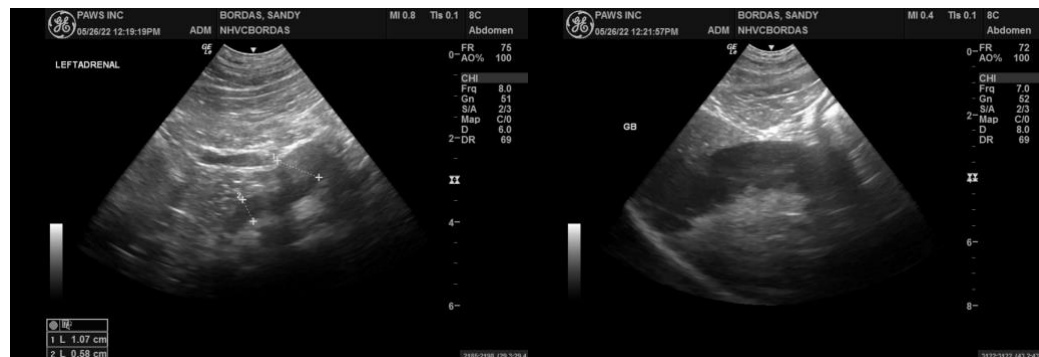
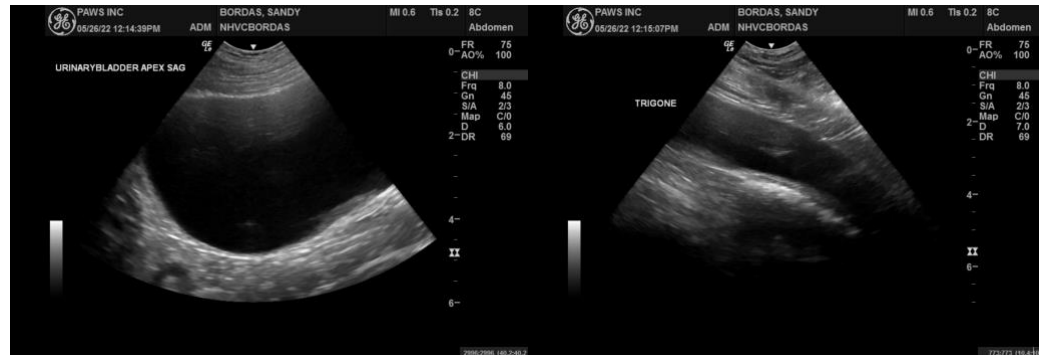
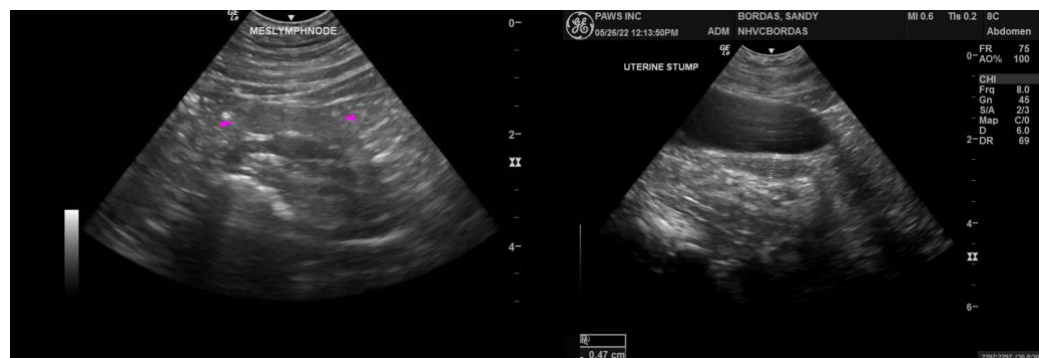
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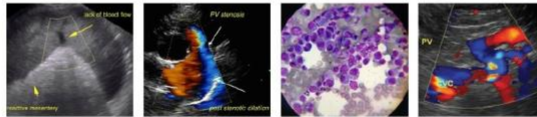
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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