

**DATE PRESENTING CLINICAL SIGNS**

5/5/2022

Recurrent UTI since adoption in January, resolved w/abx but signs recur (hematuria, pollakiuria, stranguria) within a few days of discontinuation. Last two bouts have been cultured--Proteus 10-50,000 CFU. Also has chronically soft stool and tends to lick surfaces. Suspected bladder clot seen on US in March, resolved at last evaluation.

PATIENT

Kitty Sagner

Current Medications: Enrofloxacin.

Lab Results: Labs unremarkable excepting mature neutrophilia and monocytosis.

SPECIES

Canine

Radiographs: Prior unremarkable abdominal radiographs.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

Shih Tzu

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

1/20/2015

Urinary System

The urinary bladder is minimally to mildly distended with anechoic urine. The wall is diffusely thickened (up to 0.89 cm) with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

6.8 kg

The left kidney is normal in size (4.23 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several small, nonobstructive nephroliths are visualize. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The right kidney is normal in size (4.59 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few tiny, nonobstructive nephroliths are visualize. There is no evidence of pyelectasia, infarcts or hydronephrosis.

HOSPITAL NAME

Nexus Vet. Specialists

Adrenal Glands**REFERRING VET**

Dr. Steele

The left adrenal gland is normal size (0.40 cm at cranial pole) (0.45 cm at caudal pole) (1.56 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.

INVOICE

10868

The right adrenal gland is normal size (0.47 cm at cranial pole) (0.49 cm at caudal pole) (1.92 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 cranial half of the spleen is visible in the available images. It appears normal in size (1.07 cm in width at the level of the hilus) with normal curvilinear peripheral contours and homogenous parenchyma. Splenic vasculature appears 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. 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 not distended. 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 pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A 2.00 x 1.43 cm ill-defined aggregated of hyperechoic to slightly heterogenous mesenteric fat is observed in the region of the uterine stump, on the left side. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

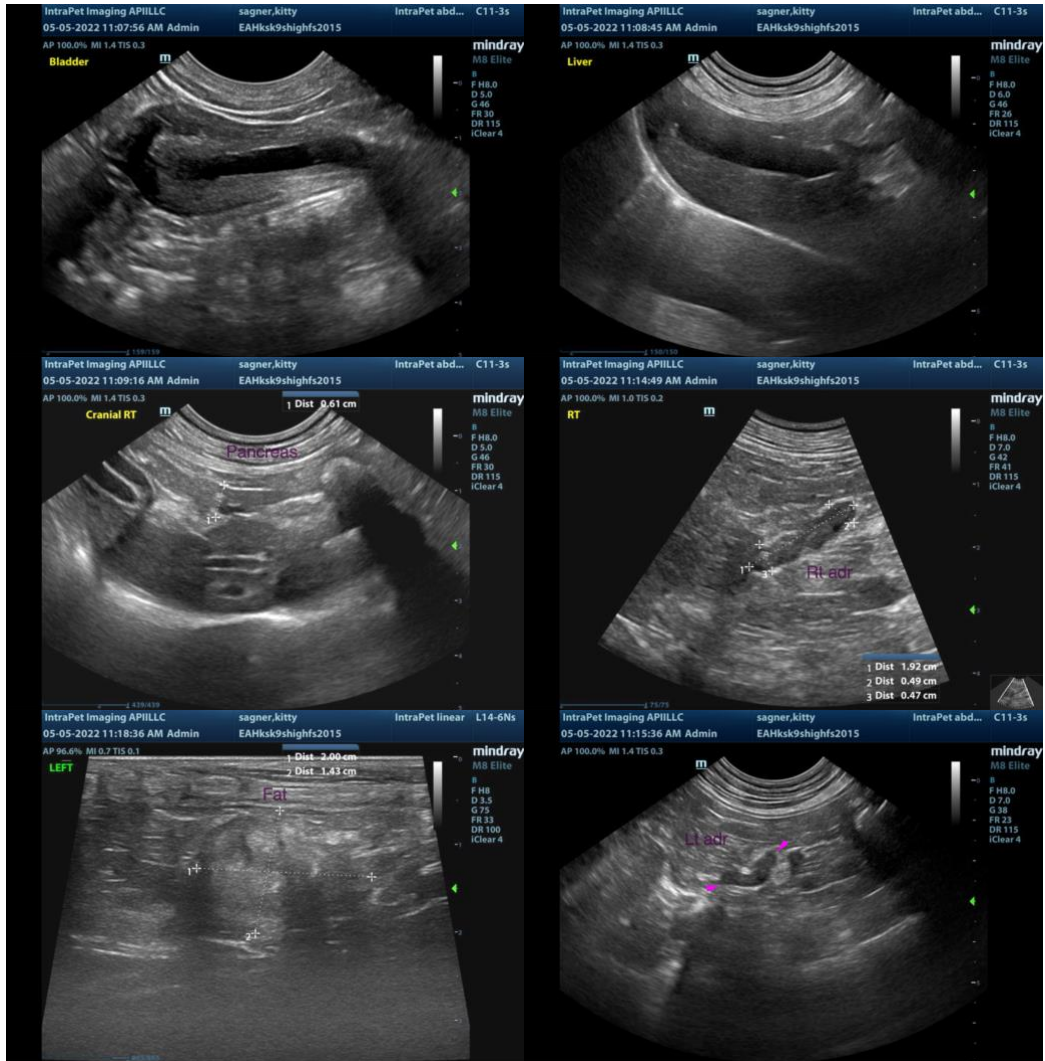
- The urinary bladder wall thickening is most consistent with cystitis, although it may be somewhat artifactually thickened due to lack of full repletion. Infiltrative neoplasia (i.e., transitional cell carcinoma) is a possibility but considered less likely, particularly given the patient's clinical history.
- The significance of the aggregation of fat in the region of the uterine stump is unclear. It may represent normal post-operative inflammation (from the ovariectomy), depending on when the surgery took place. However, a stump pyometra cannot be completely excluded.

Secondary Findings

- Bilateral minor, age-related renal changes with nonobstructive nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations regarding this exam to be implemented by Dr. Cara Steele.



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.

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