



PATIENT

Tegan Martinuk

SPECIES

Canine

BREED

Corgi

SEX

Female, spayed

AGE

12 Yrs. 6 months

PRESENTING CLINICAL SIGNS

History: Recently had VOIDING UROHYDROPROPULSION of Ca oxate stones from the bladder. Repeat AUS and Cysto U/A for C&S

Abnormal PE/Chem/CBC/UA Results: CWVS US Report - Abdomen Oct 13, 2021 The urinary bladder is mildly filled with anechoic fluid and contains a mild amount of multifocal punctate calculi (up to 0.15-0.20 cm in diameter) characterized by faint distal acoustic shadowing. In the proximal urethra, there are a few similar punctate calculi (up to 0.17 cm) characterized by faint distal acoustic shadowing. The proximal urethra is otherwise empty without abnormal dilatation. The urinary bladder is normal in wall thickness, wall echogenicity, and wall margins. Centered over the renal corticomedullary junctions bilaterally, there is a mild amount of similar multifocal punctate calculi (up to 0.18 cm in diameter). The kidneys are normal in shape, length, echogenicity, echotexture, internal architecture, corticomedullary definition, and margins. The renal pelvises and ureters are normal. Conclusion: Mild multifocal non-obstructive cystic, proximal urethra, and renal calculi - There is no evidence of urinary bladder mass, abdominal lymphadenopathy, or abdominal effusion. Repeat urine culture can be useful to guide for follow-up evaluation and treatment as clinically indicated. U/S Abdomen July 13, 2018 Dr Janet Nieckarz-Loven DVM, ACVR Diagnostic Impressions: There is mild diffuse thickening of the urinary bladder, and the bladder lumen contains a moderate amount of amorphous proteinaceous debris, with no discrete cystic calculi. Mild chronic cystitis is considered most probable for these sonographic findings of the bladder. There is just a trace amount of mineralization within the kidneys, with no evidence of pyelonephritis. The remainder of abdominal sonogram is quite unremarkable.

WEIGHT

11.4 kg.

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. A scant amount of echogenic debris is suspended within the lumen. 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 is normal in size (4.35 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.34 cm in length) with a normal shape and architecture and smooth peripheral contours. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.57 cm at caudal pole) (2.12 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.

The right adrenal gland is mildly enlarged (0.57 cm at cranial pole) (0.80 cm at caudal pole) (2.01 cm in length) with a slightly irregular shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

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

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DATE

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The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

SPECIES

Canine

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.

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Gastrointestinal

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The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is 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 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 seen.

WEIGHT

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral age-related chronic renal changes with non-obstructive nephrolithiasis.
- Mild right adrenomegaly may be a normal variant for this patient or could be consistent with early hyperplastic change.

*There is no evidence of cystic calculi.

IMAGING PERFORMED BY

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HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial sonographic monitoring (i.e., every 3-4 months) of the patient's urinary bladder is recommended to assess for recurrence of the cystic calculi.

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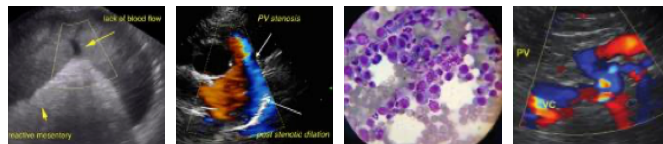
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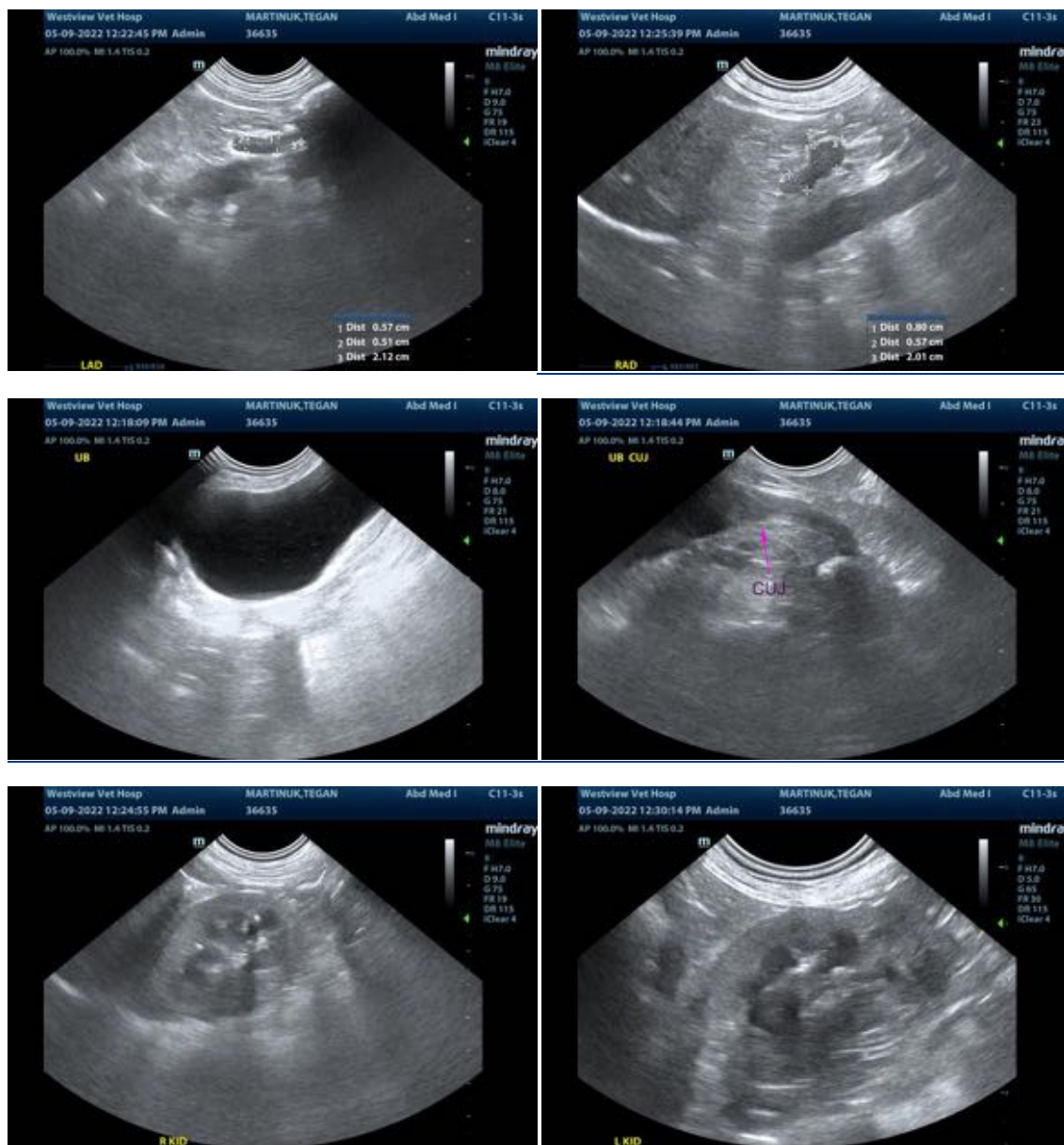
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com