



PATIENT

Smokey Swearengen

SPECIES

Canine

BREED

Shih Tzu

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

17.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rachel Runnells

HOSPITAL NAME

SVS Imaging Kansas
City

REFERRING VET

Dr. Renfro

INVOICE

13477

DATE
6/13/22

PRESENTING CLINICAL SIGNS

History: Recheck urine from persistent UTI History of a bladder stone, calcium oxalate monohydrate, removed in November 2021. Has been fighting on/off UTI's since the surgery. Have done multiple rounds of antibiotics but not resolving. Also sees a dermatologist for severe skin allergies. Currently on Urinary SO + HP food. Meds: Atopica, Zyrtec, Treinalone, Fluconazole and Potassium Citrate Granules. Has been off antibiotics since 5/31/2022.

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 small amount of suspended echogenic debris is observed 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 4 cm, are normal.

The prostate is normal in size (0.65 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.59 cm in length) and smooth peripheral contours. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Pinpoint hyperechoic foci are also seen within the cortex. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.94 cm in length) and smooth peripheral contours. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Pinpoint hyperechoic foci are also seen within the cortex. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.48 cm at caudal pole) (1.80 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 normal size (0.60 cm at cranial pole) (0.55 cm at caudal pole) (2.27 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 spleen is normal in size (0.90 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 enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately



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distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic debris/sludge is observed within the lumen, some of which is partially dependent and some of which is adhered to the wall. The cystic and common bile ducts are normal/not seen.

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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.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization.

Secondary Findings:

- Suspected benign diffuse hepatopathy. Top differentials include vacuolar hepatopathy and regenerative nodular hyperplasia. Inflammatory disease and other hepatopathies are also possible but considered less likely. Correlation of the patient's liver values is recommended.

*A structural cause for the patient's recurring urinary tract infections is not identified in this study. A resistant urinary tract infection is a consideration.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended. If positive, consider a prolonged antibiotic course (i.e., 3 weeks) with a recheck culture and sensitivity approximately 5-7 days after the last antibiotic dose.
- Baseline labwork including CBC chemistry panel and T4 is recommended (if not already performed) to assess overall metabolic function.

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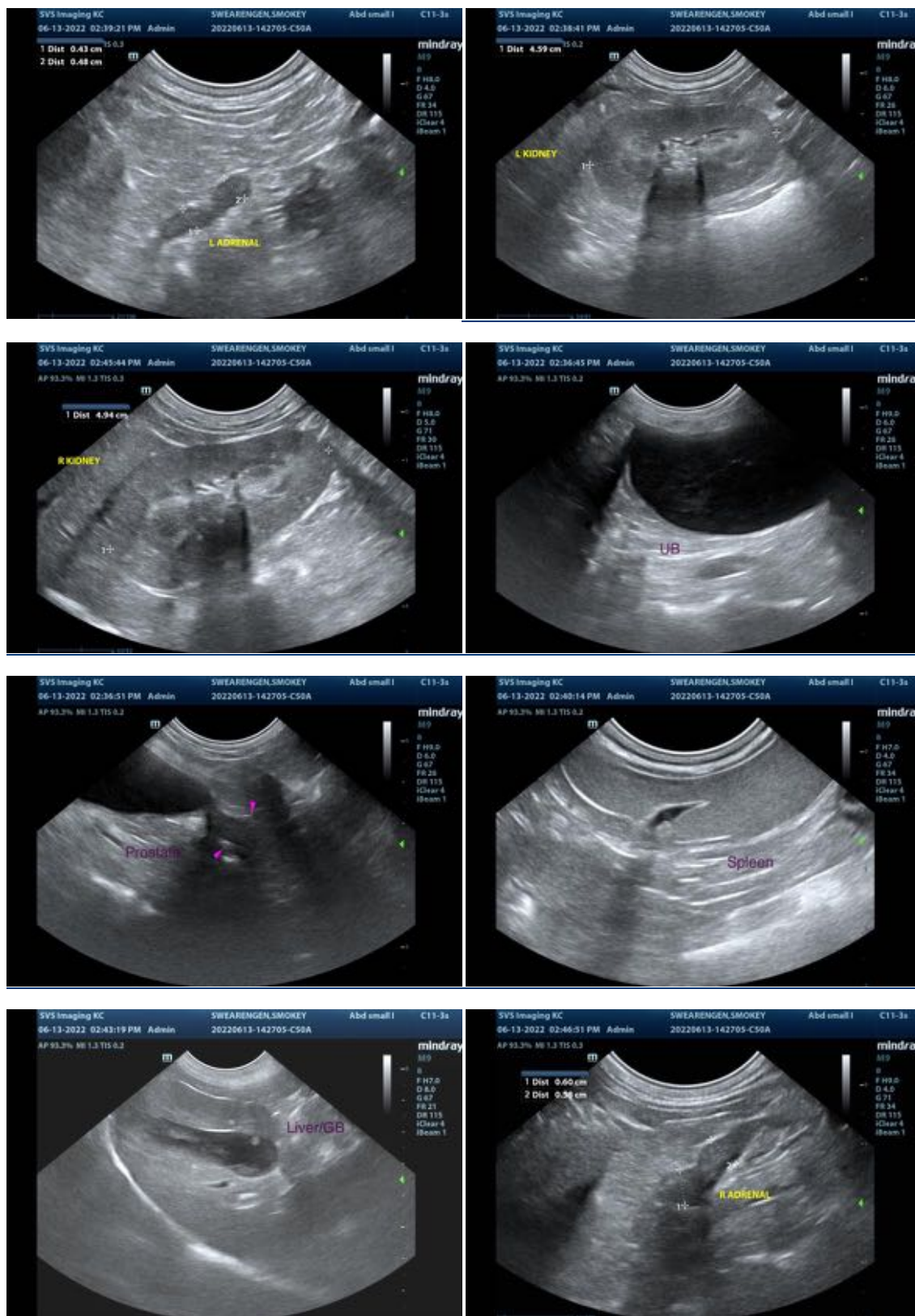
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The information and recommendations provided are based on the images presented by the referring



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

Andrea.nicastro@sonopath.com

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