



PATIENT PRESENTING CLINICAL SIGNS

Cricket Waechter

Clinical Exam Findings: P has had urinary incontinence for years. Initially started on Proin ER by previous vet, but P became very anxious on it. Switched to Incurin and has been managed well on 1/2T EOD until about 2 months ago, started having a few breakthrough urinary accidents a few times a week, always when P is sleeping. Increased Incurin dose to 1/2T q24h. UA on 6/14 normal. O reported no improvement and urinary accidents continued to increase. Switched back to Proin ER 74mg q24h on 6/26 to see if that would be a better fit, but P became very agitated and restless right after starting it. Then switched to herbal Suo Quan Wan for urinary incontinence on 6/27. O called on 7/10 stating P is not responding to herbal either. Scheduled for AUS and urinary culture on 7/13.

SPECIES

Canine

BREED

Rhodesian Ridgeback

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female Spayed

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

4/22/2018

The left kidney is normal in size (6.33 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

34 kg

The right kidney is normal in size (7.72 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.61 cm at cranial pole) (0.54 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

What is thought to be the right adrenal gland is normal in size (0.74 cm at the cranial pole) (0.55 cm at the caudal pole) with a normal shape and smooth peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature is normal.

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Spleen

The spleen is normal in size (1.93 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.87 cm hypoechoic nodule with a hyperechoic center is observed approximately mid-spleen. Splenic vasculature is normal.

HOSPITAL NAME

Sun Dog Cat Moon
VC

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.

REFERRING VET

Clayton

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

INVOICE

13657

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

DATE

7.16.23



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outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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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.

SEX

Female Spayed

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious structural cause for the loss of urinary continence is not identified in this study. Given the clinical history, refractory urethral sphincter mechanism incompetence is suspected.

Secondary Findings

- The splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended.
- Consider a consultation with a board-certified surgeon to discuss possible placement of a urethral occluder.
- Regarding the splenic nodule, consider a repeat ultrasound in 4-6 weeks to assess for growth.

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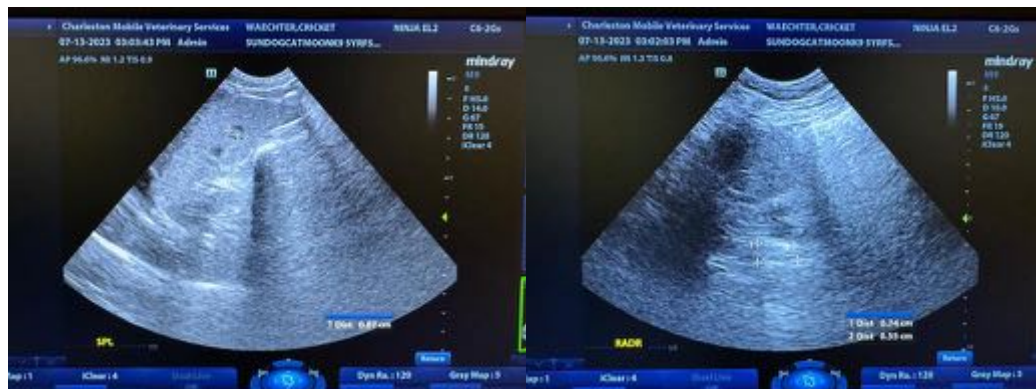
Clayton

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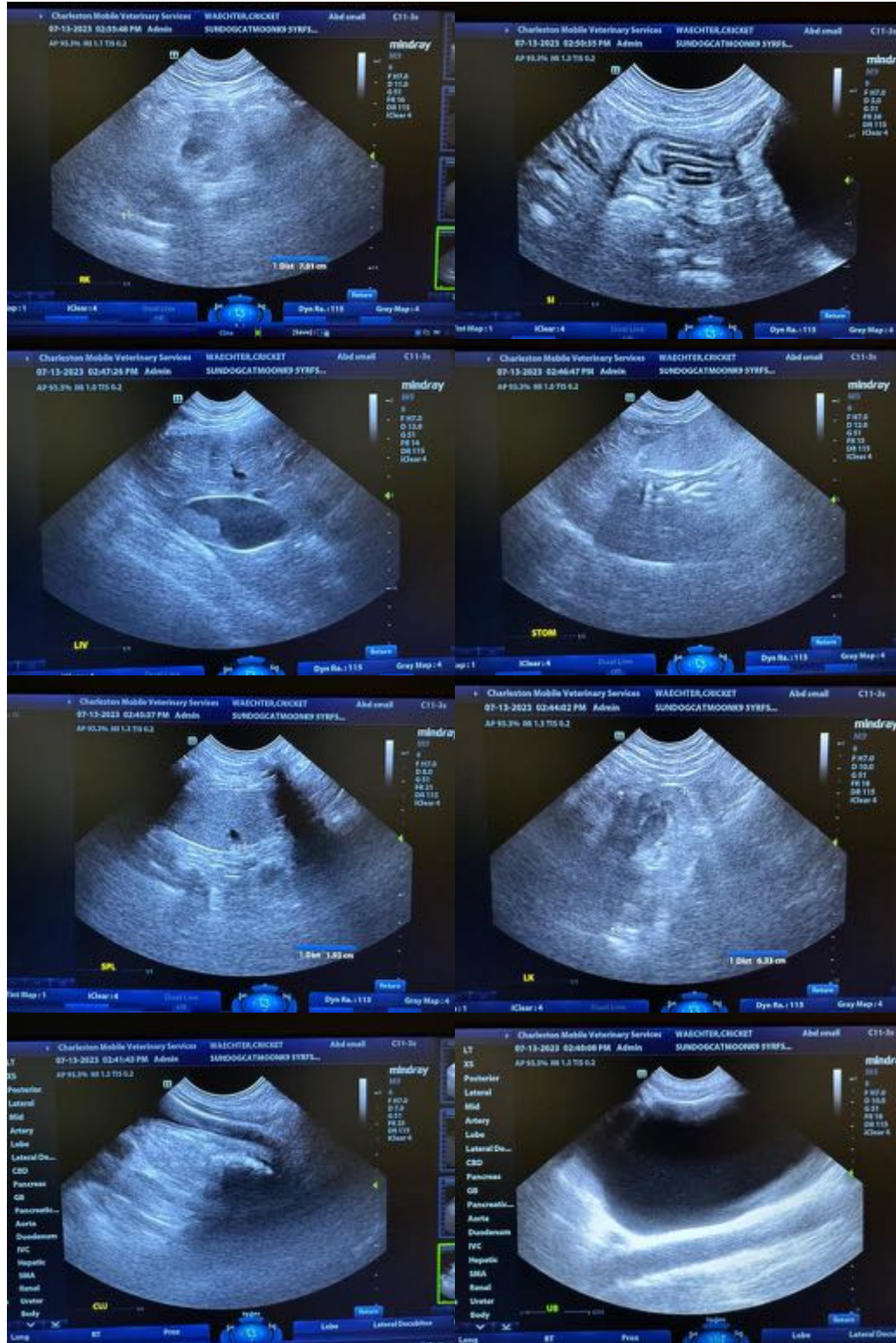
Clayton

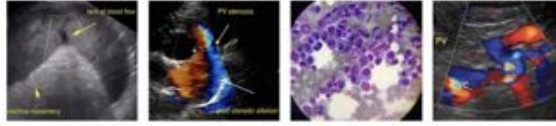
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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