

**DATE**

7/19/22

**PRESENTING CLINICAL SIGNS**

Pollakiuria. Owner noted approximately 3 months ago. Some days she will urinate only once on a walk, some days 3-4 times in a row. Always small volume with a steady urine stream. The pollakiuria happens often. No stranguria or hematuria that owners have noted. Owners do not feel this is behavioral. Otherwise, normal. Antibiotics were tried by rDVM w/no success, urinalyses have been relatively unremarkable with variable USG. HX of hit by car about a year ago, mainly affected hindlimbs.

**PATIENT**

Daisy Kotler

Current Medications: Carprofen PRN (have not given in a while)  
 Gabapentin PRN (have not given in a while), Trazodone PRN, Dasuquin  
 Glucosamine supplement

**SPECIES**

Canine

Lab Results: Unremarkable CBC/chem/UA.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Torbugesic.

Stat Report: Not requested.

**BREED**

Schnauzer mix

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SEX**

Female, spayed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder wall is 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. The region of the trigone is normal.

**AGE**

8/1/2020

**WEIGHT**

15.32 kg.

The left kidney is normal size (5.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

The right kidney is normal size (5.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**HOSPITAL NAME**

Nexus VS

**Adrenal Glands**

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.50 cm at caudal pole) (1.88 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.

**REFERRING VET**

Dr. Steele

The right adrenal gland is normal size (0.53 cm at cranial pole) (0.60 cm at caudal pole) (2.30 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**

13745

**Spleen**

The spleen is normal in size (2.42 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 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. A scant amount of aggregated echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***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.

### ***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.

### ***Free Abdomen***

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 3.72 cm in length. The nodes are normal in shape and echogenicity. The mesentery surrounding the nodes is slightly hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

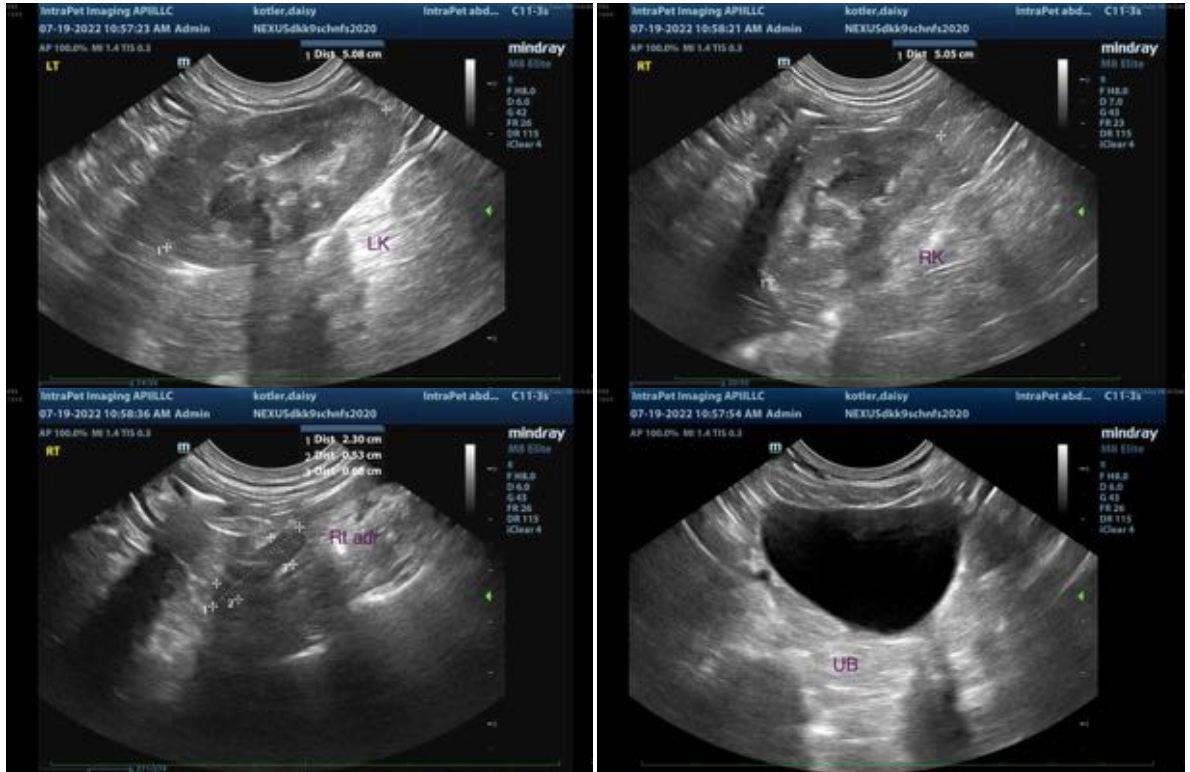
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include resistant urinary tract infection, distal urethral stone or stricture, reflex dyssynergia, other.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further diagnostic and treatment recommendations to be implemented by Dr. Cara Steele.





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