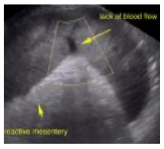
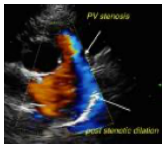
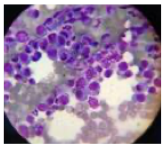
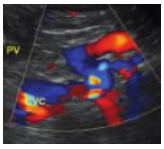
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gorgeous George Johannson

SPECIES

Canine

BREED

Sheltie

SEX

Neutered Male

AGE

4 years

WEIGHT

11.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Woodlands Vet & Dental Ctr

REFERRING VET

Dr Nagy

INVOICE

13736

DATE

7.19.23

PRESENTING CLINICAL SIGNS

History: Hx of a few days urinary incontinence which now seems to have resolved. Has had this issue in the past and it resolved on own.

Abnormal PE/Chem/CBC/UA Results: USG 1.021, pH 8.0. Urine culture negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. Along the dorsal wall, a 0.42 cm echogenic structure is visualized. The remaining bladder wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (0.85 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.22 cm in length) with a normal shape, architecture and 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

The right kidney is normal in size (4.31 cm in length) with a normal shape, architecture and 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

Adrenal Glands

The left adrenal gland is normal in size (0.42 cm at cranial pole) (0.50 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.

The right adrenal gland is normal in size (0.80 cm at cranial pole) (0.36 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.

Spleen

The spleen is normal in size (0.96 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 appears normal.

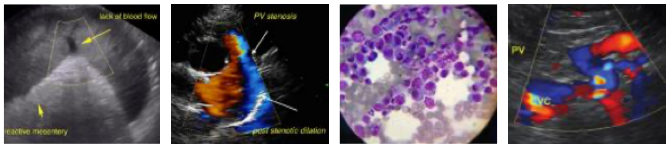
Liver

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 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.

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



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pattern. The pyloric 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. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The echogenic structure along the dorsal urinary bladder wall may represent an aggregation of cellular debris, inflammatory focus/small polyp, and emerging tumor (less likely), other. The significance is unclear but it is likely unrelated to the patient's urinary incontinence.
- Trace ascites, the cause of which is unclear. Considerations include increased vascular permeability, low oncotic pressure, or increased hydrostatic pressure. Correlation with the patient's clinical history is recommended.

*An obvious cause for the patient's urinary incontinence is not definitively identified in this study. Considerations include occult urinary tract infection, underlying neurologic disease, behavior issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, and T4 is to assess overall metabolic function (if not already performed).
- If symptoms recur, a neurologic examination should be performed.
- If the urinary incontinence recurs, consider a repeat urine culture +/- empirical treatment with antibiotics. Ultimately, if signs recur, a contrast study (i.e., cystourethrogram) +/- empirical treatment with phenylpropanolamine may be warranted.

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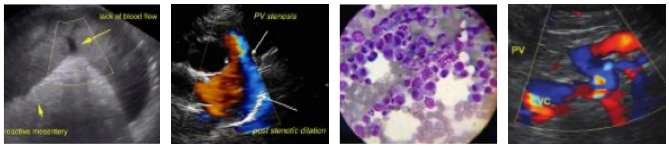

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com