



PATIENT PRESENTING CLINICAL SIGNS

Carlee Haines History: presented for relapsed in urinary incontinence, on pruin once daily azotemia noted on BW (see below), so full work up pursued

SPECIES Abnormal PE/Chem/CBC/UA Results: USG 1.010; was 1.047 in 7/2021 pH 8 glucose, bilirubin, ketones, blood, bacteria, protein, crystals negative BW Chemistry Creatinine 1.7 (0.5-1.5); was 1.4 (in 7/2021) BUN 22 (9-31); was 14 SDMA 11 (0-14) otherwise t4/rest of chem/cbc wnl BP wnl UPC pending today

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Aussie 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

SEX

Spayed Female

The **left kidney** is normal size (5.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

7 years

The **right kidney** is normal size (5.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

39 lbs

Adrenal Glands

The **left adrenal gland** is normal size (0.45 cm at cranial pole) (0.41 cm at caudal pole); 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.

INTERPRETED BY

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

The **right adrenal gland** is normal size (0.72 cm at cranial pole) (0.47 cm at caudal pole); 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.

IMAGING PERFORMED BY

Christina Sitton

Spleen

The **spleen** is normal in size (1.46 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.

HOSPITAL NAME

Sherwood Family PC

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

Christina Sitton

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

11389

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

DATE

8.11.22

normal 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.

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

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

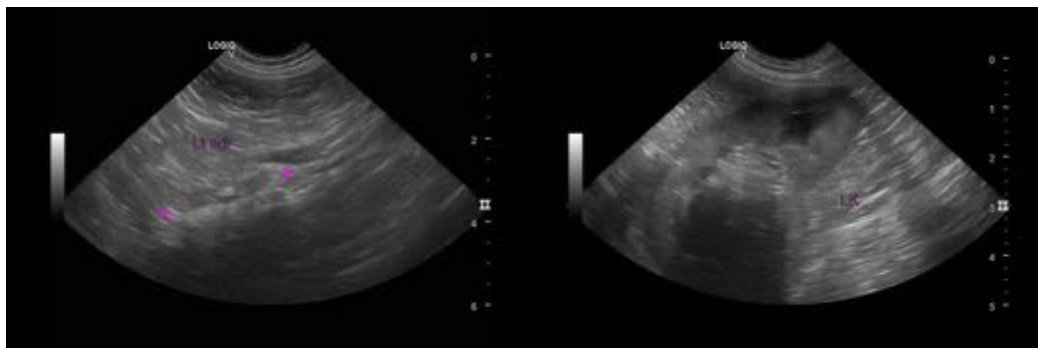
ULTRASONOGRAPHIC FINDINGS

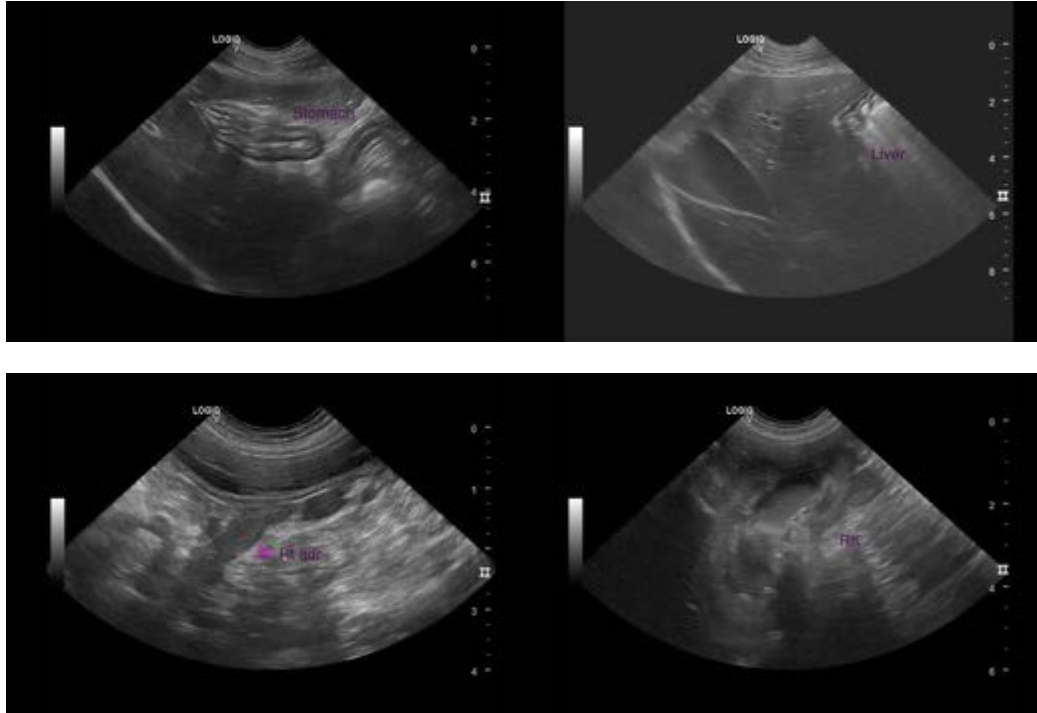
Primary Findings

- Minor chronic, nonspecific, degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture with sensitivity is recommended to assess for occult pyelonephritis.
- Also consider Leptospirosis testing (i.e., blood/urine PCR, serology)
- Also consider a resting cortisol level to screen for hypoadrenocorticism.
- A prescription renal diet is also recommended if the patient will tolerate it.
- Serial monitoring (i.e., every 2-3 months) of the patient's renal values is recommended to assess for progression.





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.

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