

**PATIENT PRESENTING CLINICAL SIGNS**

Cricket Waechter History: Urinary incontinence which has improved since starting Incurin.  
Recheck (splenic nodule noted on previous scan).

**SPECIES**

Canine

**BREED**

Rhodesian Ridgeback

**SEX**

Female Spayed

**AGE**

4/22/18

**WEIGHT**

74 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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Diplomate ACVIM (*Small  
Animal Internal Medicine*)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Dr. Pruitt

**INVOICE**

14082

**DATE**

8.14.23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is 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, appear normal.

The left kidney is normal in size (6.46 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 appears normal.

The right kidney is normal in size (6.78 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 appears normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.63 cm at cranial pole) (0.79 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 appear normal.

The right adrenal gland is in normal size (0.64 cm at cranial pole) (0.69 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 appear normal.

**Spleen**

The spleen is normal in size (2.29 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.85 cm hypoechoic nodule with a hyperechoic center is observed approximately mid-spleen. Splenic vasculature appears normal.

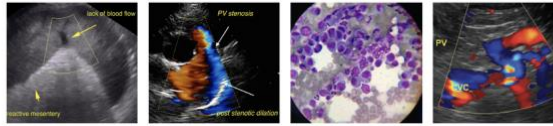
**Liver**

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 portal vein to caudal vena cava ratio is approximately 1: 1.

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 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. 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.

**Free Abdomen**

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

**Other**

The uterine stump is visible (0.60 cm in width). No obvious pathology is seen.

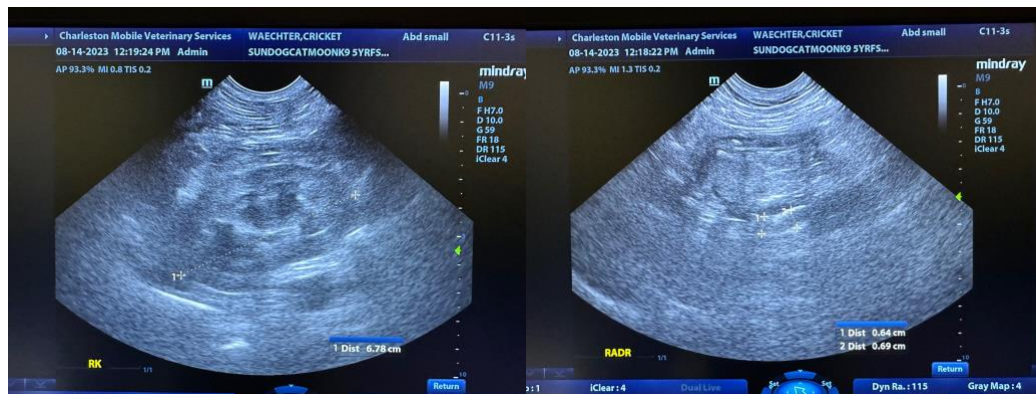
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

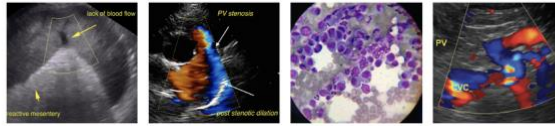
**ULTRASONOGRAPHIC FINDINGS**

- The splenic nodule is similar in size compared to the previous sonogram. A benign process (i.e., focus of lymphoid hyperplasia or similar) is favored, with a lower possibility of an emerging tumor.
- Visible uterine stump - incidental

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the urinary incontinence, continue Incurin, if the urinary incontinence is well-controlled. Otherwise, consider a consultation with a board-certified surgeon to discuss placement of a urethral occluder.
- Regarding the splenic, nodule, consider a recheck ultrasound in 3-6 months assess for growth.





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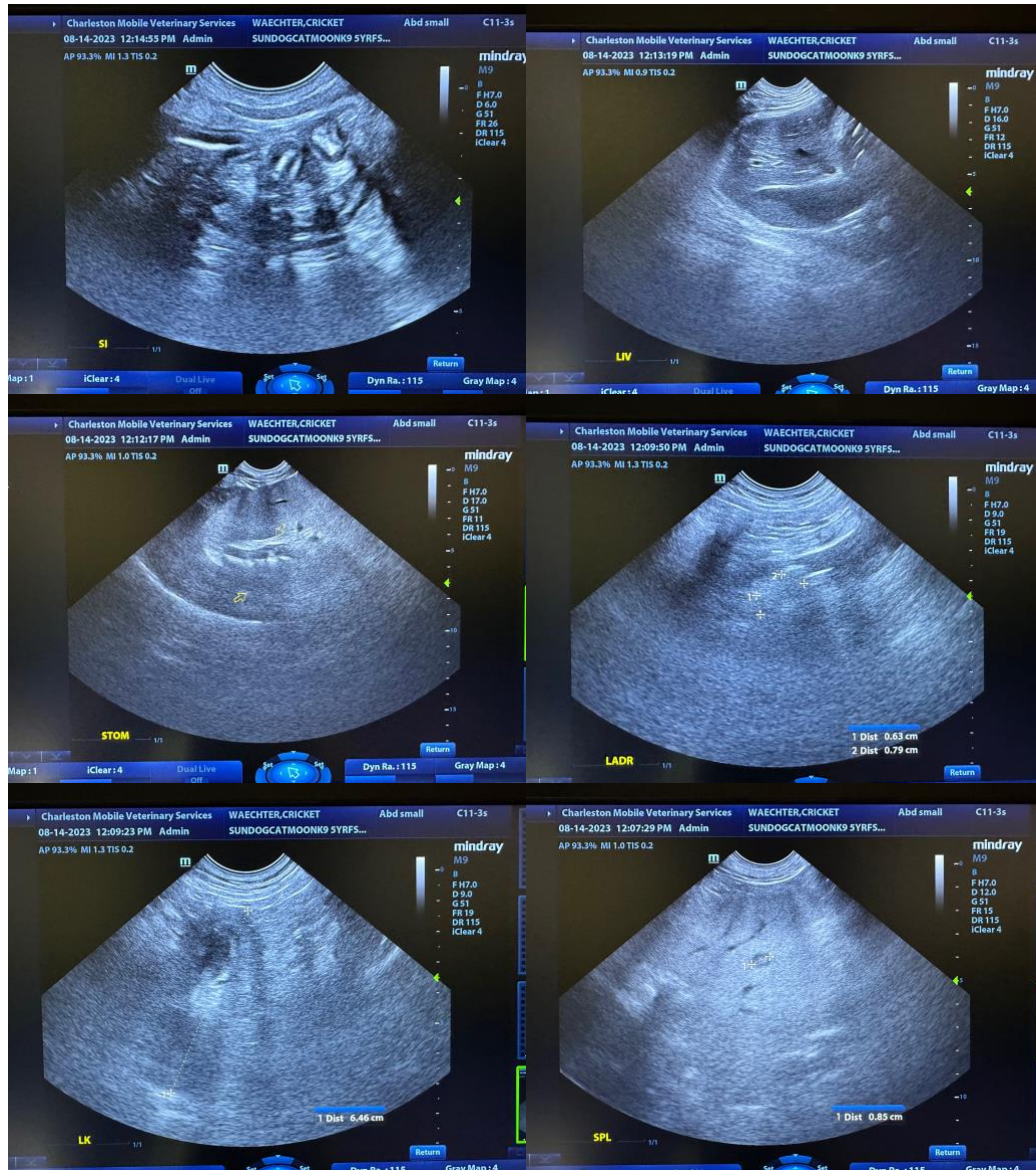
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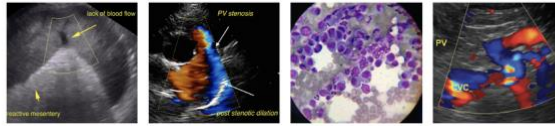
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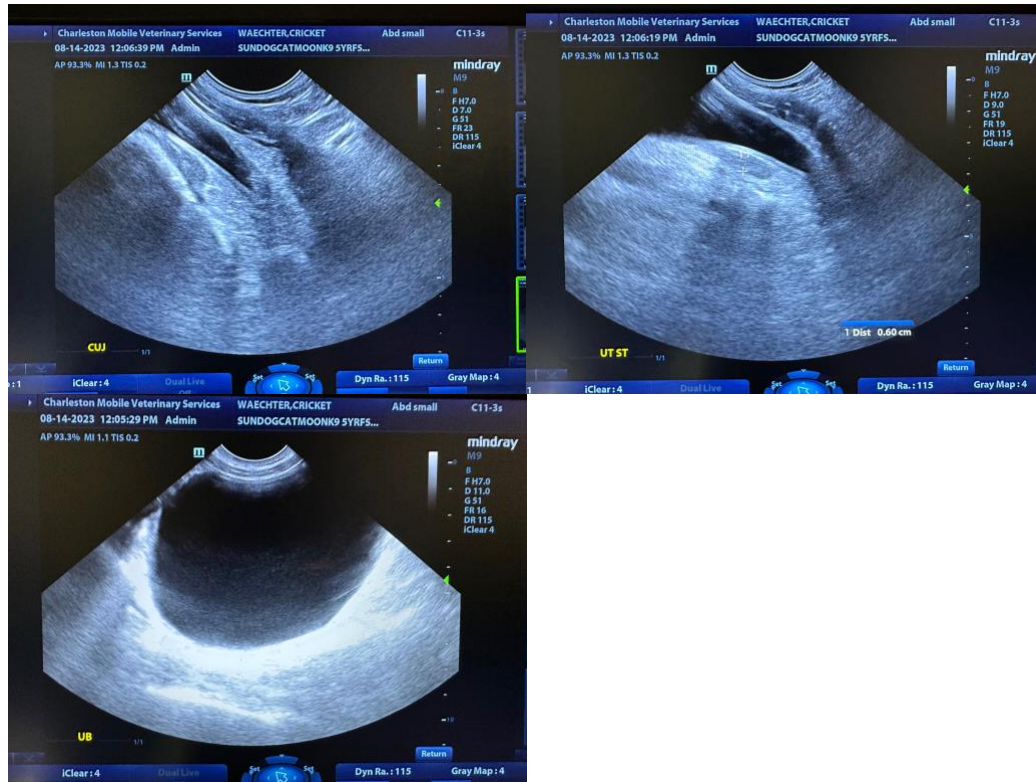
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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