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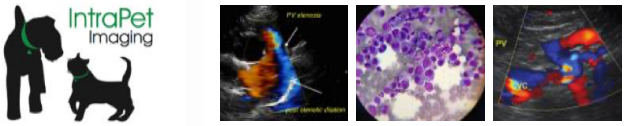

SonoPath
Clinical Sonography & Telecytology
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DATE

8/19/21

PATIENT

Nevaeh Richardson

SPECIES

Canine

BREED

PItbull

SEX

Female, spayed

AGE

2009

WEIGHT

54.2 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. AN

INVOICE

11919

PRESENTING CLINICAL SIGNS

Ongoing incontinence and straining. Pet has mild to moderate neurologic degeneration and requires the use of a harness/sling. History of urinary tract infections (enterococcus) but current infection resolved on appropriate antibiotics yet dog is still symptomatic for dribbling, straining and accidents in the house.

Current Medications: Cerenia 60 mg: 1 SID short course for inflammation. Amoxicillin 500 mg TID recently. Gabapentin 100 mg: 2 BID, ongoing. Tramadol 50 mg: 1 BID to TID, ongoing. Carprofen 100 mg: 1/2 BID, ongoing.
Lab Results: Recently cultured for enterococcus (7/20).
April senior profile: ALT 155, asymptomatic UTI, no culture.
Radiographs: N/A
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 2 cm, are normal.

The left kidney is normal size (6.12 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. Renal vasculature is normal.

The right kidney is normal size (6.16 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.71 cm at cranial pole) (0.67 cm at caudal pole) (2.65 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.

The right adrenal gland is normal size (0.85 cm at cranial pole) (0.77 cm at caudal pole) (2.62 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.

Spleen

The spleen is normal in size (1.99 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to

moderate amount of aggregated echogenic to mineralized debris/sludge, some of which is partially dependent and some of which is suspended 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 gas 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

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

ULTRASONOGRAPHIC FINDINGS

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

- Mineralized gallbladder debris/sludge- incidental.

*An obvious cause for the patient's clinical signs is not identified in this study. A resistant urinary tract infection may be present as a result of urinary retention (i.e., due to underlying neurologic disease). Distal urethral neoplasia is also a differential but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Rectal examination is recommended to assess for evidence of pelvic urethral thickening.

- Evaluation of the external genitalia is also recommended to evaluate for other predisposing factors (i.e., vaginal masses or foreign material).

- Repeat baseline bloodwork including a CBC chemistry panel, urinalysis, T4 as well as a urine culture and sensitivity are recommended.

- Consider cranberry supplementation (i.e., Crananidin) for the recurring urinary tract infections.


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Bladder


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Spleen


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Lt Kidney


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mindray
Lt adr
1 Dist 2.65 cm
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3 Dist 0.71 cm


IntraPet Imaging RBIILLC
richardson,nevaeh
Adult ABD
C6-2Gs
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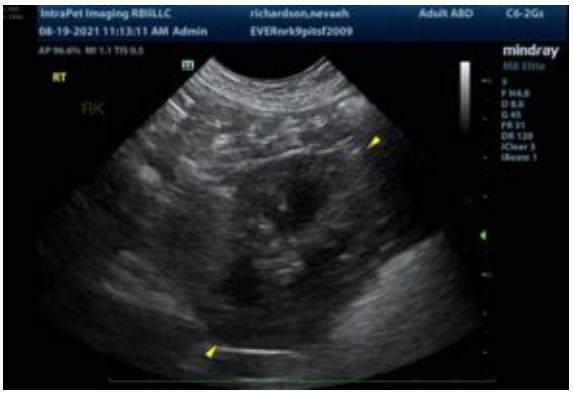
EVERnrk9pitsf2009
mindray
RT ADR
2 Dist 2.62 cm
1 Dist 0.88 cm
3 Dist 0.85 cm


IntraPet Imaging RBIILLC
richardson,nevaeh
Adult ABD
C6-2Gs
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mindray
RT
RK

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com