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Clinical Sonography & Telecytology
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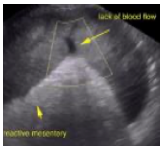
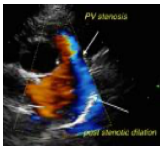
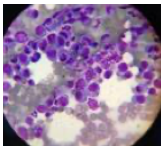
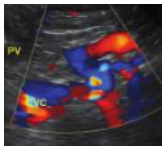

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Babe Hale

SPECIES
Canine

BREED
Pit bull

SEX
Female, spayed

AGE
13 Yrs. 9 months

WEIGHT
70.6 lbs.

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

IMAGING PERFORMED BY
Dr. Evoniuk

HOSPITAL NAME
State Ave VC

REFERRING VET
Dr. Evoniuk

INVOICE
15211

DATE
8/22/23

PRESENTING CLINICAL SIGNS

History: Since Wed/Thurs P has been urinating on herself, large amounts, seems unaware When getting up the last few days legs seem to be giving out on her E/D- drinking fine, has been refusing dry food, switched to canned and did great until the last few days Went camping not the long ago and P did really well Meds- carprofen PRN, O has been giving it more frequently, recently started a jt supplement Occasional urine incontinence. PE Notes: General Appearance: QAR, food motivated, quieter than normal, anxious; BCS 5/9, lost 8 lbs in 2 mos CRT/MM: WNL Eyes: mild mucoid discharge in medial canthus, bilateral lenticular sclerosis Ears: thick R ear pinna, chronic pinna scarring sec to past aural hematoma Oral Cavity: Grade 3, significant calculus and halitosis, fractured mandibular canines Nasal Cavity: No nasal drainage, nares WNL Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abdomen palpates normally; no pain, tenderness or masses on palpation Rectal: Did not perform rectal exam Musculoskeletal: difficulty rising in the flooring, reduced ROM esp in L stifle and hip area, sl stiff; medial buttress L stifle Integument: Normal amount of shedding; skin/coat WNL Lymph Nodes: Lymph nodes normal in size Urogenital: External genitalia appears normal Neurologic: No apparent abnormalities noted Assessment: urinary accidents at home RO metabolic vs physiologic vs bladder overfilling vs urinary incontinence unexplained weight loss Hx of osteoarthritis dental dz
Abnormal PE/Chem/CBC/UA Results: ALP 303 *U/L, ALT 127 * U/L, GLU 116 * mg/dL, LYM 0.77 10^9/l, MCHC 30.3 g/dl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (8.06 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.29 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.57 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.

The right adrenal gland is normal size (1.62 cm at cranial pole) (0.54 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.

Spleen

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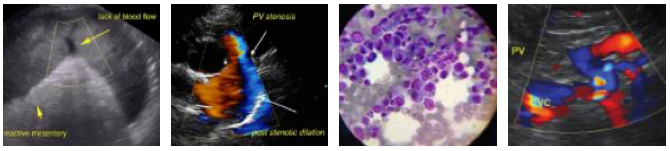

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The spleen is normal in size (2.31 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gallbladder 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.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. A 1.96 cm irregular shadowing structure is also observed within the lumen. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with fluid and chyme (mild). 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 obvious evidence of free fluid. A 2.56 x 0.79 cm medial iliac lymph node is visualized. A 3.11 x 0.66 cm mesenteric lymph node is also seen. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- An obvious cause for the patient's urinary incontinence is not identified in this study. Considerations include urinary tract infection, urethral sphincter mechanism incompetence, orthopedic or neurologic disease, underlying metabolic issue, other.

Secondary Findings:

- Bilateral, chronic, age-related renal changes.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The diffuse hepatic changes are non-specific and could be consistent with regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The prominent abdominal lymph nodes are likely reactive with a lower possibility of emerging neoplasia. The shadowing structure within the gastric lumen may represent a foreign object or normal ingesta. It does not appear obstructive at the time of the study.

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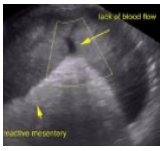
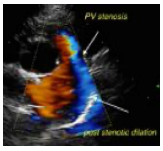
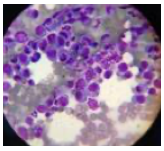
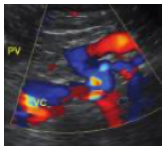

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urinalysis with a culture and sensitivity is recommended.
- A UPC should also be considered if proteinuria is present in the absence of infection.
- Orthopedic and neurologic examinations are also recommended to assess for non-metabolic causes of the patient's clinical signs.
- Pre and post prandial serum bile acids should also be considered to assess hepatic function.
- Given the unexplained weight loss, three-view thoracic radiographs are recommended to assess for occult pathology in the chest.

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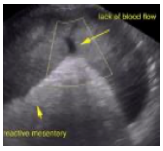
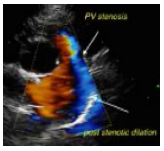
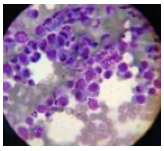
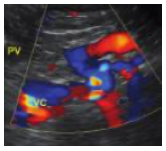

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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