

**PATIENT**

Bruno Schneider

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered Male

**AGE**

23 mos

**WEIGHT**

36.7 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr Cole

**DATE**

8.30.22

**INVOICE**

11535

**PRESENTING CLINICAL SIGNS**

History: 2-year-old MN terrier mix, significant anxiety, leaking urine while sleeping. Normal Unremarkable abdomen

Abnormal PE/Chem/CBC/UA Results: All lab-work WNL Current Medications 16mg reconcile SID

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 2 cm, are normal.

The **prostate** is normal in size (1.37 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (5.98 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 hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (6.22 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The **left adrenal gland** is normal size (0.66 cm at cranial pole) (0.56 cm at caudal pole) (2.54 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 (1.45 cm at cranial pole) (0.61 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.

**Spleen**

The **spleen** is normal in size (1.38 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.

**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** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



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### **Gastrointestinal**

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-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. 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.

### **Other**

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

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

Unremarkable abdomen.

An obvious cause for the patient's clinical signs is not identified in this study. Considerations include urethral sphincter mechanism incompetence, urinary tract infection, behavior issue, underlying neurologic disease, ectopic ureters (if patient is also dribbling urine while walking), other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urinalysis with a urine culture and sensitivity are recommended to assess for an occult urinary tract infection.
- A thorough neurologic examination is also recommended.
- Consider pre-and postprandial serum bile acids to assess for hepatic dysfunction as a possible cause for dysuria.
- If there is a strong suspicion for ectopic ureters, consider referral for a contrast abdominal CT scan.
- Consider empirical treatment for urethral sphincter mechanism incontinence with phenylpropanolamine. If the patient does not respond within 7-10 days of initiation of therapy, the medicine should be discontinued. It should be noted that phenylpropanolamine can cause hyperexcitability and hypertension.



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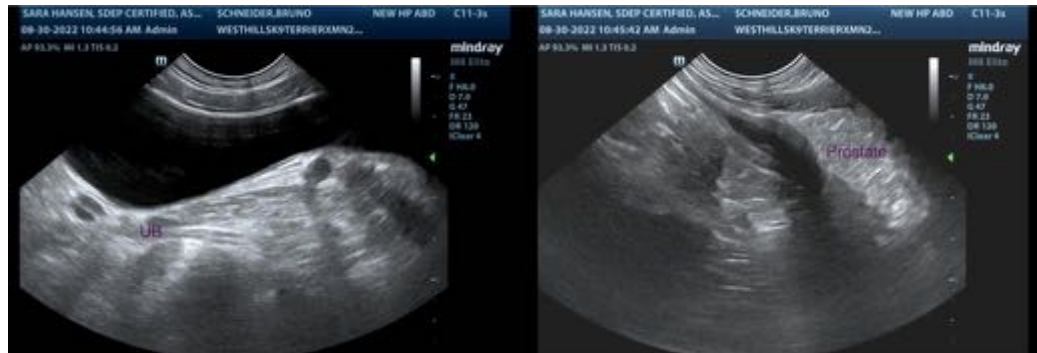
Dr Cole

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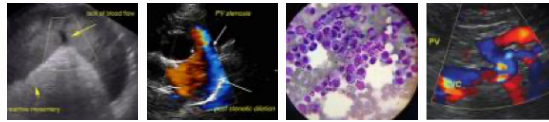
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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[info@SonoPath.com](mailto:info@SonoPath.com)

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