

**DATE PRESENTING CLINICAL SIGNS**

9/16/21 History: PU/PD with chronic urinary issues; increased PU/PD 2 weeks ago.

PATIENT

Lacey Hook

Current Medications: 1 month ago Oxybutynin sid, 2 weeks ago noted PU/PD. Restarted 0.82ml bid 2 weeks ago, now increased to TID on 9/1; Turmeric std proc 1 t BID; Ut strength 1/2 sid - just INC to 1 chew sid 8/31; Hydrolyzed diet exclusively; Krill 1/2 SID; Musc and immune support std proc both SID.

SPECIES

Canine

Lab Results: SDMA 15 (0-14); was 16 8/20. CBC is normal. Chemistry is 1049. 1+ bilirubin. 4DX negative. Fecal is negative for ova and giardia.

Radiographs: Not provided by the veterinarian.

BREED

Coton de Tulear

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SEX

Female Spayed

Sedation: not needed

Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

3/5/18

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.

WEIGHT

10.5 lbs.

The left kidney is normal size (3.47 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.

INTERPRETED BY

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

The right kidney is normal size (3.46 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.

HOSPITAL NAME

Happy Tails Veterinary
Hospital

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.45 cm at caudal pole) (1.90 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.

REFERRING VET

Dr. Calpeno

The right adrenal gland is normal size (0.50 cm at cranial pole) (0.47 cm at caudal pole) (1.47 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.

INVOICE

11837kk

Spleen

The spleen is normal in size (1.38 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. 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.

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 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.

Other

A uterine stump is visible (0.53 cm in width). No obvious pathology is seen.

There is no obvious evidence of an ovarian remnant.

ULTRASONOGRAPHIC FINDINGS

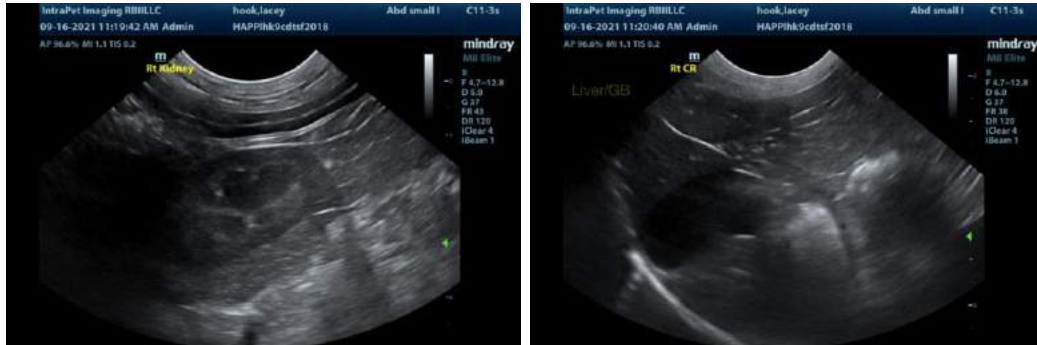
- Visible uterine stump – incidental.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Urine culture and sensitivity.
2. Given the history of urinary issues, pre- and post-prandial serum bile acids to assess for occult hepatic dysfunction
3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
4. Serial monitoring (i.e., every 3-4 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. 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