

**DATE PRESENTING CLINICAL SIGNS**

9/22/21 Patient is urinating all over the house.

PATIENT

Pepper Gorman

Lab Results & Radiographs: Specific gravity is 1.078. Active urine sediment. 1+ proteinuria. Culture revealed a contaminant. Lepto blood and urine PCR negative.

Date of Previous IntraPet Ultrasound: No previous

SPECIES

Canine

Sedation: not needed

Stat Report: not requested

BREED

Pit Bull Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Female Spayed

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall in the region of the apex is mildly thickened (0.43 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

2019

The left kidney is small in size (4.25 cm in length) with an irregular shape. The cortex is variably thickened and there is slight loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Renal vasculature is normal.

WEIGHT

54.2 lbs.

The right kidney is normal size (6.18 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.

INTERPRETED BY

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 Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.78 cm at caudal pole) (2.30 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.

HOSPITAL NAME

Taylorville Veterinary
 Clinic

The right adrenal gland is normal size (0.80 cm at cranial pole) (0.54 cm at caudal pole) (2.53 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. Peterson

Spleen

The spleen is normal in size (1.71 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.

INVOICE

11875kk

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 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. A 1.76 x 0.52 cm medial ileac lymph node is visualized.

Other

A uterine stump is visible (0.70 cm in width). No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The left renal changes could be consistent with dysplasia or prior insult (i.e., infection, toxin).
- The bladder wall changes are most consistent with cystitis.

Secondary Findings:

- Visible uterine stump – incidental.

**An obvious cause for the patient's clinical signs is not identified in this study. Differentials include occult urinary tract infection, underlying metabolic or behavioral issue, ectopic ureters, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider empirical treatment for an occult urinary tract infection using broad-spectrum antibiotics. If the patient's clinical signs do not improve within 5-7 days, antibiotics should be discontinued.
2. Other diagnostic considerations include the following:
 - a. Baseline lab work including a CBC chemistry panel and T4.
 - b. Pre- and post-prandial serum bile acids to assess for occult hepatic dysfunction.
3. Depending on the results of the above diagnostics/therapeutics, a contrast CT scan +/- cystoscopy can be considered to assess for ectopic ureters.





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.

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