

**DATE**

9/3/21

PRESENTING CLINICAL SIGNS

History: Recurrent Hematuria. Looking for possible stones in kidneys or mas in bladder wall. She has been on antibiotics until Thursday; should not do a culture today. Discussed with owner if we need to culture should be next week.

PATIENT

Molly Voss

Current Medications: Antibiotics – specifics not provided by the veterinarian.

Lab Results: Not provided by the veterinarian.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Canine

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

BREED

English Bulldog

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. A small amount of echogenic debris is observed within the lumen. 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.

SEX

Female, spayed

The left kidney is normal size (6.82 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.

AGE

10/11/2015

The right kidney is normal size (6.72 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.

WEIGHT

68 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.62 cm at caudal pole) (2.34 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.

INTERPRETED BY

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Medicine)

The right adrenal gland is not definitively visualized due to the caudal vena cava dilation.

HOSPITAL NAME

Timonium AH

Spleen

The spleen is normal in size (1.78 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.

REFERRING VET

Dr. McMichael

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 portal vein is visualized and can be seen entering the caudal aspect of the liver. 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.

INVOICE

12018

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 (0.45 cm in width).

The caudal vena cava is severely dilated (up to 3.18 cm in the cranial abdomen). Turbulent blood flow is visualized within the lumen of the cava.

A brief echocardiogram reveals no obvious chamber enlargement or pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The echogenic debris in the urinary bladder could be consistent with cells, crystals and/or exfoliated material. There is no evidence of cystic calculi or urinary bladder/proximal urethral masses.
- The significance of the caudal vena cava dilation is unclear. Possible differentials include an “upstream” issue (i.e., blood clot vs external compression due to a tumor or abscess within the chest), extrahepatic portosystemic shunt (less likely), other congenital vascular malformation, other.

Secondary Findings:

- Uterine stump- incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended 5-7 days following the last dose of antibiotics.
- Regarding the dilated caudal vena cava (CVC), consider the following:
 1. Three-view thoracic radiographs +/- full echocardiogram, if warranted.
 2. Pre- and post-prandial serum bile acids.
 3. Further abdominal imaging (i.e., CT or MRI) may be necessary to further evaluate the dilated CVC.





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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