



PATIENT PRESENTING CLINICAL SIGNS

Shelby Labadia

History: Urinary incontinence. No meds currently.
Abnormal PE/Chem/CBC/UA Results: Low normal TT4 and high ALT

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Husky

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. The region of the trigone and the visible portion of the cystourethral junction are normal.

SEX

Female, spayed

The left kidney is normal size (6.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

8 Yrs.

The right kidney is subjectively normal size with normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

21 kg.

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.71 cm at caudal pole) (2.13 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

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

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The spleen is normal in size (2.00 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.

HOSPITAL NAME

Beatties PH Ancaster

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.

REFERRING VET

Dr. Pandya

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

DATE

5/17/22

Pancreas



PATIENT

Shelby Labadia

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.

SPECIES

Canine

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

BREED

Husky

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

SEX

Female, spayed

*An obvious cause for the patient's urinary incontinence is not identified in this study. Considerations include urethral sphincter mechanism incompetence, occult urinary tract infection, underlying neurologic disease, hepatic dysfunction, other.

AGE

8 Yrs.

*An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) should be considered.

WEIGHT

21 kg.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the urinary incontinence, consider the following:
 1. Urinalysis with urine specific gravity, if not already performed
 2. Urine culture and sensitivity
 3. Pre- and post-prandial serum bile acids to assess hepatic function.
 4. Neurologic exam
 5. Depending on these results, consider empirical treatment for urethral sphincter mechanism incontinence (i.e., phenylpropanolamine or estrogen).
- Regarding the elevated ALT, consider Leptospirosis testing +/- hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy). If biopsies are pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation are recommended. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin +/- metronidazole). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.

INTERPRETED BY

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

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PERFORMED BY**

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HOSPITAL NAME

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PATIENT

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SPECIES

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PERFORMED BY**

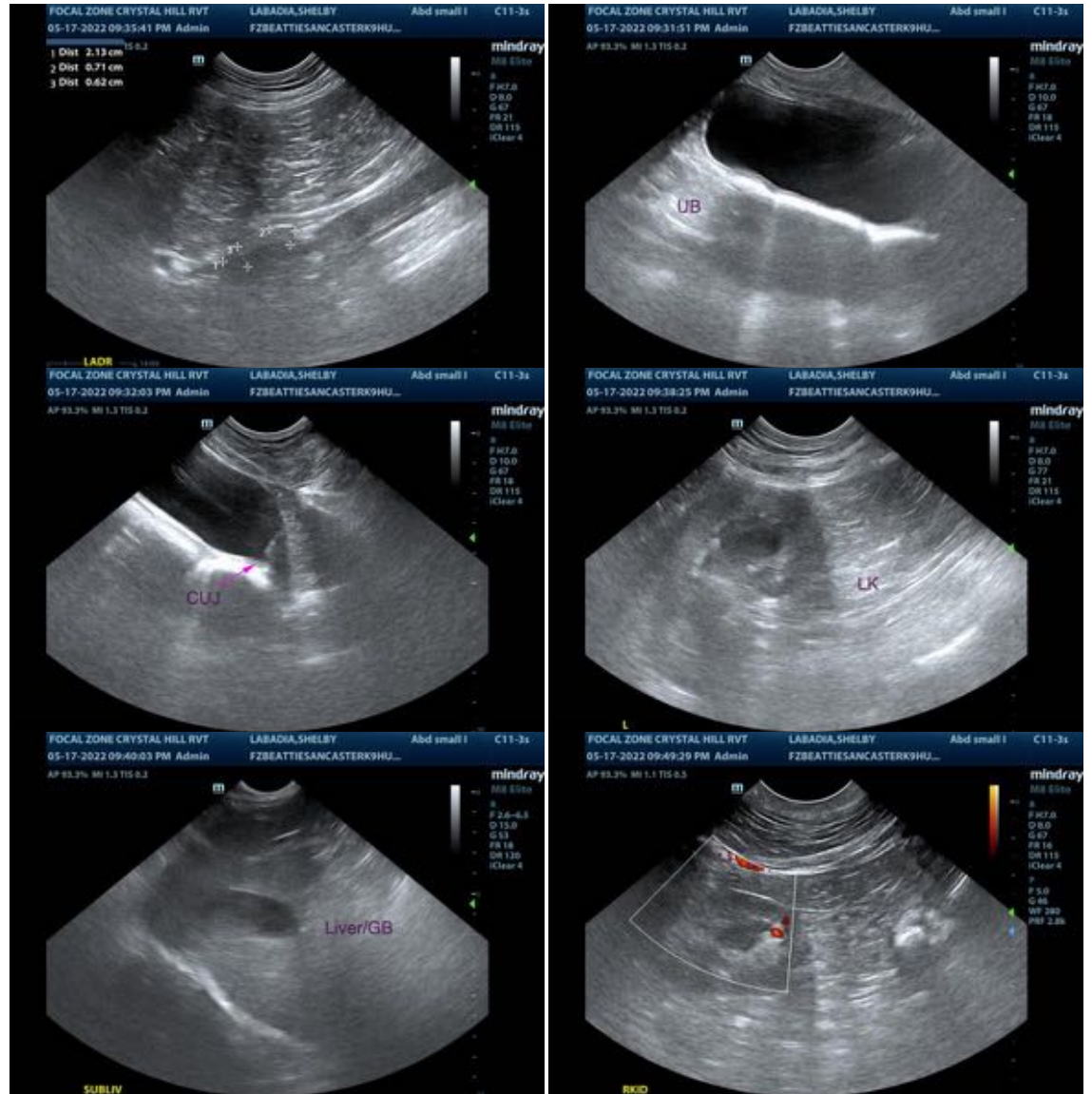
Crystal Hill

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REFERRING VET

Dr. Pandya



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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com

DATE

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