


PATIENT PRESENTING CLINICAL SIGNS

Ginger O'Brien

History: Squatting and trying to urinate but cannot. On stilbesterol. Ongoing since December 2021. Now having BM in the house. Has been on GI diet for some time. Having ongoing issues with bowel movements as well. Has been on Apo amoxi clav 500/125 1 BID for 10 days

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: April 1/22- Culture and sensitivity -proteus mirabilis. Possibly cleared and now concerns about a flare up again.

USG 1.025. No proteinuria. Inactive sediment. Urine culture was positive a month ago.

BREED

Rough Collie

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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone/cystourethral junction is normal.

SEX

Female, spayed

The left kidney is normal size (6.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

8 yrs.

The right kidney is normal size (6.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

37.8 kg.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.81 cm at cranial pole) (0.72 cm at caudal pole) (2.90 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.

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 (1.49 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

Hillview VC

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

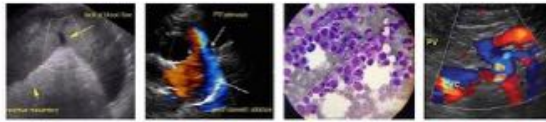
Dr. Stevenson

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. The small

DATE

5/3/22



PATIENT

Ginger O'Brien

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

SPECIES

Canine

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.

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Rough Collie

Free Abdomen

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

SEX

Female, spayed

Other

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

AGE

8 yrs.

ULTRASONOGRAPHIC FINDINGS

- Minor geriatric renal and hepatic changes.

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a repeat urine culture and sensitivity to determine if the urinary tract infection has cleared. Also consider a urine BRAF test to further screen for microscopic lower urinary tract neoplasia. It should be noted, however, that negative results do not completely rule out the possibility of cancer. Evaluation of the external genitalia is recommended to evaluate for factors that may predispose the patient to urinary tract infections.
- Given the inappropriate bowel movements, consider thorough orthopedic and neurologic evaluations to assess for non-metabolic causes of fecal incontinence.
- A neurology consultation may be indicated.

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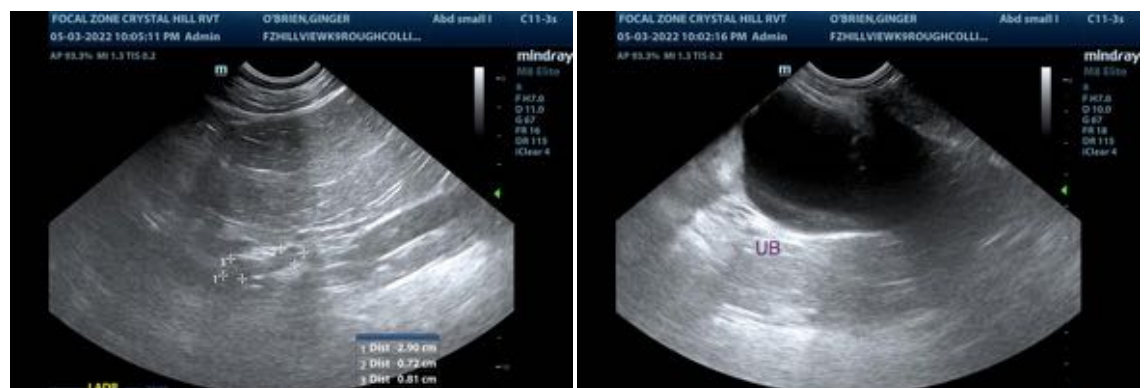
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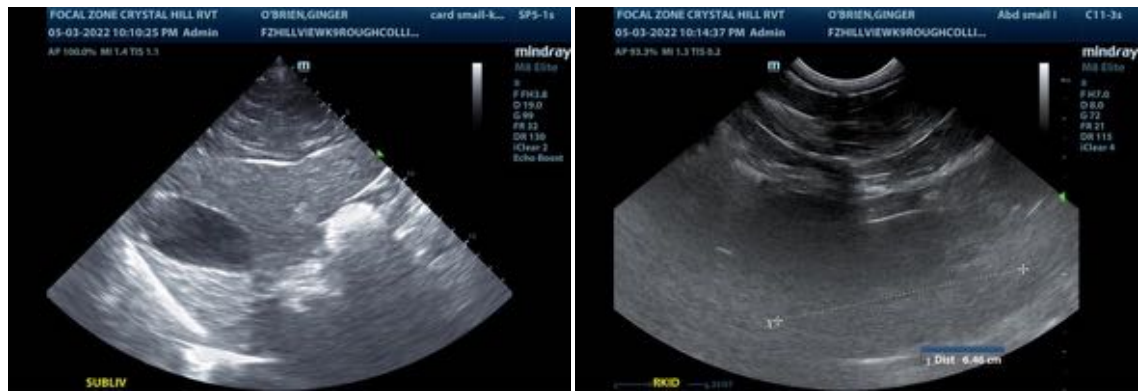
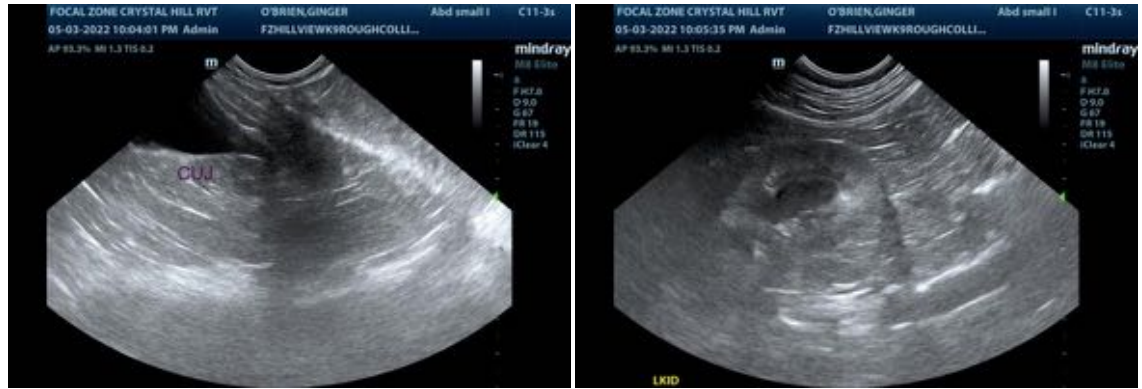
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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