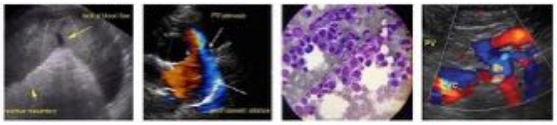


PATIENT

Maddie Sargent

SPECIES

Canine

BREED

Golden retriever

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

3719 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Hawkins AH

REFERRING VET

Dr. Hawkins

INVOICE

11912

DATE

8/19/21

PRESENTING CLINICAL SIGNS

History: 3 year history of intermittent hematuria, initially with symptoms of UTI & positive culture.
Abnormal PE/Chem/CBC/UA Results: June 2021-BW- WNL USG 1.040 prot 2+ RBC 15-20/hpg
Culture-mixed flora of no significance

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mostly anechoic urine. The wall is diffusely thickened (up to 1.01 cm) and irregular more so in the region of the apex. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.25 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. Mild pyelectasia is present (0.20 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.62 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.81 cm at cranial pole) (0.85 cm at caudal pole) (2.93 cm in length) with a normal shape and smooth peripheral contours. The parenchyma is heterogeneous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is enlarged (2.46 cm at cranial pole) (0.90 cm at caudal pole) (2.40 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.

Spleen

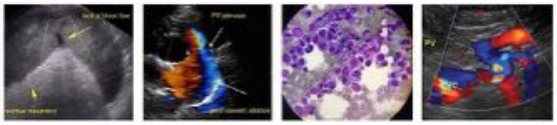
The spleen is normal in size (1.81 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits mild heterogeneity. No distinct 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 gravity dependent echogenic debris is observed in the lumen. 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



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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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia is possible. However, given the chronicity, this differential is considered less likely.

Secondary Findings:

- Minor age-related renal pathology in the right kidney. The left pyelectasia may be secondary to age-related remodeling, pyelonephritis and/or PU/PD if applicable.
- Bilateral adrenomegaly.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A repeat urine culture and sensitivity is recommended. If positive, consider a prolonged antibiotic course (i.e., 3-4 weeks) with a repeat urine culture halfway through the treatment regimen and again 5-7 days following the last dose.
- Evaluation of the external genitalia is recommended to assess for predisposing causes for chronic urinary tract infections.
- Also consider repeating baseline labwork to assess metabolic function.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.

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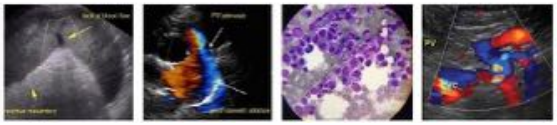

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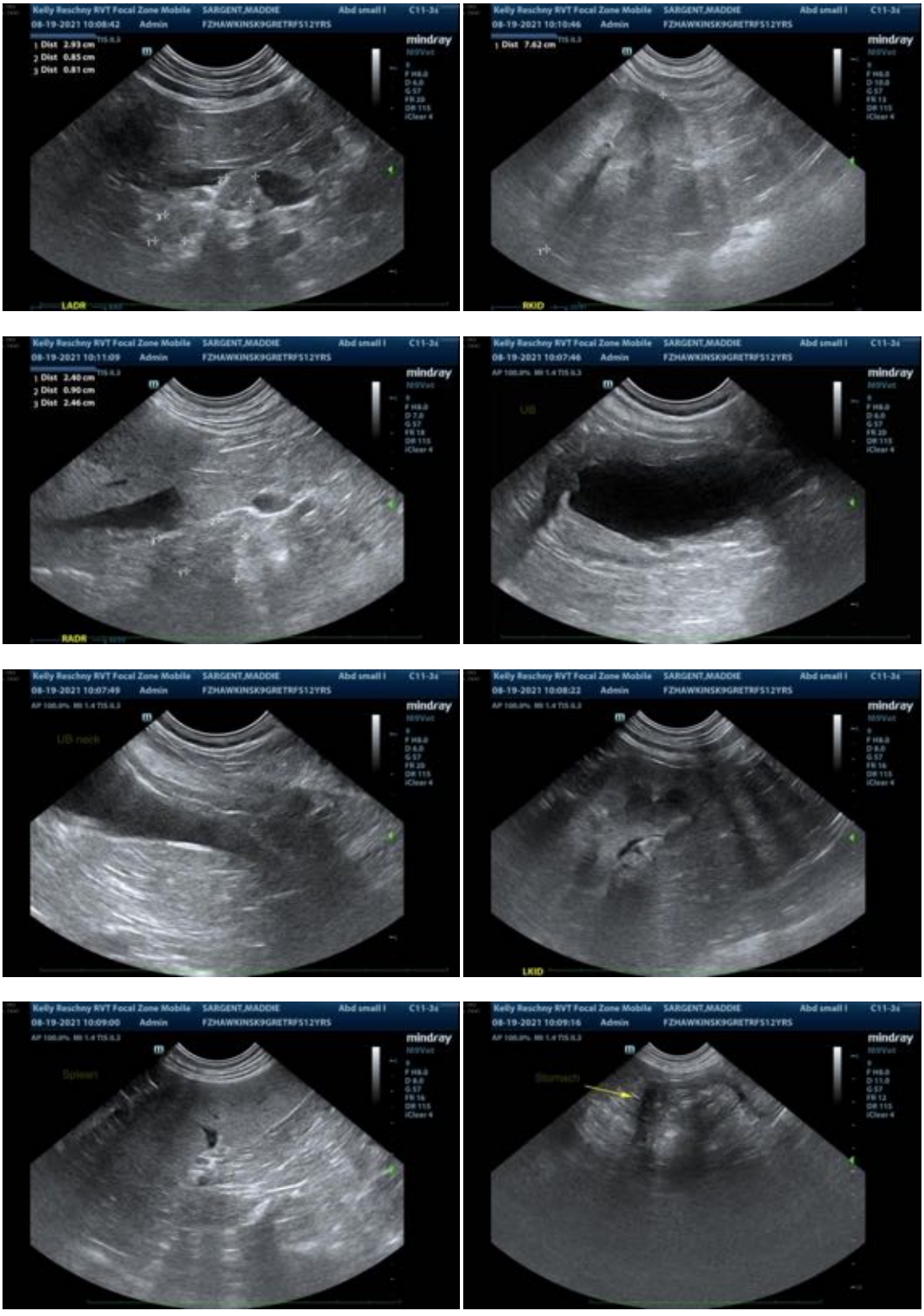

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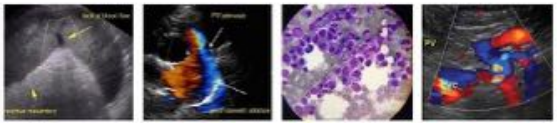

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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