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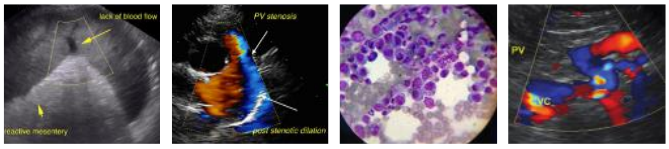

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Penny Hall

SPECIES

Canine

BREED

Bichon Frise

SEX

Spayed Female

AGE

12 Years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Jarrett

INVOICE

12880

DATE

PRESENTING CLINICAL SIGNS

History: Repeat hematuria/infection since September and asymptomatic
Abnormal PE/Chem/CBC/UA Results: Free catch urine culture found enterococcus faecium. CBC-WNL, LLDST- WNL, and CHEM- WNL (06/2021).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. In the region of the apex, the wall is moderately thickened (up to 0.83 cm) with a slightly irregular mucosal surface. As the wall extends toward the urinary bladder neck, the thickness normalizes. A 0.83 cm cystic calculus is observed within the lumen as well as a small amount of echogenic to mineralized suspended debris. A small amount of urinary bladder sand is observed in the region of the cystourethral junction and is extending into the proximal urethra. The region of the trigone is normal. The proximal urethral wall is normal in thickness.

The left kidney presented normal size (3.93 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. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.18 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. Several non-obstructive nephroliths are visualized. Mild pyelectasia is present (0.24 cm) in the transverse plane. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.36 cm at cranial pole) (0.44 cm at caudal pole) (1.91 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 right adrenal gland is normal size (0.43 cm at cranial pole) (0.53 cm at caudal pole) (1.44 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 (1.06 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

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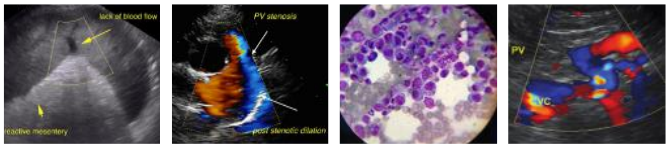

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The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous in appearance. A few ill-defined hyperechoic nodules are visualized. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen, most of which is gravity dependent and some of which is suspended. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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 or overt infiltrative 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 1.02 cm mesenteric lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

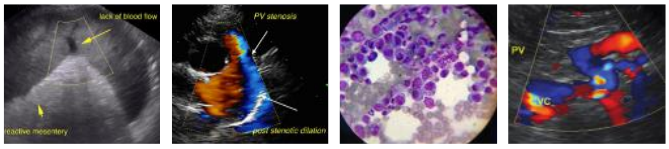
- Cystic calculus with urinary bladder/proximal urethral sand. Cystitis in the region of the apex is suspected.

Secondary Findings

- Bilateral non-obstructive nephrolithiasis
- 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 unlikely. However, correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.



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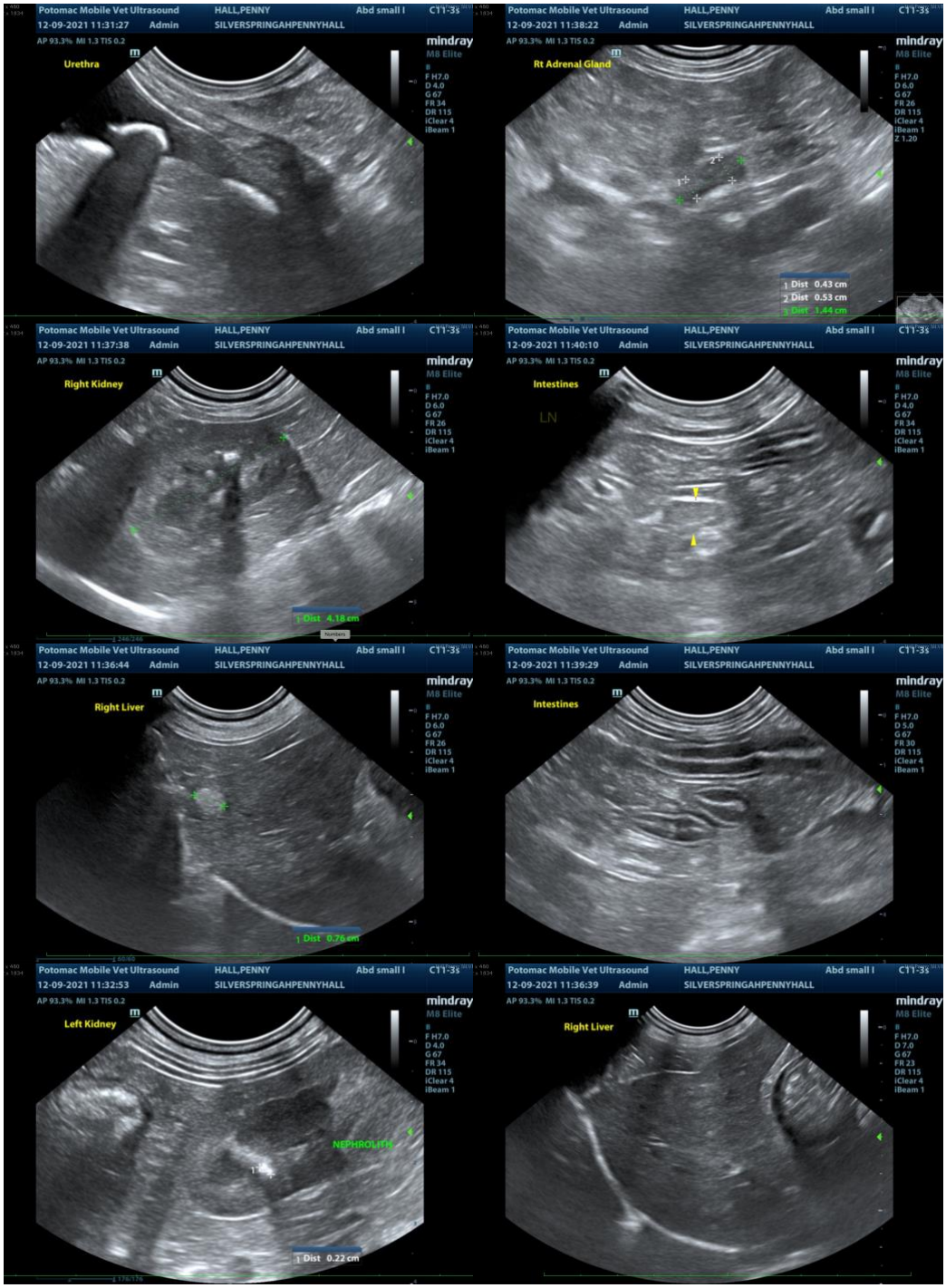
- If surgery is pursued, baseline lab work, including a CBC/Chemistry panel and T4 as well as three-view thoracic radiographs should be performed prior to anesthesia.



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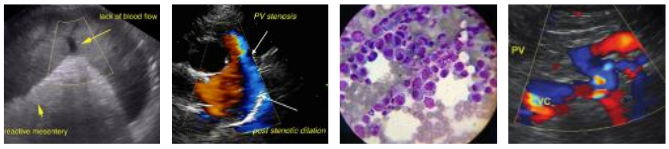

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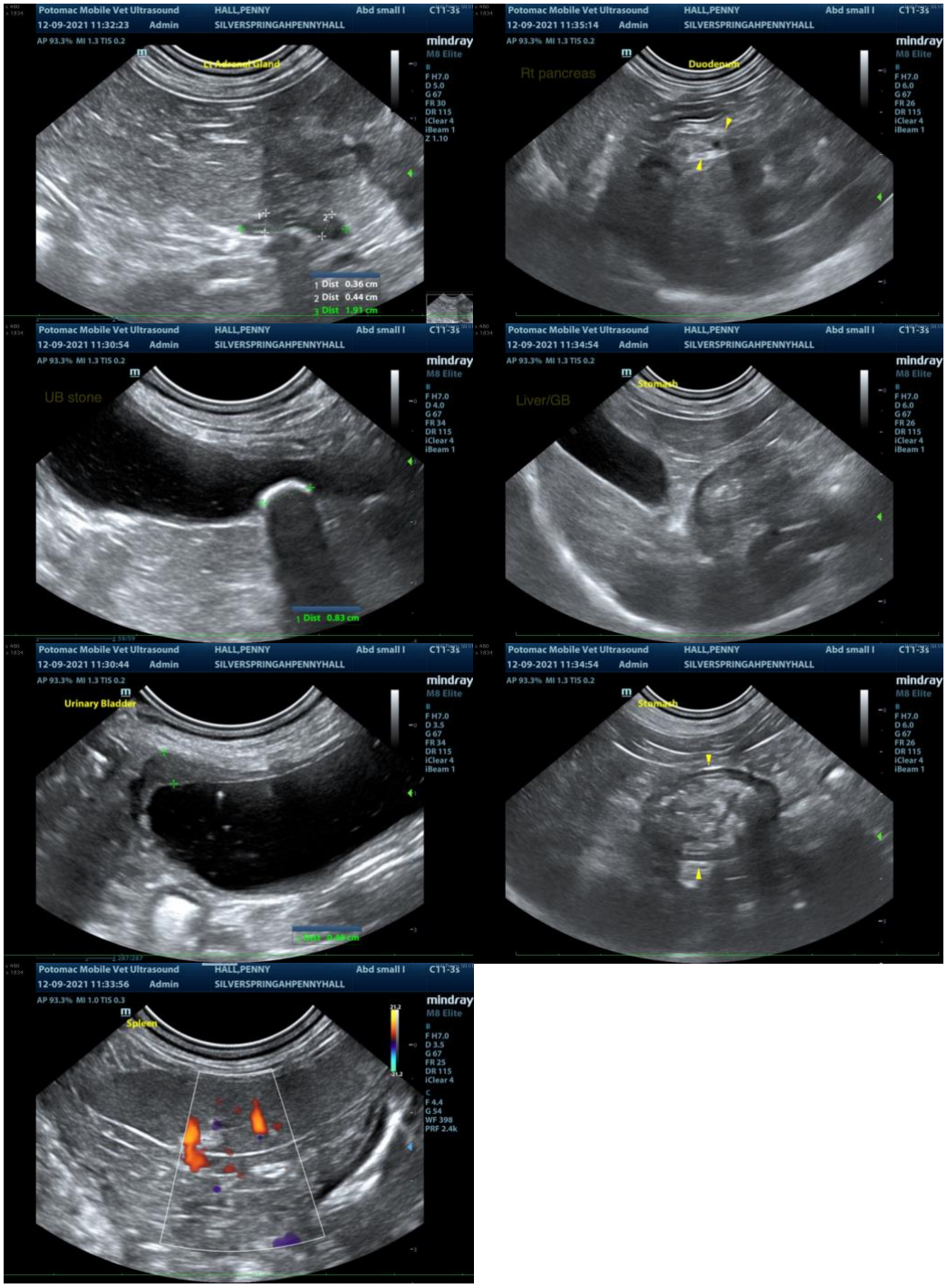

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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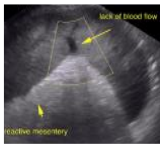

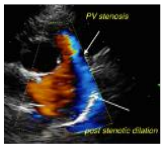

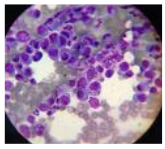
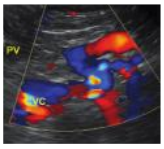

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