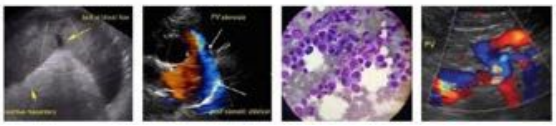


PATIENT

Dexter Lewonas

SPECIES

Canine

BREED

Standard Schnauzer

SEX

Neutered Male

AGE

14 years

WEIGHT

52 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Kazienko

REFERRING VET

Maples AH

INVOICE

12262

DATE

2.22.23

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound from end of September 22. Has been having blood in urine with increased frequency. Has been on Metacam and it seems much worse without Metacam. Recheck bladder/kidneys for cause.

Abnormal PE/Chem/CBC/UA Results: U/A - red, pH 5.5, sp. grav 1.020, Protein 3+, Bilirubin 1+, RBCs greater than 50/hpf.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of aggregated, echogenic, suspended debris is observed within the lumen. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.16 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.70 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. One to two small cortical cysts are seen. Pinpoint hyperechoic foci are observed within the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.92 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

One still image is available for interpretation. The left adrenal gland is mildly enlarged 0.78 cm at cranial pole) (0.76 cm at caudal pole) (2.48 cm in length) with a normal shape and 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.

Spleen

The spleen is normal in size (1.47 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.

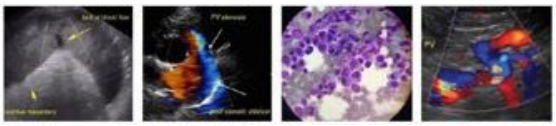
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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 chyme. The small



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intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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 urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.

Secondary Findings

- Mild bilateral age-related renal changes with subtle dystrophic mineralization.
- The hepatic parenchymal changes are most consistent with minor age-related parenchymal remodeling. However, correlation with the patient's liver values is recommended.
- The mild left adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to assess for infection.
- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is also recommended to assess overall metabolic function (if not already performed).
- If the above diagnostics do not reveal an obvious underlying cause for the patient's clinical signs, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. A positive test confirms the diagnosis. However, a negative test does not completely rule out the possibility of cancer.

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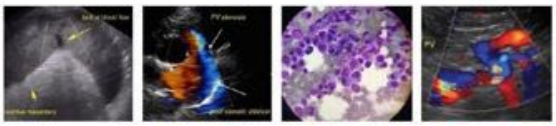

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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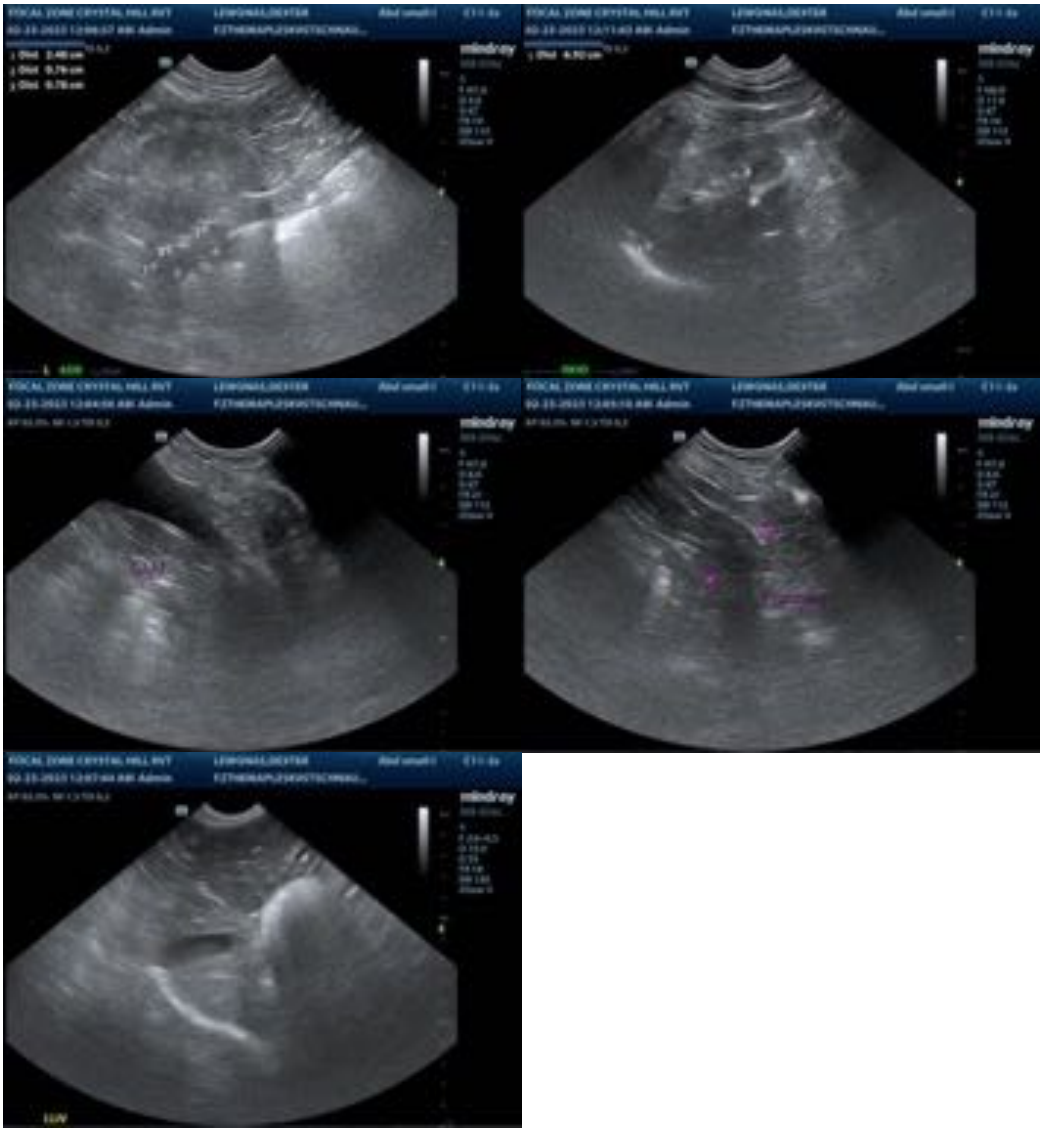

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com