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Clinical Sonography & Telecytology
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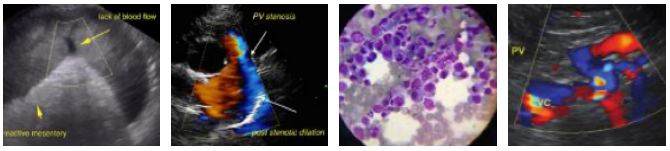

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Angel Synakowski

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

78 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan

HOSPITAL NAME

Falmouth AH

REFERRING VET

Dr. Switzer

INVOICE

14690

DATE

3/6/23

PRESENTING CLINICAL SIGNS

History: 11yr FS mixed breed presented Feb 7th for 1 month history of bleeding from her vulva (still currently dripping blood from her vulva). Urinating normally at home. Was spayed as an adult dog years ago. Recessed vulva, brown urine on digital vaginal exam. Cysto performed at time of study. Yellow urine. *Sedated with Torb/Dex.
Abnormal PE/Chem/CBC/UA Results: UA showing 50-75rbc (no bacteria or WBC); CBC/chem/PT + PTT wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is slightly thickened (up to 0.37 cm) with a subtly irregular mucosal surface. A large amount of suspended echogenic debris is observed within the lumen. 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 (6.34 cm in length) with a normal shape and smooth peripheral contours. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.46 cm in length) with a normal shape and smooth peripheral contours. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (1.05 cm at cranial pole) (0.70 cm at caudal pole) with a slightly irregular shape. The parenchyma is hypoechoic. A 0.29 x 0.25 cm hyperechoic nodule is observed at the caudal aspect. There is some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.35 cm at cranial pole) (0.66 cm at caudal pole); 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 (1.63 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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.

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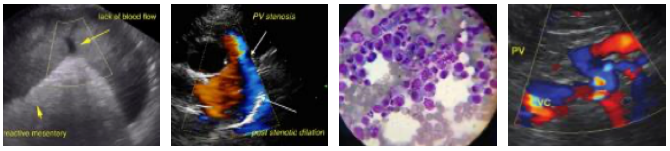

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Gastrointestinal

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 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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, lipid droplets and/or mucous. The bladder wall changes are suggestive of mild cystitis.

Secondary Findings:

- The left adrenal changes could be consistent with early hyperplastic change or an emerging tumor.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity to assess for occult infection.
- If the patient is showing signs of heat, consider vaginal cytology as well as an anti-mullerian hormone assay to assess for an ovarian remnant.
- Also consider a urine BRAF test to evaluate for lower urinary tract (i.e., urethral) neoplasia.
- Ultimately, a cystoscopy/vaginoscopy may be warranted.

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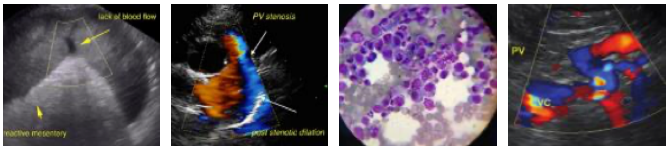

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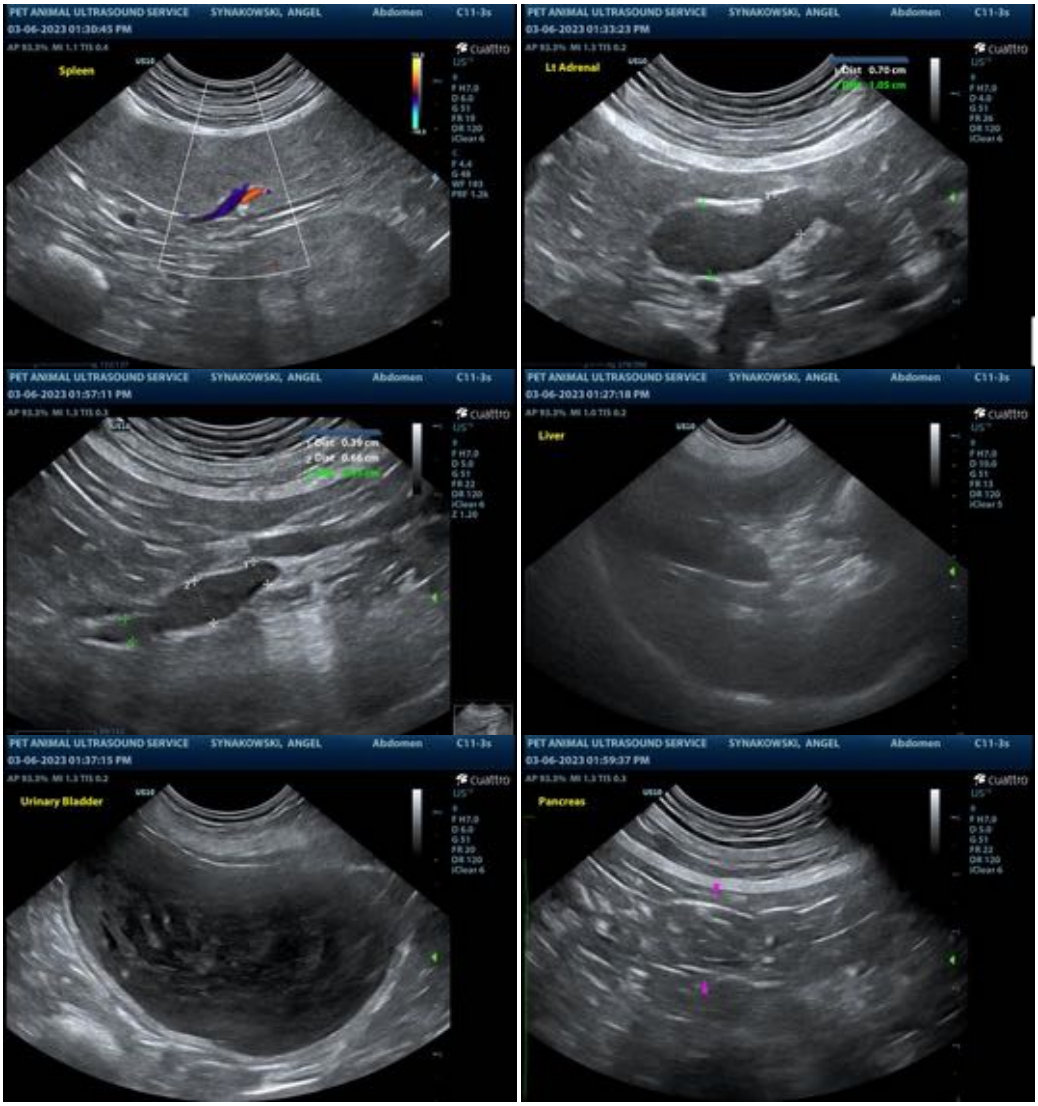

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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