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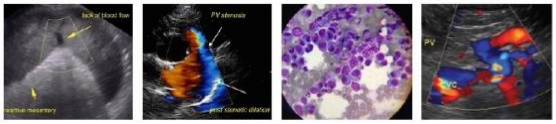


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Ozzy Cooper Schledewitz

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

7 years

WEIGHT

3.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Westoak AH

REFERRING VET

Dr. Fisher

INVOICE

10831

DATE

4/29/22

PRESENTING CLINICAL SIGNS

History: Hematuria, has acquired PSS and previous history of urate stones meds: ursodiol, metronidazole, spironolacton, denamarin
Abnormal PE/Chem/CBC/UA Results: U/A: hematuria, pH 7.0, bilirubin 1+, USG 1.015

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.86 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 (4.47 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. 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 (4.45 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed.
A few, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydrouereter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.46 cm at caudal pole) (1.51 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.

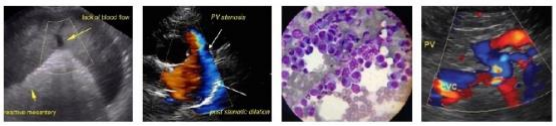
The right adrenal gland is normal size (1.12 cm at cranial pole) (0.50 cm at caudal pole) (1.15 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.01 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 small in size with normal curvilinear peripheral contours. The parenchyma is similar in echogenic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. There is no evidence of vascular congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of partially dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with dystrophic mineralization and right nonobstructive nephrolithiasis.
- The trace ascites is suspected to secondary to the previously diagnosed hepatic disease. However, increased hydrostatic pressure or low oncotic pressure cannot be excluded.

*An obvious cause for the patient's hematuria is not identified in this study. Considerations include urinary tract infection, benign essential renal hematuria, hematuria secondary to nephrolithiasis, distal urethral stones, microscopic lower urinary tract neoplasia (less likely), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity.
- Consider passing a urinary catheter to indirectly assess for distal urethroliths (as urate stones are unlikely to be visible radiographically).
- Consider empirical treatment for a urinary tract infection while awaiting test results.
- If the above diagnostics/therapeutics are inconclusive, a urine BRAF test can be considered to assess for microscopic lower urinary tract neoplasia. If all tests are normal, benign essential renal hematuria may be present, and PCV should be monitored for the development of anemia.

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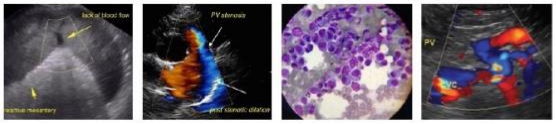

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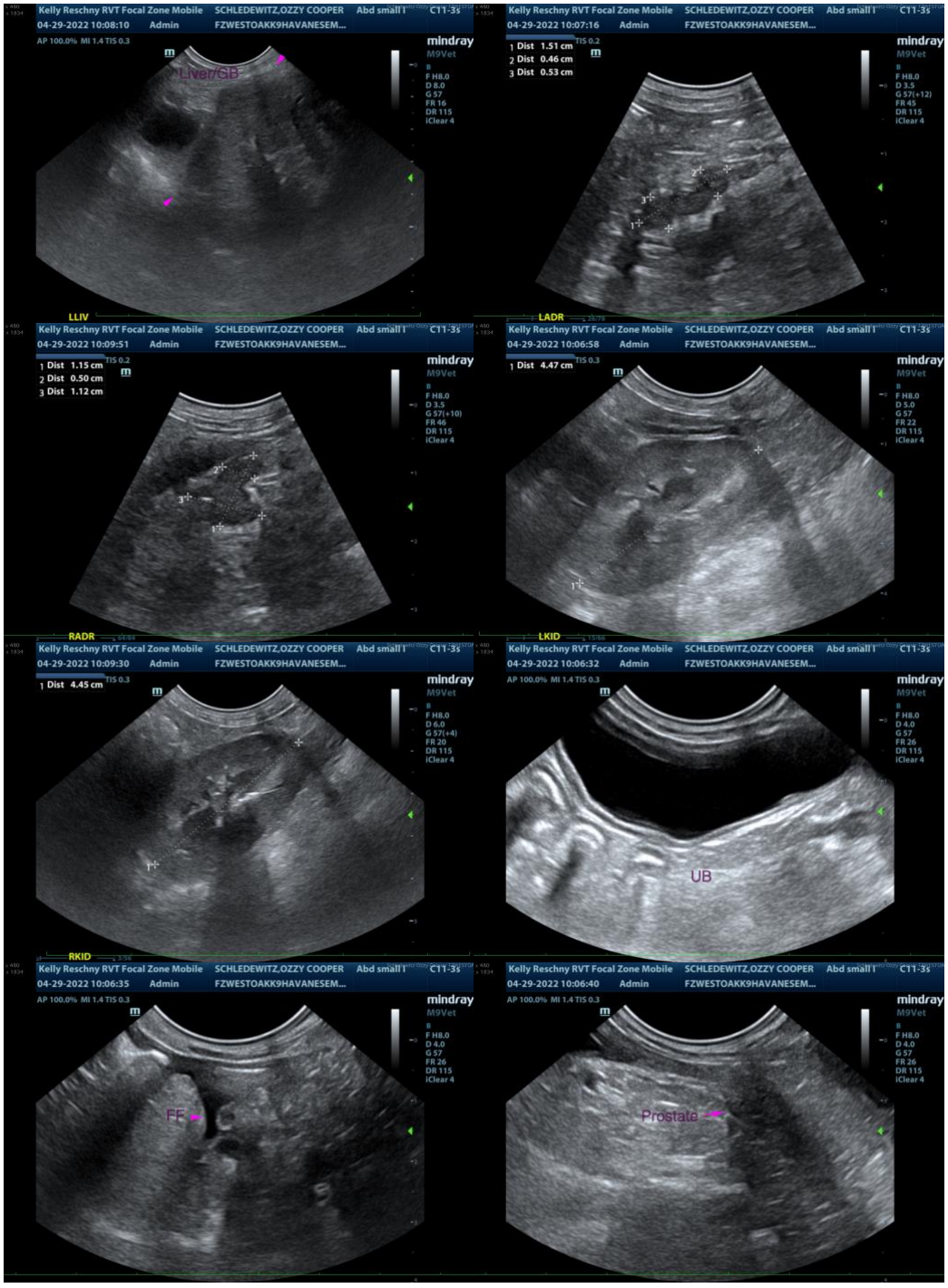

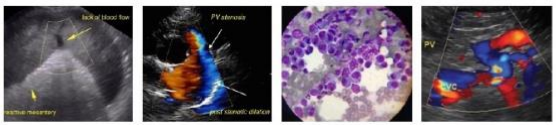

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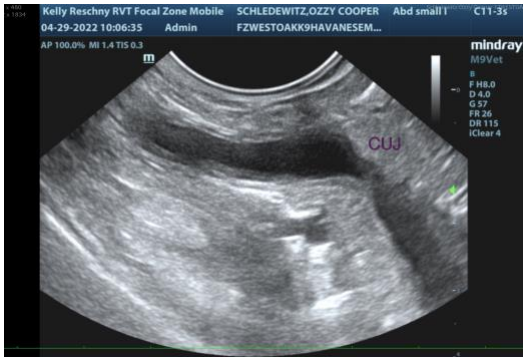

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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