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Clinical Sonography & Telecytology
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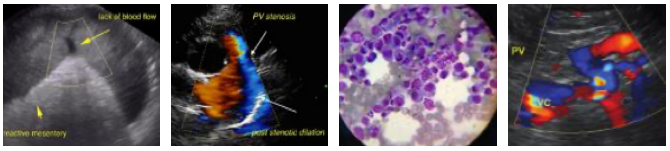


PATIENT
Harlow Iwasaki

SPECIES
Canine

BREED
English Setter

SEX
Female, spayed

AGE
14 Yrs.

WEIGHT
55.6 lbs.

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

IMAGING PERFORMED BY
Dr. Budden

HOSPITAL NAME
Frontier VH

REFERRING VET
Dr. Budden

INVOICE
13478

DATE
6/13/22

PRESENTING CLINICAL SIGNS

History: History of persistent UTI. Diagnosed January of 2022 and asymptomatic. Treated with cefpodoxime. Culture still positive after treatment. Cultured again May 2022. Treated with enrofloxacin. Culture still positive after enrofloxacin treatment. Asymptomatic during this whole time. Hx of pyelonephritis diagnosed July 2021.
Abnormal PE/Chem/CBC/UA Results: 1/1/2022 urine culture positive for staph pseudointermedius 2/11/2022 CBC/Chem/Urine culture Alk phos high 200 Creatinine normal 1.1 BUN normal 30 remainder CBC/Chem WNL urine culture positive for meth resist staph pseudointermedius 4/30/2022 urine culture urine culture positive for meth resist staph pseudointermedius 5/28/2022 urine culture urine culture positive for meth resist staph pseudointermedious

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is moderately thickened (up to 0.52 cm) with an irregular mucosal surface. The urinary bladder wall thickness normalizes as it extends toward the cystourethral junction. A moderate amount of aggregated/stranding echogenic to mineralized debris is observed within the lumen. No discreet calculi are observed. The region of the trigone is normal. The proximal urethral wall is moderately thickened (up to 0.49 cm) and irregular. The urethral lumen is not overtly distended.

The left kidney is normal size (7.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.30 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.85 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild 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 normal size (0.63 cm at cranial pole) (0.66 cm at caudal pole) (2.34 cm in length); normal shape; homogenous parenchyma. A 0.39 x 0.39 cm irregular hyperechoic nodule/area is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

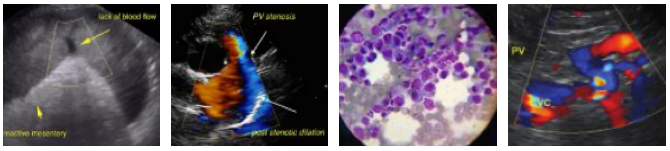
The right adrenal gland is normal size (0.72 cm at cranial pole) (0.52 cm at caudal pole) (2.17 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.49 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic



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relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular 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 moderate amount of aggregated echogenic partially dependent debris/sludge is observed within 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are 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:

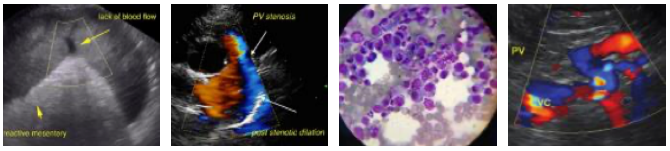
- The urinary bladder and urethral wall changes are most consistent with cystitis. Infiltrative neoplasia (i.e., transitional cell carcinoma) is also a differential but is considered less likely in light of the patient's clinical history. The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- Bilateral, chronic age-related changes with left pyelectasia.

Secondary Findings:

- The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.
- Suspected benign diffuse hepatopathy. Idiopathic vacuolar hepatopathy and regenerative nodular hyperplasia are the top differentials.
- Gallbladder debris/sludge, non-mucocele.
- 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

- Consider a prolonged antibiotic course (i.e., 3 weeks) based on urine culture and sensitivity results. Fluoroquinolones may not be effective against methicillin resistant staph



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pseudointermedious (despite urine culture results). Consider other antibiotic choices based on the urine culture and sensitivity or perform an extended sensitivity panel to determine if other drugs (i.e., Meropenem) may be effective. A urine culture and sensitivity should be performed 5-7 days after the last dose of antibiotics.

- Also consider a urine BRAF test to rule out lower urinary tract neoplasia.

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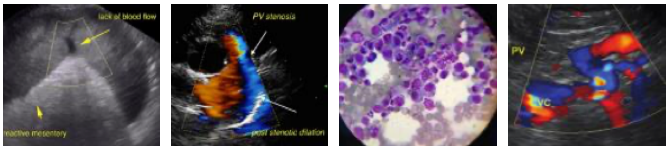

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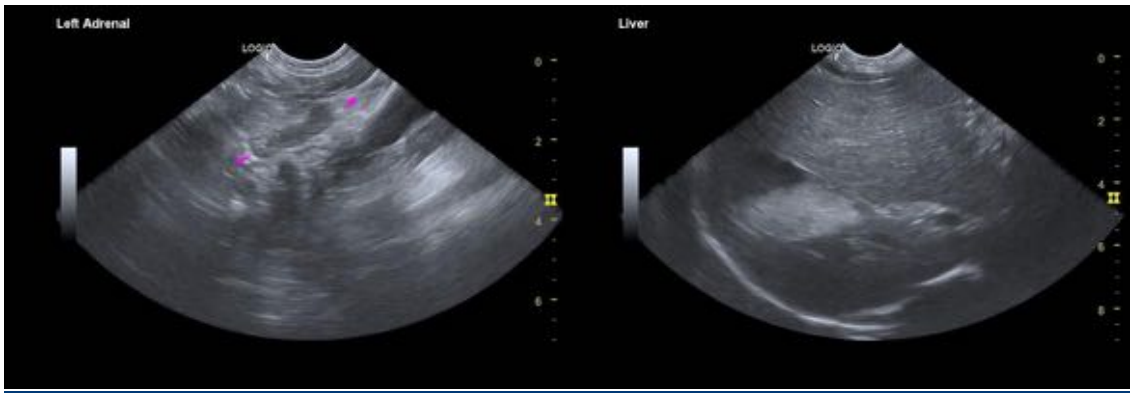

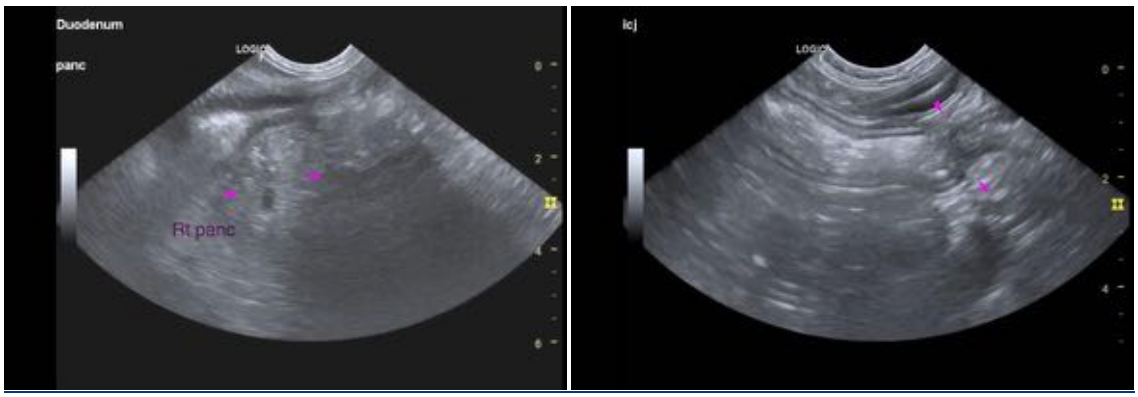

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The information a nd recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com