

PATIENT PRESENTING CLINICAL SIGNS

Jelly Kimbles History: Off and on hematuria for about a year that responds to antibiotics but then comes back. Also having urinary accidents. Finished Clavamox 10 days ago.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

The **urinary bladder** is mildly to moderately distended with mostly anechoic urine. The wall is diffusely thickened (up to 1.75 cm) and irregular, particularly in the region of the apex and ventral wall. The serosal surface at the ventral apical aspect is slightly irregular. No distinct calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

BREED

English Bulldog

SEX

Spayed Female

The **left kidney** is normal size (5.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

6 years

The **right kidney** is normal size (6.38 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

Unknown

Adrenal Glands

The **left adrenal gland** is normal size (0.46 cm at cranial pole) (0.76 cm at caudal pole) (2.48 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.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The **right adrenal gland** is normal size (0.88 cm at cranial pole) (1.14 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.

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Spleen

The **spleen** is normal in size (1.51 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.

HOSPITAL NAME

Heritage AH

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.

REFERRING VET

Dr. Cathy Jarrett

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.

INVOICE

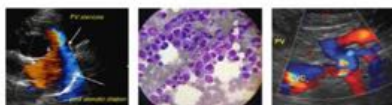
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Gastrointestinal

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 intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. Shadowing fecal material is observed within the colonic lumen. There is no evidence of an obstructive pattern.

DATE

6.29.22

**PATIENT**

Jelly Kimbles

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.

SPECIES

Canine

Free Abdomen

There is no evidence of free fluid. The medial iliac lymph nodes are prominent, the largest measuring 2.32 cm in length. The nodes are normal in shape and echogenicity.

BREED

English Bulldog

ULTRASONOGRAPHIC FINDINGS**Primary Findings****SEX**

Spayed Female

- The urinary bladder wall changes are most consistent with chronic severe cystitis. However, neoplasia (i.e., transitional cell carcinoma) cannot be completely excluded. The irregularity at the ventral apical aspect may represent a urachal remnant, although this is difficult to say with certainty.

AGE

6 years

Secondary Findings

- The pancreatic changes are suggestive of remodeling +/- low-grade pancreatitis or a prior episode of pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

WEIGHT

Unknown

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

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(Small Animal
Internal Medicine)

If the urine culture and sensitivity is positive for infection, treatment should be based on the antibiotic sensitivity pattern. Given the chronicity of the urinary tract infections, a prolonged antibiotic course (i.e., 3 weeks) may be warranted. A repeat urine culture and sensitivity is recommended 5-7 days after the last dose.

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Also consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. It should be noted that a negative BRAF test does not completely rule out the possibility of cancer. Therefore, if the clinical suspicion is high, a bladder wall biopsy may be necessary for further evaluation.

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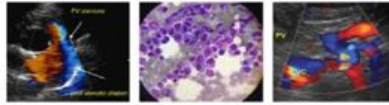
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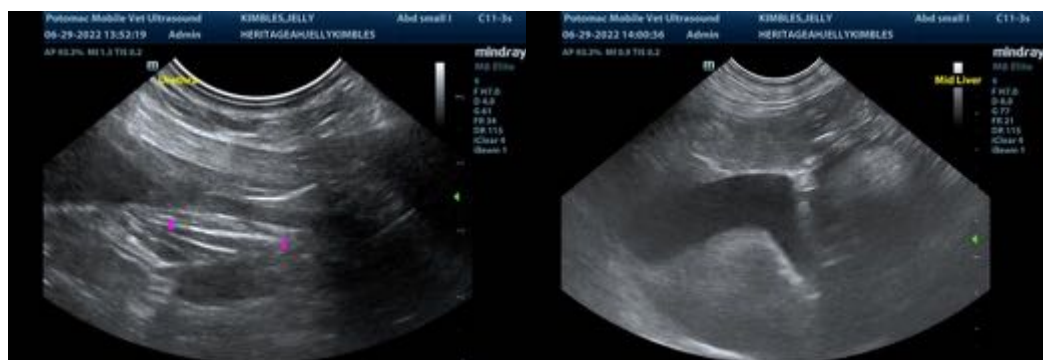
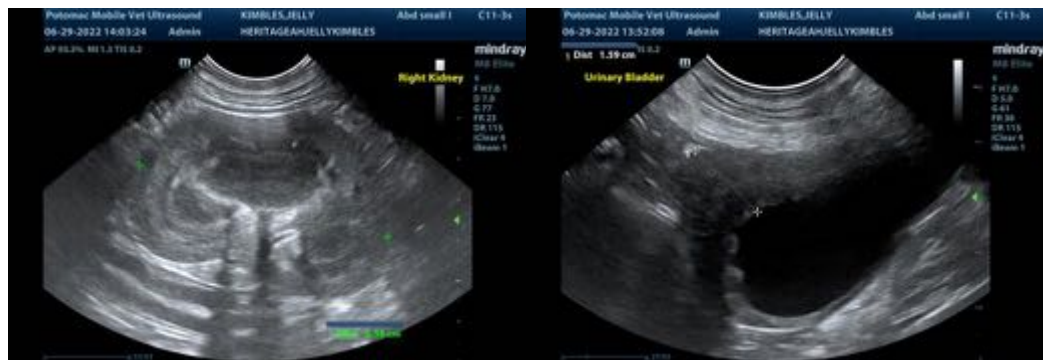
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

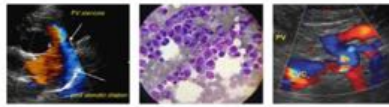
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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