

**DATE PRESENTING CLINICAL SIGNS**

9.8.2022 Urinary leakage, history of bladder polyps.
 Current Medications: Proin 25mg BID since 1/27/22.

PATIENT

Tank White April 2022 bloodwork: CBC Chem unremarkable. 40x positive Ehrlichia canis. Negative fecal. Spec cPL elevated.
 May 2022 urinalysis: USG 1.047. 1+ proteinuria. Some bacteria.

SPECIES

Canine Date of Previous IntraPet Ultrasound: 10/18/21. See attached.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

French Bulldog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male **Urinary System**
 The **urinary bladder** wall is variably thickened, particularly at the dorsoapical aspect (up to 0.87 cm) with an irregular mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal. There is no obvious evidence of ectopic ureters.

AGE

3/5/2015 The **prostate** is normal in size (1.19 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra is mildly dilated. There is no obvious evidence of an intraluminal obstruction.

WEIGHT

24.7lbs

The **left kidney** is normal size (4.24 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.

INTERPRETED BY

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

The **right kidney** is normal size (4.37 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.

Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.56 cm at cranial pole) (0.80 cm at caudal pole) (1.96 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.

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Suter

The **right adrenal gland** is mildly enlarged (0.46 cm at cranial pole) (0.79 cm at caudal pole) (2.31 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.

INVOICE

11605

Spleen

The **spleen** is normal in size (1.58 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 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 portal

The **gall bladder** is moderately distended. The wall is normal in thickness. An excessive amount of echogenic debris/sludge is observed within the lumen, some of which is gravity dependent and some of which is suspended. The common bile duct is borderline dilated (up to 0.36 cm) and can be visualized entering into the duodenal papilla. There is no obvious evidence of an intraluminal obstruction.

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. There is no evidence of an obstructive pattern.

Pancreas

The right limb and base of the **pancreas** are 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

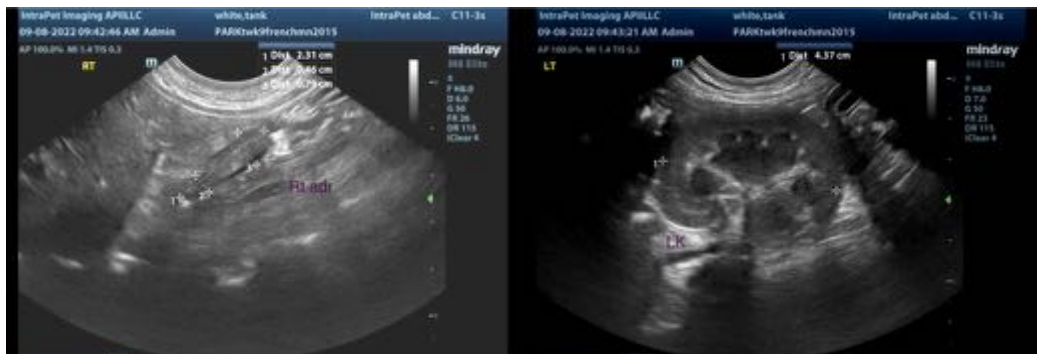
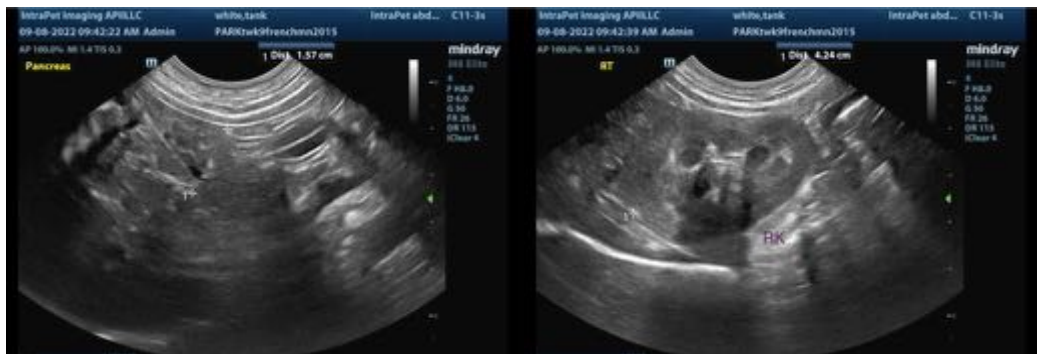
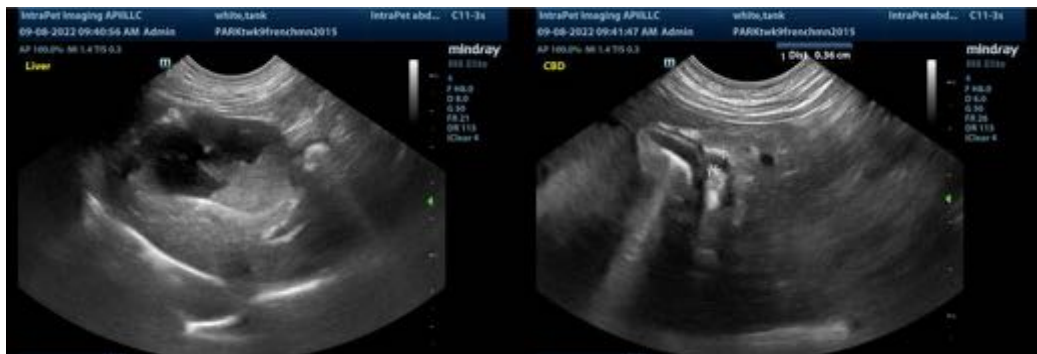
- The urinary bladder wall changes are most consistent with cystitis. However, emerging neoplasia (i.e., transitional cell carcinoma) cannot be completely excluded.

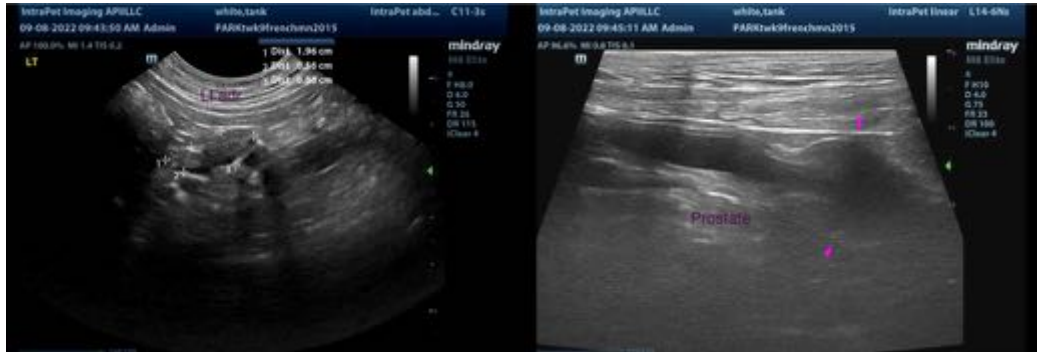
Secondary Findings

- Bilateral, mild degenerative renal changes with dystrophic mineralization. The mild bilateral adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.
- The gall bladder sludge may be secondary to fasting cholestasis or, less likely, a developing mucocele.
- Age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the clinical suspicion for ectopic ureters is strong (i.e., the patient dribbles while walking), consider a contrast abdominal CT scan.
- A neurologic examination is also recommended to assess for neurogenic causes of urinary leakage.
- A urine BRAF test can also be considered to assess for emerging lower urinary tract neoplasia.





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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