



PATIENT

Cubby Schipani

PRESENTING CLINICAL SIGNS

Geriatric P with new lab findings of concern. Main concern is elevated transitional cells on free catch urine: 10 (0-1).

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: October 2022: elevation in transitional cells in the urine. BUN 67, Crea1.8, UTI with rods in urine and elevated WBC in the urine.

BREED

Yorkie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered Male

Prostate is normal in size, echotexture and echogenicity for a neutered male.

AGE

15 Years

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. The left kidney measures 2.8 cm. The right kidney measures 2.9 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

WEIGHT

5.7 Pounds

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right adrenal gland is normal in size (0.70 cm at the caudal pole, the cranial pole cannot be well visualized), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Dr. Sorbo

The left adrenal gland is normal in size (0.57 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Mill Brook AC

Spleen

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Sorbo

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

42618

DATE

11/8/22

Gastrointestinal

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

BREED

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX

Neutered Male

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

15 Years

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

WEIGHT

5.7 Pounds

ULTRASONOGRAPHIC FINDINGS

- Large amount of urinary bladder debris
- Age related kidney change with non-obstructive dystrophic mineralization bilaterally
- **Hyperechoic hepatomegaly** - This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If this patient is not yet receiving antibiotics, a urine culture is recommended to help guide treatment based on culture and sensitivity results of the reported suspect urinary tract infection.

Submission of urine to look for BRAF gene mutation, which has been associated with urinary bladder cancer, such as transitional cell carcinoma, could be considered, given the presence of transitional cells on the urinalysis. However, there is no ultrasonographic evidence of a urinary bladder tumor, and a reasonable, more conservative approach would be to treat the urinary tract infection fully, plan a follow up urinalysis and culture a week to 10 days after finishing antibiotics, and only pursue further diagnostics if abnormalities are still present in the urine at that time.

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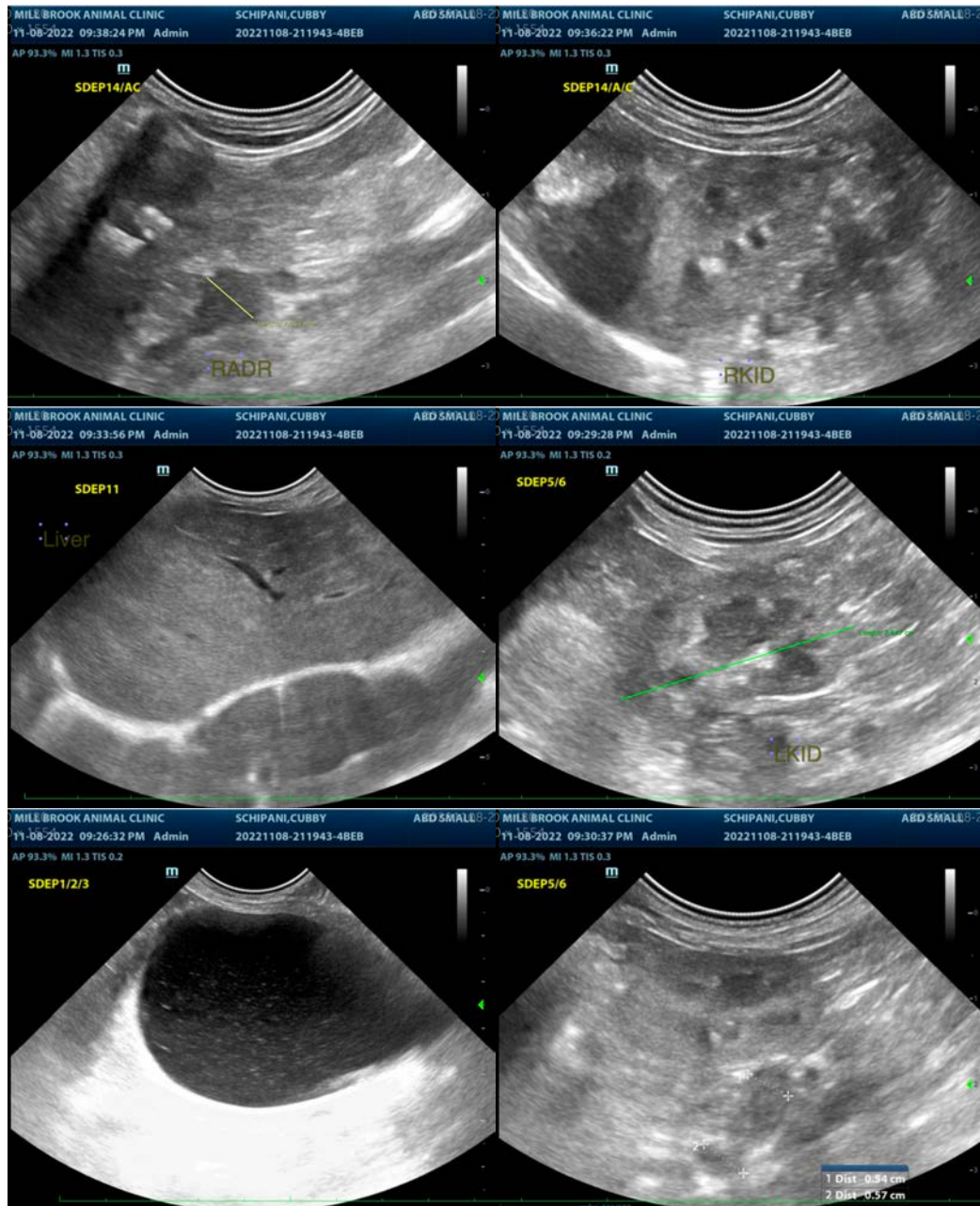
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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