



PATIENT

Belle Renberg

SPECIES

Canine

BREED

Dachshund Mix

SEX

Spayed Female

AGE

6 years

WEIGHT

17.4 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwautosa VC

REFERRING VET

Dr. Haynes

INVOICE

95986

DATE

2/9/22

PRESENTING CLINICAL SIGNS

Had an ultrasound on 10/28/21--invoice # 92732 and there was a growth near the left adrenal gland noted. (hyperechoic adrenal nodule in cranial pole) Patient had a normal LDDST done in November 2021. Treated for a UTI (bacteria/WBC) on 2/2/22 with Clavamox. Sending ultrasound to monitor adrenal nodule.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick. Mucosa is hyperechoic and irregular. No masses are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. Mineral crystal/debris/sand are present and suspended as well as settled/embedded against the mucosa.

Left kidney is normal in size (4.24 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.34 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.4 cm at cranial pole and 0.62 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. There is no evidence of the previously mentioned nodule.

Right adrenal gland is normal in size (0.43 cm at cranial pole and 0.48 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.



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Gastrointestinal

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The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Canine

Colon is normal in wall thickness (< 0.2 cm) and layering.

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Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

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Free Abdomen

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Lymph nodes are normal with no observed enlargement.

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ULTRASONOGRAPHIC FINDINGS

17.4 lbs

Primary Findings

Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely given the location and diffuse nature of the changes. Suspended and settled mineral debris was noted.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There are no ultrasonographic clinical signs of hyperadrenocorticism, so combined with the normal low-dose Dexamethasone suppression test and lack of clinical signs hyperadrenocorticism is considered very unlikely. The bladder mineral may be predisposing to the urinary tract infections. Therefore, recommendations include assessing urinalysis results to try to determine if this is more likely struvite versus other mineral and treating the urinary tract infection as a complicated urinary tract infection including mid treatment culture to be sure the infection has cleared followed by a final culture a week after finishing antibiotics. If there is any evidence that this is struvite crystalluria monitoring of the bladder changes for resolution of the mineral is recommended with antibiotics administered through complete resolution of the mineral. Otherwise, a urinary health/stone prevention diet may be helpful.

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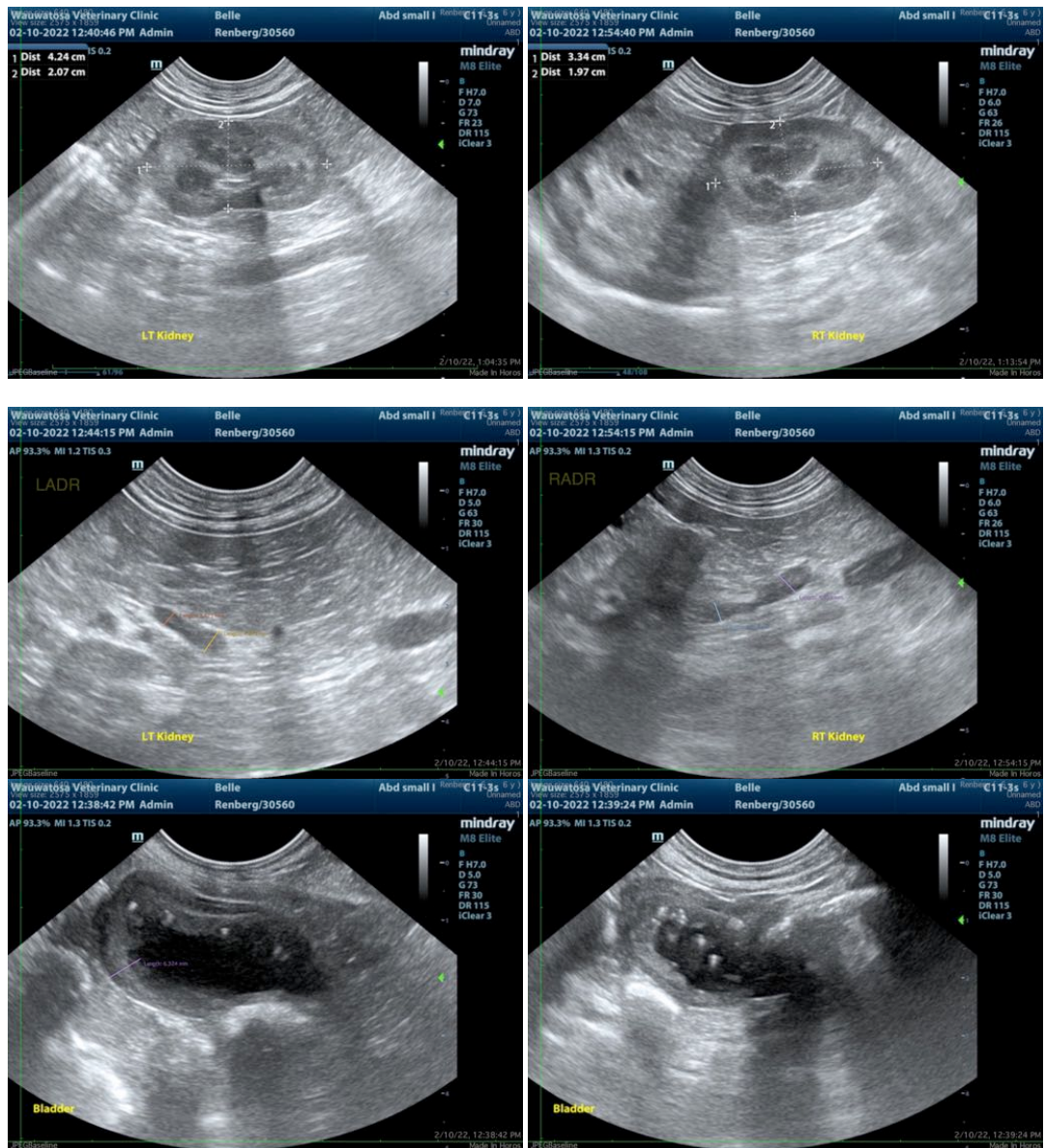
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com



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