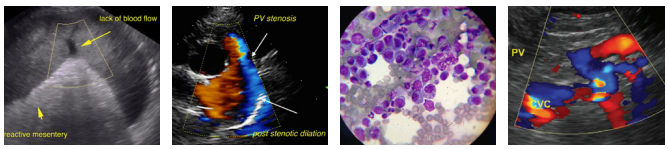


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1-800-838-4268 info@sonopath.com

**PATIENT**
Vicki Donald

**SPECIES**
Canine

**BREED**
Yorkshire Terrier

**SEX**
Spayed Female

**AGE**
6 Years

**WEIGHT**
9.5 Pounds

**INTERPRETED BY**
Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**
Jill Rumachik

**HOSPITAL NAME**
Mazomanie AH

**REFERRING VET**
Dr. CC Sheldon

**INVOICE**
35651

**DATE**
2/14/22

## PRESENTING CLINICAL SIGNS

Recheck urinary bladder per Dr. Lindquist (hx of urinary calculi and stain) -- monitoring progress

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is mildly to moderately distended with anechoic contents. Mild ventral apical bladder wall thickening remains, measuring 0.4 cm thick with a mildly irregular, hyperechoic mucosa. None of the previously reported mineral, sand or debris are noted in today's images. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The right kidney is normal in size (3.11 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

The left kidney is normal in size (3.19 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

### *Adrenal Glands*

The area of both adrenal glands is evaluated without evident pathology. Portions of both adrenal glands are visualized and considered visibly normal. The caudal pole of the left adrenal gland measures 0.56 cm with normal shape and corticomedullary distinction. The right adrenal gland caudal pole measured 0.60 cm thick with normal shape and normal corticomedullary distinction.

### *Spleen*

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### *Liver*

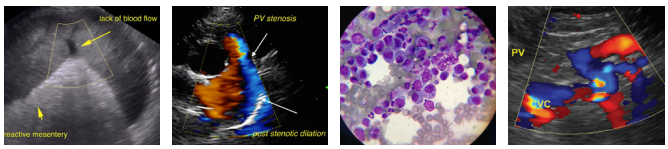
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

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.

### *Gastrointestinal*

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions

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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

### *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.

### *Free Abdomen*

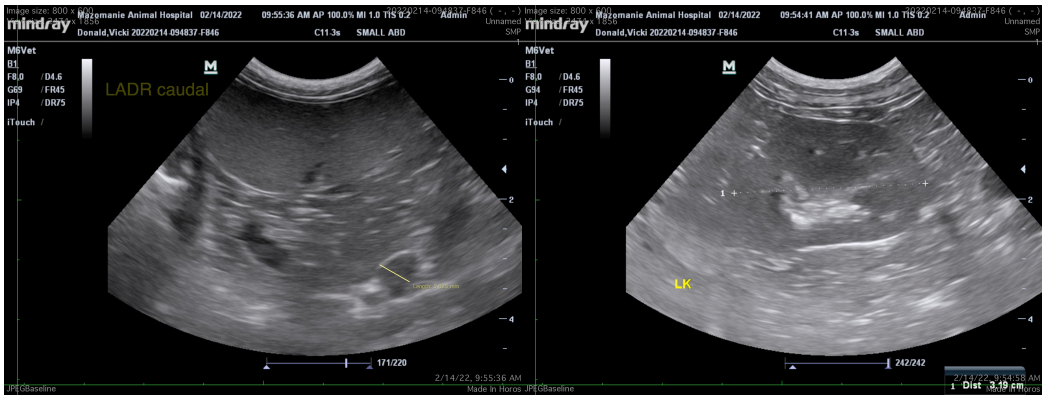
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Mild irregular apical urinary bladder wall thickening – likely a residual/chronic change to the previously resolved urinary bladder debris.
- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- Non-obstructive nephrolithiasis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidney changes appear stable/static, and the previously noted debris/sand/mineral in the urinary bladder appears to have completely resolved. Mild bladder wall changes are likely residual and may or may not resolve further. If this patient had infection induced stones and has finished antibiotics, recommendations would include a follow up urine culture at least one week after finishing antibiotics to be sure infection has fully cleared. If the patient was on a dissolution diet, it is considered appropriate at this time to transition to a stone prevention diet. Recheck urinalysis +/- urine culture (if the patient had a previously diagnosed urinary tract infection) +/- recheck ultrasound recommended in 6 months, sooner if clinical signs recur.



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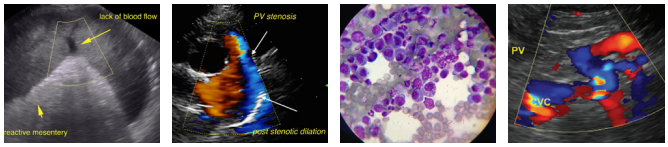


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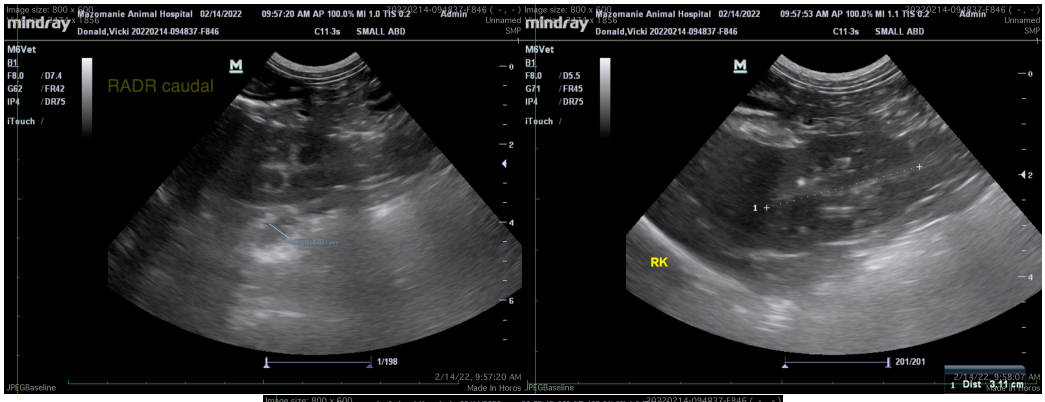


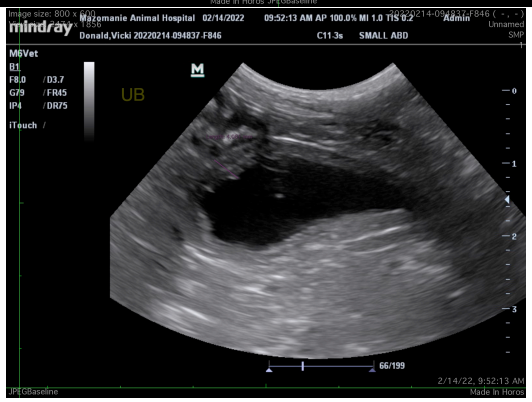


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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