

**PATIENT**

June Galbraith

SPECIES

Canine

BREED

JRT X

SEX

Spayed Female

AGE

11 Years

WEIGHT

21 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Marie Haddock

INVOICE

44996

DATE

2/9/23

PRESENTING CLINICAL SIGNS

Was put on Urinary SO. June had her bladder stones removed October 31, 2022, and since switching to new food she has had an urgency to urinate, which she has not had until then. O tries taking her out frequently but when she has had to keep her in the bathroom because she will urinate in the house. O fills her water bowl in the morning and then will fill it about halfway later in the evening. O had a urine rechecked 3 weeks ago, still said there was some RBC in there. O collected a urine sample a couple hours ago (was no refrigerated). O says her incision was glued and O feels a nodule at one end.

Abnormal PE/Chem/CBC/UA Results: u/a in house (pyuria improved, hematuria persistent)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is adequately distended with primarily anechoic contents. Within the trigone, extending approximately 3.0 cm (being total length) into the proximal urethra, there is a heterogeneous, partially mineralized echogenic density that measures 3.0 cm long x 1.4 cm thick. The density appears associated with the lining of the trigone and urethra. However, blood flow cannot be confirmed in these images.

The right kidney is normal in size (4.26 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.18 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.35 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.43 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

Gallbladder is moderately distended with anechoic bile as well as moderate to severe suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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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.

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

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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.

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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.

Pancreas

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

The right medial iliac lymph node is prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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ULTRASONOGRAPHIC FINDINGS

- The urinary bladder wall/trigone/proximal urethral changes are concerning for infiltrative neoplasia such as transitional cell carcinoma. Given the lack of identified vascularity combined with the occurrence of clinical signs beginning after a recent surgery, cellular debris, mineral, mucus, even a suture reaction, or inflammatory change, etc. is also possible and cannot be ruled out without additional information.
- **Moderate to severe gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- **Reactive medial iliac lymphadenopathy** - infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Urinalysis and urine culture, if indicated based on urinalysis results, are recommended. Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder cancer, could be considered. Other diagnostic options include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling.

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Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

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Pending results and/or in the meantime, empirical antibiotics or ideally antibiotics based on culture and sensitivity results is possible, as well as an anti-inflammatory could be considered to begin offering clinical sign relief. Additionally, given the reported start of clinical signs after the diet transition, a transition back to the original diet could also be considered.

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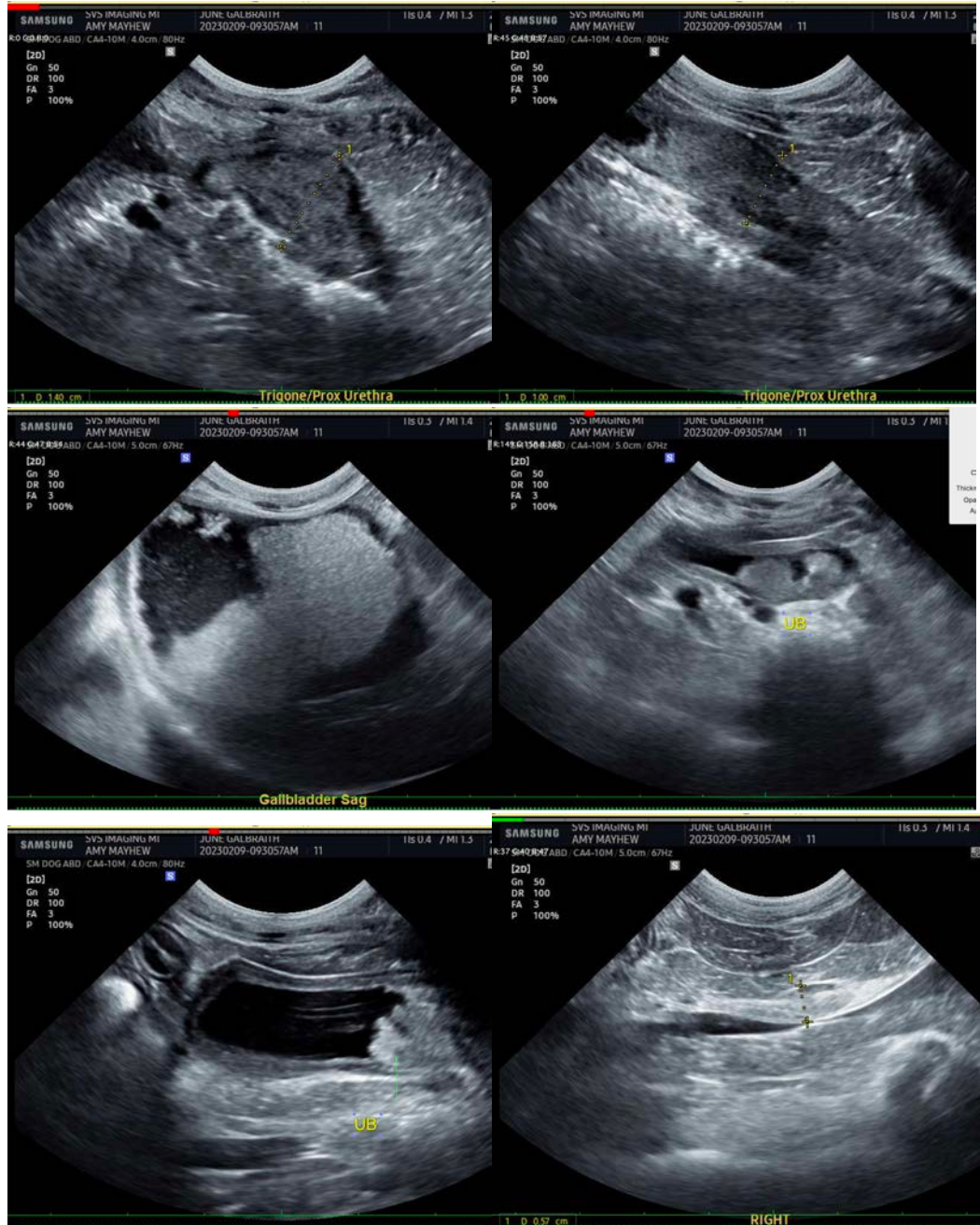
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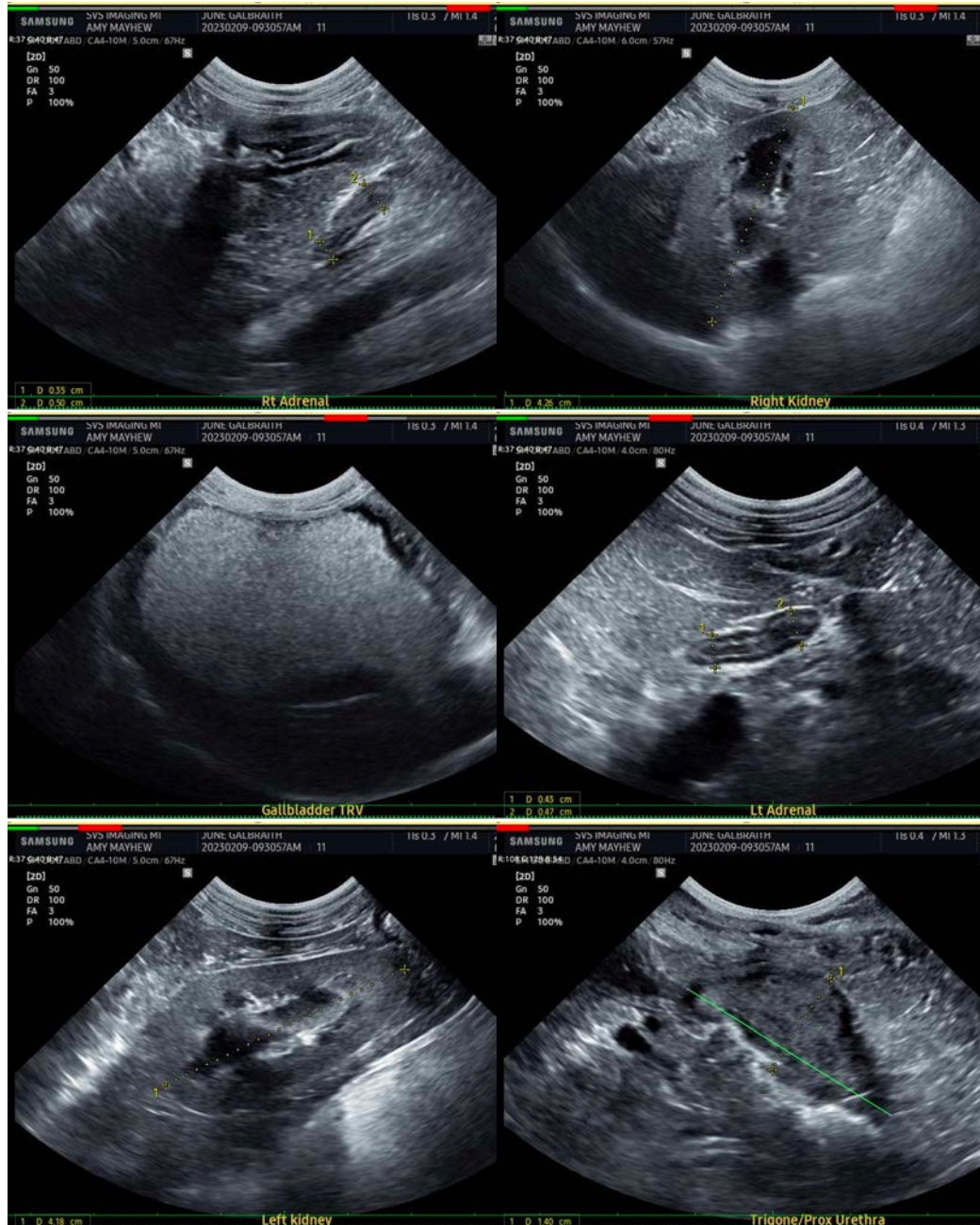
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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