

PATIENT	PRESENTING CLINICAL SIGNS
Wylie Micoli	chronic hematuria Abnormal PE/Chem/CBC/UA Results: please see attached labs
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Urinary bladder is minimally distended (almost empty). Apical urinary bladder wall is diffusely thick (0.52 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.
JRT	The right kidney is normal in size (5.27 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.
SEX	The left kidney is normal in size (5.16 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.
Neutered Male	The prostate is subjectively mildly enlarged for a male dog neutered as a puppy. It measures 1.4 cm wide. The parenchyma is homogeneous and has an appropriate echogenicity compared to surrounding tissue. Normal distinct margins and symmetrical bilobed shape are maintained.
AGE	Adrenal Glands
11 Months	The right adrenal gland is normal in size (1.76 cm long x 1.02 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	The left adrenal gland is normal in size (1.47 cm long x 0.36 cm at the cranial pole and 0.38 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
8.2 kg	Spleen
INTERPRETED BY	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.
Beth Johnson, DVM DACVIM	Liver
IMAGING PERFORMED BY	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.
Kelly Reschny	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.
HOSPITAL NAME	Gastrointestinal
Wellington AH	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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.
REFERRING VET	
Dr. Dennis	
INVOICE	
36743	
DATE	
4/7/22	



PATIENT

Wylie Micoli

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.

SPECIES

Canine

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

Pancreas

BREED

JRT

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.

SEX

Neutered Male

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

AGE

11 Months

- Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes. **Note: This could be an artifact based on an empty urinary bladder, and recheck of a fully distended bladder is recommended, if possible.

WEIGHT

8.2 kg

- Mildly enlarged prostate for a male dog neutered as a puppy, considered more normal if the patient was neutered as an adult.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Recommendations include a urine culture to rule out an occult urinary tract infection, given the hematuria and pyuria reported. If not recently evaluated, a CBC and serum chemistry panel are also recommended to look for underlying metabolic causes that may be related to the hematuria, including platelet count +/- PT/PTT to rule out a coagulopathy. E

IMAGING PERFORMED BY

Kelly Reschny

Differentials for the mildly enlarged prostate include normal patient variant and should be interpreted in conjunction with the age of neutering. However, prostatitis is also considered possible, or much less likely prostatic neoplasia. Therefore, recommendations include empirical management with antibiotics and monitoring of both clinical signs and prostatic appearance for improvement or changes and/or a fine needle aspirate of the prostate with a small risk of tumor seeding/trailing, or a less invasive analysis could be performed in the form of submission of urine to look for BRAF gene mutation, which has been associated with urinary bladder and/or prostatic carcinoma.

HOSPITAL NAME

Wellington AH

If the urine culture is positive, then more advanced diagnostics are likely not warranted unless clinical signs persist beyond management of a urinary tract infection. If a urinary tract infection is diagnosed, recommendations include longer term treatment to address possible prostatitis with an antibiotic that penetrates the prostate, such as Enrofloxacin.

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Dr. Dennis

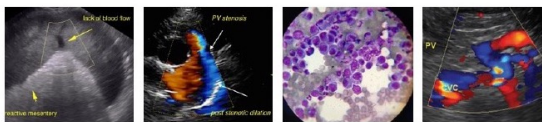
Other therapeutic considerations include diet transition to a urinary health crystal/stone prevention diet.

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SPECIES

Canine

BREED

JRT

SEX

Neutered Male

AGE

11 Months

WEIGHT

8.2 kg

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DACVIM

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Kelly Reschny

HOSPITAL NAME

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REFERRING VET

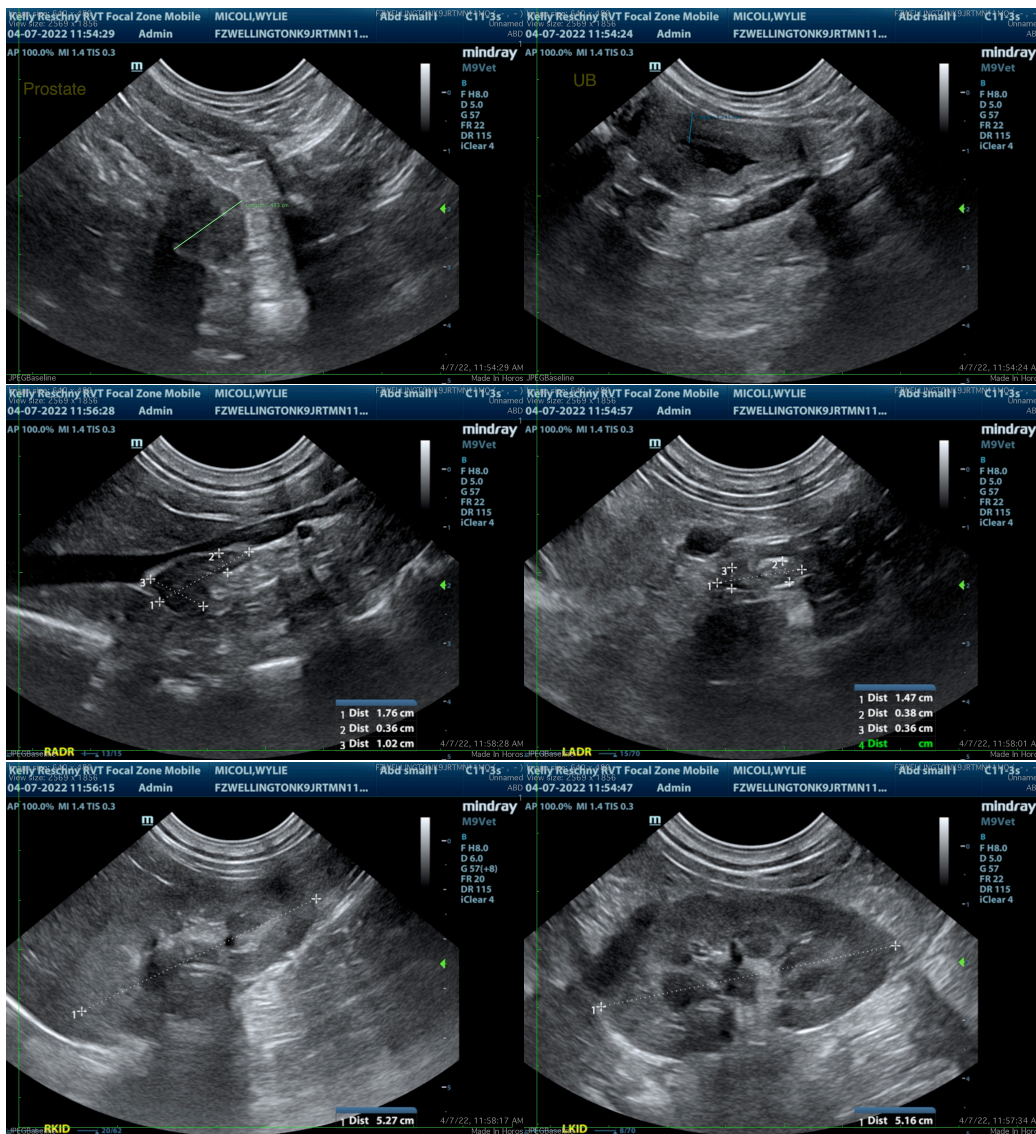
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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