



PATIENT

Luna Finkbeiner

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

7 Years 10 Months

WEIGHT

107 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Leal

INVOICE

39305

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Dog presented with chronic cystitis. Antibiotics help but comes back. Most recent culture shows E.coli sensitive to all antibiotics. Bloodwork WNL. Previous ultrasound one year ago shows changes consistent with chronic cystitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick (0.7-0.9 cm). In the dorsal apical edge of the bladder, there is a more prominent irregular echogenic thickening that measures 3.0 cm long x approximately 2.0 cm into the lumen. 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.

The kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. The left kidney measures 7.2 cm. Pyelectasia measuring 0.74 cm is noted in the left kidney. The right kidney measures 6.2 cm with scant pyelectasia noted.

Adrenal Glands

The right adrenal gland is normal in size (0.80 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.44 cm thick), 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.

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 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.

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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Luna Finkbeiner 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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Pancreas

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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.

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Free Abdomen

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

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There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

AGE

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- Chronic Cystitis with an almost polypoid cystitis appearance – 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. Given the appearance of the dorsal apical wall, infiltrative neoplasia cannot be ruled out, but is considered much less likely, given the chronicity of the problem.

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- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Pyelectasia – concerning for chronic pyelonephritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- The first recommendation is to treat this patient long-term as a complicated urinary tract infection/pyelonephritis with a 4-8 (ideally around 6) week course of antibiotics based on culture and sensitivity results. This treatment regimen should include a follow up culture a week to 10 days after starting treatment to be sure there is no ongoing growth, as well as a final culture a week to 10 days after finishing antibiotics to be sure the infection has fully cleared.

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- If after treating long-term as described above, the infections return and/or clinical signs persist, a fine needle aspirate of the bladder wall and/or biopsies for culture and histopath obtained via cystoscopy could be considered.

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- Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder cancer, could be considered, but again, bladder cancer is considered much less likely than chronic cystitis/polypoid cystitis in this patient.

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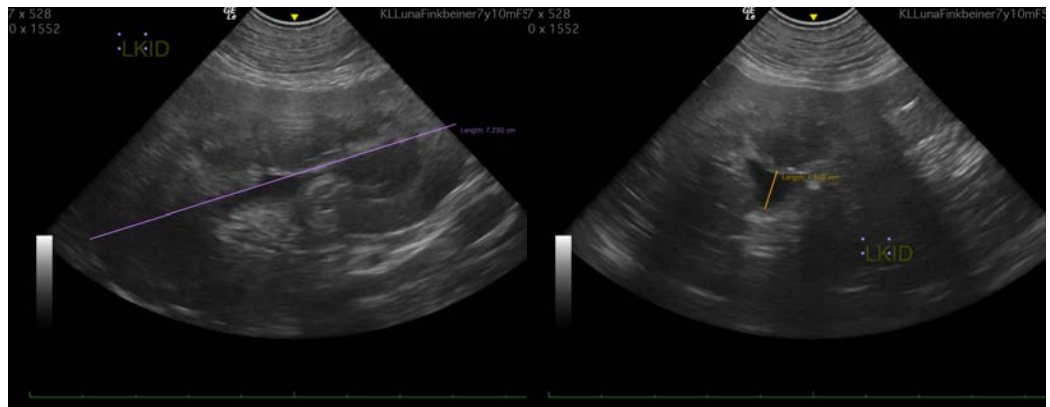
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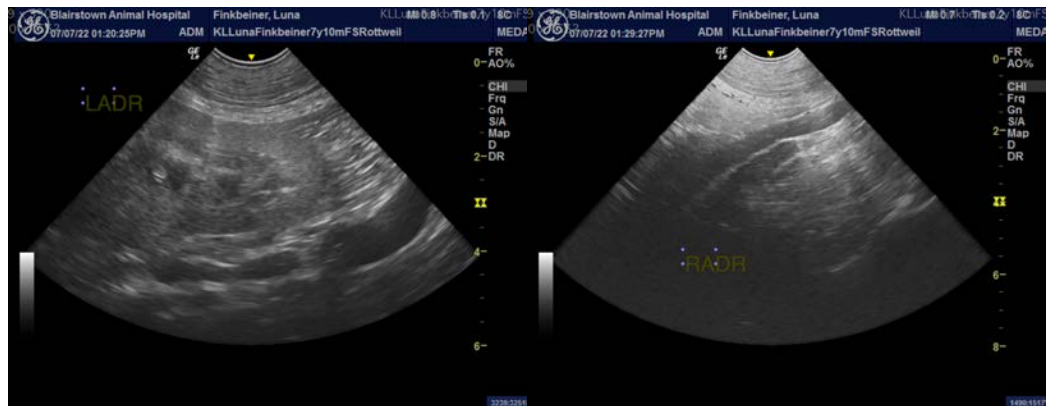
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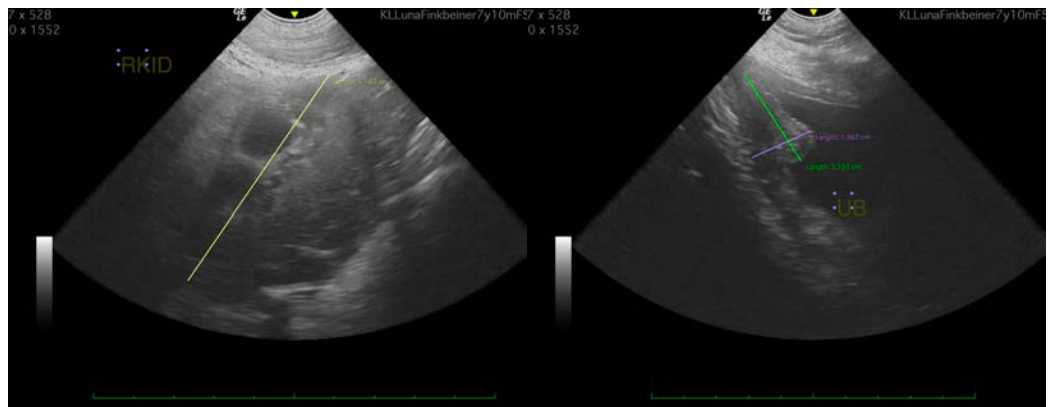
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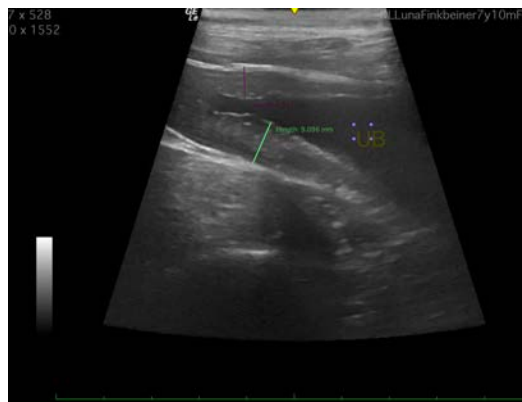
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Beth.Johnson@sonopath.com

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