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Clinical Sonography & Telecytology
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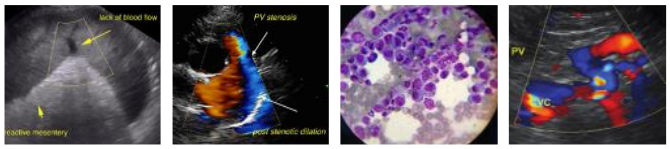



SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Bo Kuczymnski

**SPECIES**

Canine

**BREED**

Yorkshire

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

7 Pounds

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Adrianne Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

Loretta Pattonberg

**INVOICE**

17380

**DATE**

9/19/22

## PRESENTING CLINICAL SIGNS

History: Hx of bladder stones. Referring DVM wanted eval of bladder and urethra

Abnormal PE/Chem/CBC/UA Results: Hx of Ca Ox crystals last year

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder only mildly distended (empty). Visible contents are primarily anechoic and mixed with echogenic debris, mineral debris and a 1.5 cm cystolith with strong acoustic shadowing. Given the empty state of the urinary bladder, the wall is unable to be fully assessed for pathology without further distention. No visible masses are observed. The urethra appears to contain small cystoliths/mineral debris as well.

The area of the prostate is examined without evident prostatic pathology.

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.3 cm. The right kidney measures 3.2 cm. Bilateral cortical cysts are present in the kidneys.

### *Adrenal Glands*

Left adrenal gland is normal in size (0.57 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.5 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

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.

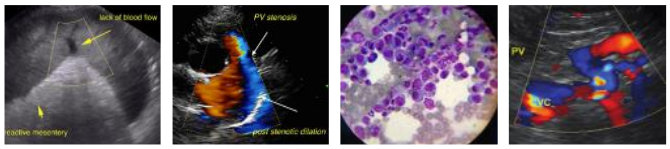
### *Liver*

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 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*

The visible stomach wall is normal in thickness 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.

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The visible small intestines are normal in wall thickness and layering. 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.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

### *Pancreas*

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. 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

### Primary Findings

- A large cystolith within the urinary bladder, as well as mineral debris/smaller cystoliths within the urethra.

### Secondary Findings

- Age-related kidney changes
- 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.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Therapeutic recommendations include removal of the urinary bladder cystolith, likely from a surgical cystotomy, unless less invasive interventional procedures are available geographically, at which time a urinary catheter should be placed to move the urethral stones into the bladder prior to removal.

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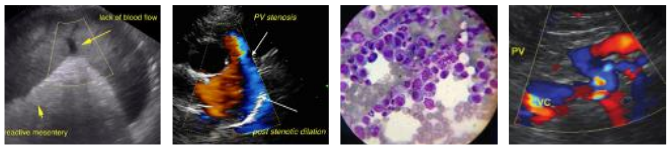

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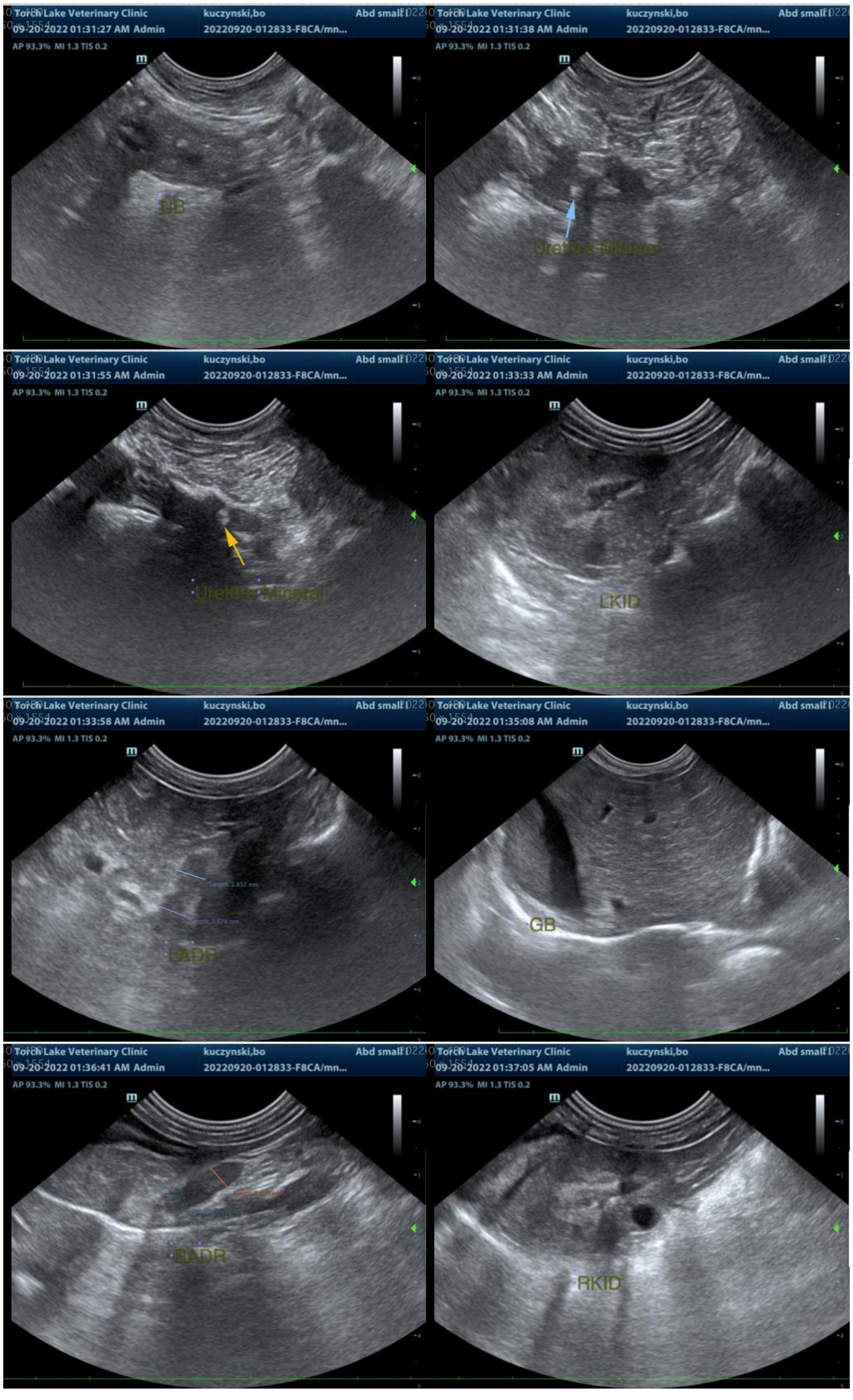

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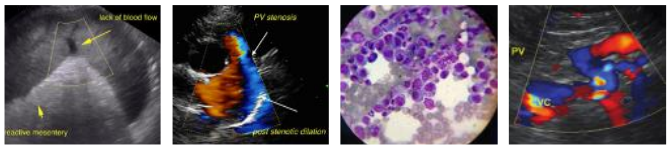

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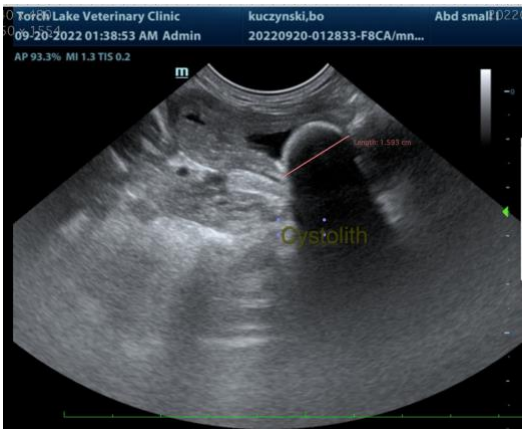


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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