



**PATIENT**

Riley Vitale

**PRESENTING CLINICAL SIGNS**

History: Recurrent UTI's.  
Abnormal PE/Chem/CBC/UA Results: Hematuria, proteinuria

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Boxer

The urinary bladder is slight, irregularly thickened at the apex with some non-shadowing gravity dependent debris. This is most consistent with cellular debris, which is consistent with the reported pyuria and hematuria on the urinalysis. There were no obvious masses or cystoliths. Mild thickening is most consistent with cystitis.

**SEX**

Spayed female

The kidneys have a (smooth/irregular) capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 6.73 cm and contains a solitary, cortical cyst. The right kidney measured 7.38 cm.

**AGE**

12 years

**Adrenal Glands**

**WEIGHT**

59 lbs

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.5 cm in length and 0.52 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measured 1.7 cm in length, 0.4 at the cranial pole and 0.47 cm at the caudal pole.

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**Spleen**

The spleen was normal in size, shape and the majority of the parenchyma is normal. The spleen contains multi-focal, hyperechoic perivascular nodules.

**IMAGING PERFORMED BY**

Dr. Caughman

**Liver**

**HOSPITAL NAME**

Dogwood AH

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness. The gallbladder contains hyperechoic, non-shadowing, non-organized debris. Common bile duct is non-distended and tapers normally

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**Gastrointestinal**

**DATE**

11/8/22

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering



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maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**SPECIES**

Canine

***Pancreas***

**BREED**

Boxer

The pancreas appeared isoechoic to the surrounding tissues and is not definitely imaged.

**SEX**

Spayed female

***Lymph Nodes***

No clinically significant lymphadenopathy or abnormalities noted.

**AGE**

12 years

***Free Abdomen***

No masses or free fluid were observed.

**WEIGHT**

59 lbs

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Bladder wall thickening and debris. This is most consistent with cellular debris.

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**Secondary Findings**

- Likely age related chronic renal changes.
- Splenic nodules are most likely benign, myelolipomas.
- Gallbladder debris, likely an incidental finding.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no definitive underlying cause for the recurrent UTI's on abdominal ultrasound and no evidence of masses or urinary bladder stones. Diagnostic recommendations could consider culturing the urine if that has not been done. However, if it has been done, you can ask for an extended spectrum to try and get appropriate antibiotics despite the urinalysis not showing any bacteria in the urine. There can be occult bacterial urinary tract infections. If culture is negative, consider improving bladder health as much as possible with Hill's C/D diet. In an abundance of caution, you can consider sending out a Cadet BRAF test to screen for bladder neoplasia. However, this is not suspected based on the imaging. If Riley's vulvar confirmation is consistent with a recessed vulva, then consider vulvoplasty or less aggressive treatment could be keeping the vulva clean with wipes, saline or clorhex wipes to keep the vulva free of inflammation and bacteria, which may decrease the bladder information that was noted.

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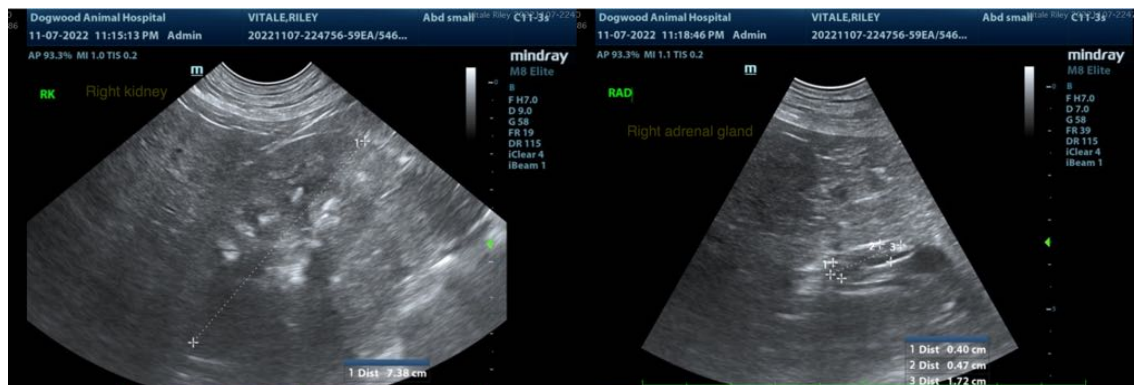
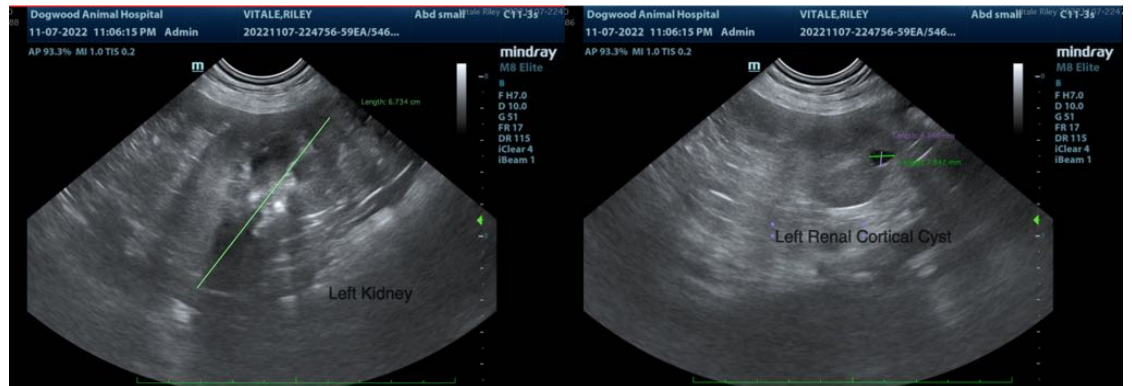
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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