



PATIENT PRESENTING CLINICAL SIGNS

Scooby Blasi proteinuria, poss Lyme nephropathy, hematuria

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The **urinary bladder** presented ventral wall thickening measuring up to 7.0 mm and extended for approximately 2.5 cm. Minor dependent debris noted. The cystourethral junction was unremarkable, as was the visible pelvic urethra.

BREED

Yorkie

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 4.17 cm. Slight pyelectasia noted in the left kidney. The left kidney measured 3.36 cm.

SEX

Neutered Male

AGE

10 Years

Adrenal Glands

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 right adrenal gland measured 2.26 cm x 0.91 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 1.44 cm x 0.35 cm at the caudal pole and 0.38 cm at the cranial pole.

WEIGHT

8.5 Pounds

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Maniar

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

INVOICE

37929

Pancreas

DATE

5/25/22

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.



PATIENT

ULTRASONOGRAPHIC FINDINGS

Scooby Blasi

- Ventral bladder thickening – strong concern for carcinoma versus chronic cystitis, appears resectable.

SPECIES

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine

Ultrasound guided traumatic catheterization could be considered and/or cytospin of free catch fluid to assess for abnormal transitional cells. No evidence of metastatic disease. Prognosis is guarded. I would recommend avoiding cystocentesis in this patient until the bladder thickening has been defined. Surgical resection of the ventral bladder wall could also be considered, both for potential carcinoma aspect, but also this thickening will a nidus for recurrent infection.

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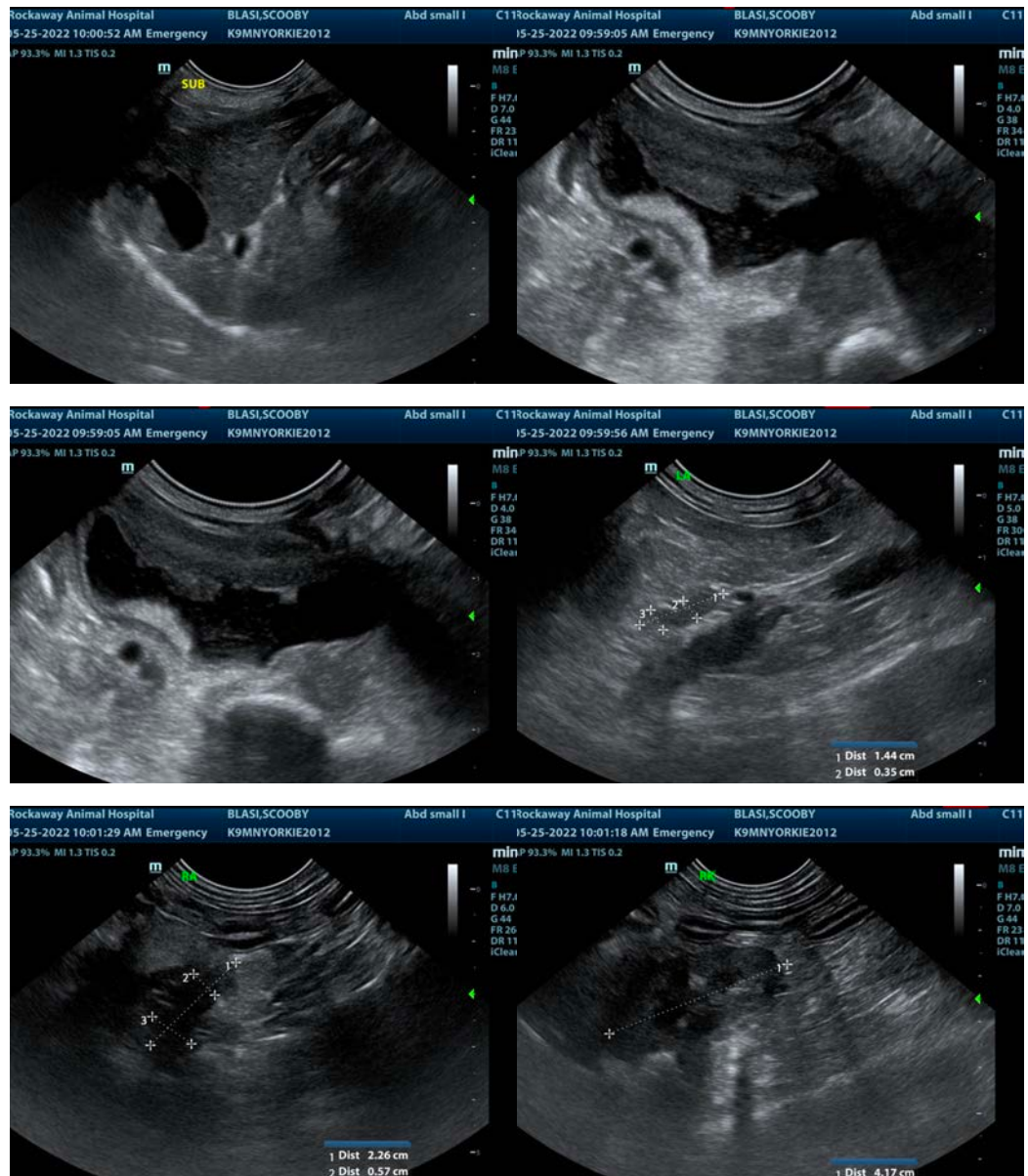
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Scooby Blasi

SPECIES

Canine

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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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