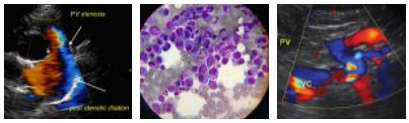
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

5/5/23

PATIENT

Scarlett Good

SPECIES

Canine

BREED

Dachshund

SEX

23 Pounds

AGE

10/21/11

WEIGHT

23 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

White Marsh AH

REFERRING VET

Dr. Brennan

INVOICE

22336

PRESENTING CLINICAL SIGNS

History: Heart murmur, loudness grade 2 out of 6, bladder stone, periodontal disease, unresponsive UTI.

Current Medications: Enrofloxacin 68mg ¼ SID for 10 days given on 4/19/23.
Lab Results: Increased ALP. UA- USG 1.023, pH 6.5, WBC 30-50, RBC 6-10.
Radiographs: Bladder stone.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented concentric dorsal apical wall thickening with minor ventral wall thickening. The dorsal wall measured up to 1.0 cm with a minor amount of bladder debris. Areas of mural mineralization were noted. Pelvic and urethral mineralization were noted, as well as both luminal and mural.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 and no evidence of pelvic dilation was present. The right kidney measured 5.6 cm. Occasional cortical cysts were noted in the kidneys. The left kidney measured 4.9 cm.

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 2.5 cm x 0.54 cm at the caudal pole and 0.65 cm at the cranial pole. The left adrenal gland measured 2.14 cm x 0.66 cm at the caudal pole and 0.64 cm at the cranial pole.

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.

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. Occasional nodular changes were noted in the liver, nondisruptive.

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.

Pancreas

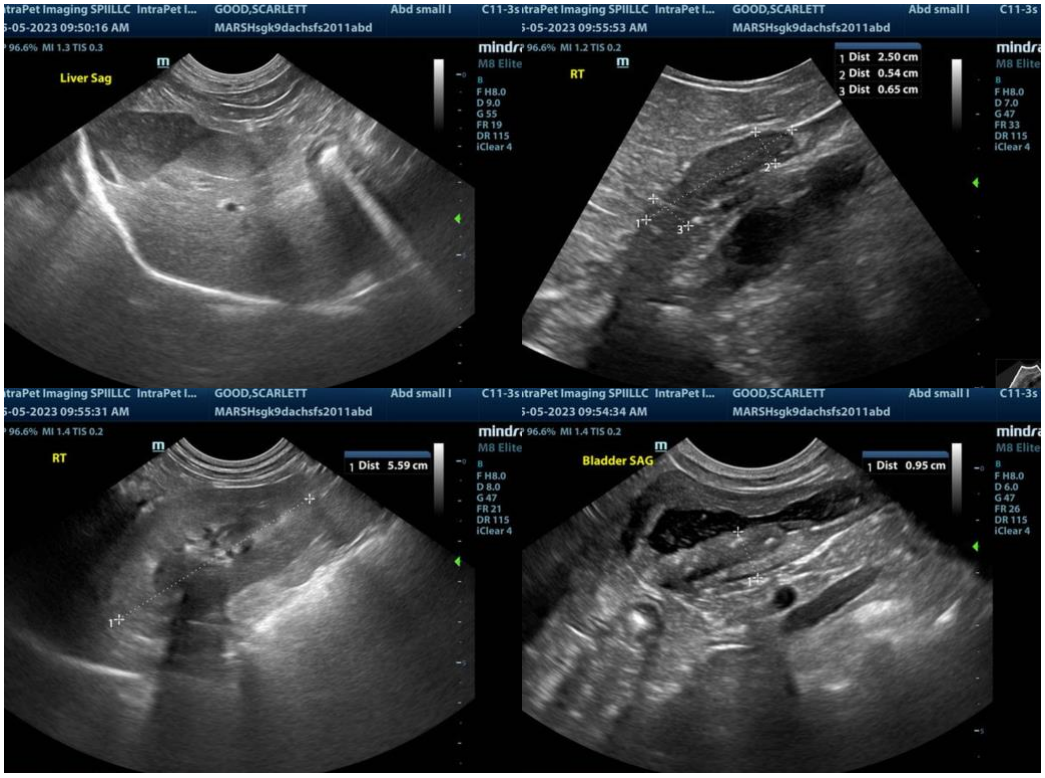
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

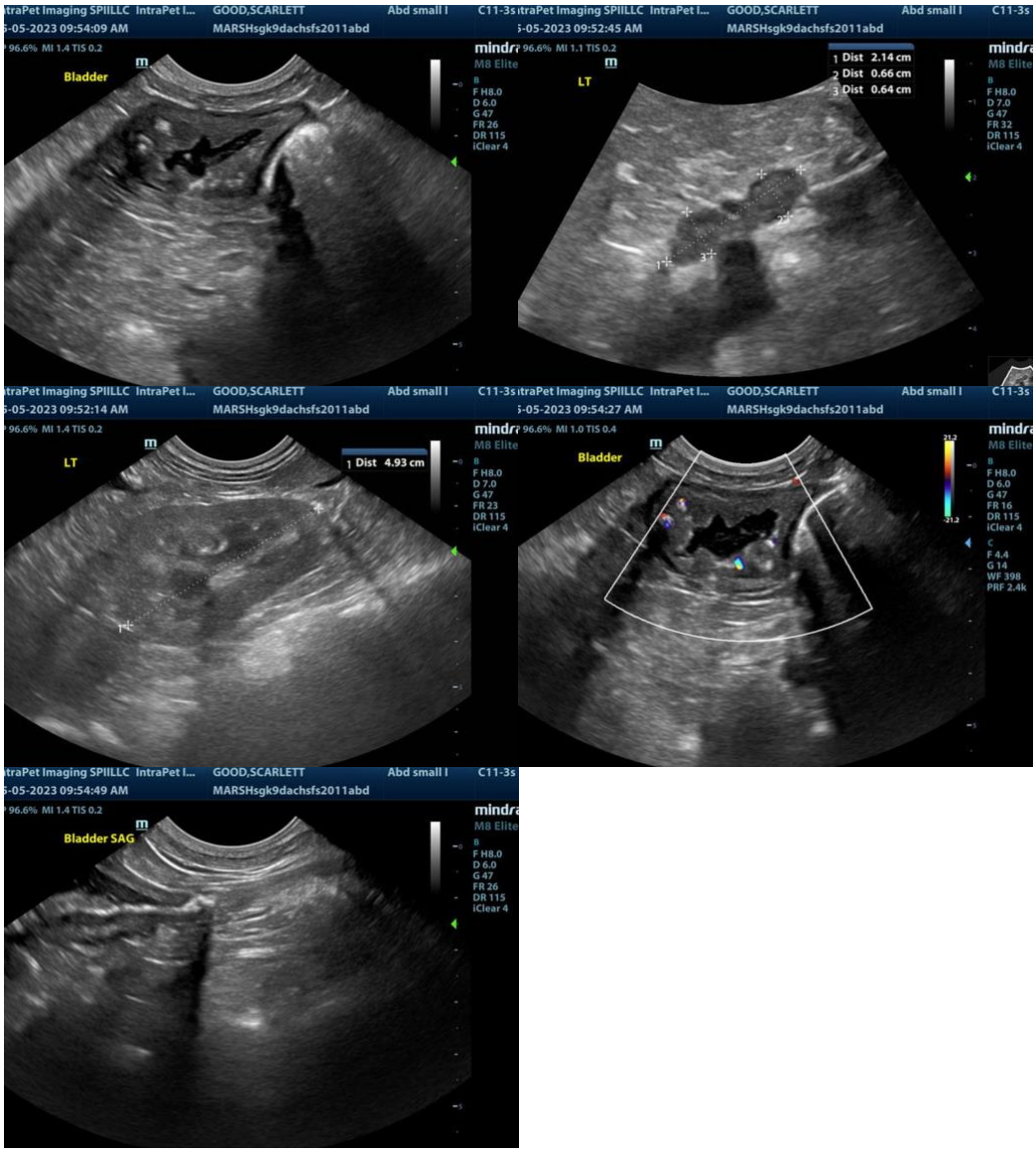
ULTRASONOGRAPHIC FINDINGS

- Concentric bladder wall thickening- carcinoma vs chronic cystitis and dystrophic mineralization
- Age-related renal changes with occasional cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy with mucosal biopsies would be ideal in this patient. Cytospin of a free catch urine sample could also be considered. BRAF testing would also be appropriate. Prognosis is guarded depending upon histopathology or cytology results. Otherwise, full thickness bladder biopsies could be considered, however the pathology is not resectable, it is concentric. Bladder lavage and bladder wall biopsies could be considered as a more direct approach.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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