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Clinical Sonography & Telecytology
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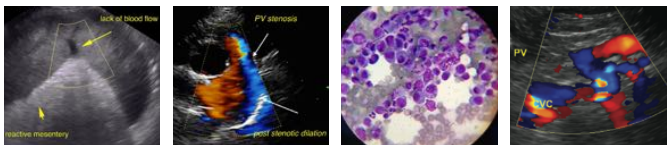

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Dixie Tasiopoulos

SPECIES
Canine

BREED
Terrier

SEX
Spayed female

AGE
14 years

WEIGHT
48 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
47792

DATE
6/19/23

PRESENTING CLINICAL SIGNS

History: Stranguria, hematuria, febrile.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The bladder wall measured 1.09 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out with=out histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 and no evidence of pelvic dilation was present. The right kidney measured 5.05 cm. The left kidney measured 5.05 cm.

Adrenal Glands

The right adrenal gland was enlarged, irregular, mineralizing and swollen. The right adrenal gland measured 2.09 x 1.8 cm at the cranial pole and 0.73 cm at the caudal pole. The left adrenal gland measured 2.65 x 0.51 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The **spleen** revealed a hypoechoic nodule that measured 1.55 x 0.7 cm at the mid body. Minor heterogenous parenchymal changes were noted elsewhere in the spleen.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. The vena cava appeared free of evident pathology in this patient. A left lateral liver cyst was noted and measured 0.8 cm. This appears non-pathological.

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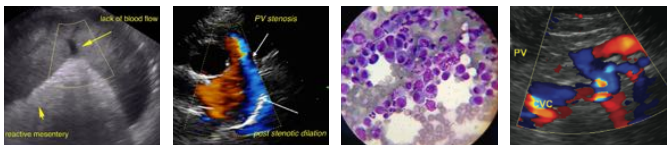

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Gastrointestinal

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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Severe chronic cystitis bladder pattern, minor potential for transitional cell carcinoma.

Age related vacuolar hepatopathy with hepatic cyst, not pathological.

Enlarged right adrenal gland hyperplasia, carcinoma, pheochromocytoma are all possible.

Age related renal changes with mineralization.

Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy and mucosal biopsies would be ideal. Urine culture and free catch sample with cystospin is recommended to assess for pathological transitional cells. Otherwise, cystocentesis and culture are indicated if no abnormal cells are noted. Long term antibiotic therapy is likely necessary.

The right adrenal gland appears potentially resectable if necessary. Adrenal gland is warranted with blood pressure measurements +/- Cushing's work up. If hypertension is present urine catecholamine is indicated. Splenic nodule FNA is also indicated.

Canine Chronic UTI Protocol
I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.

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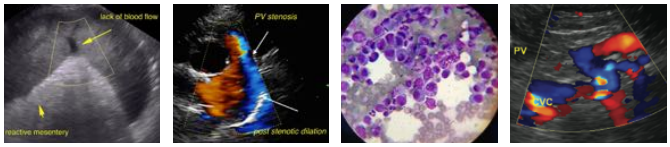

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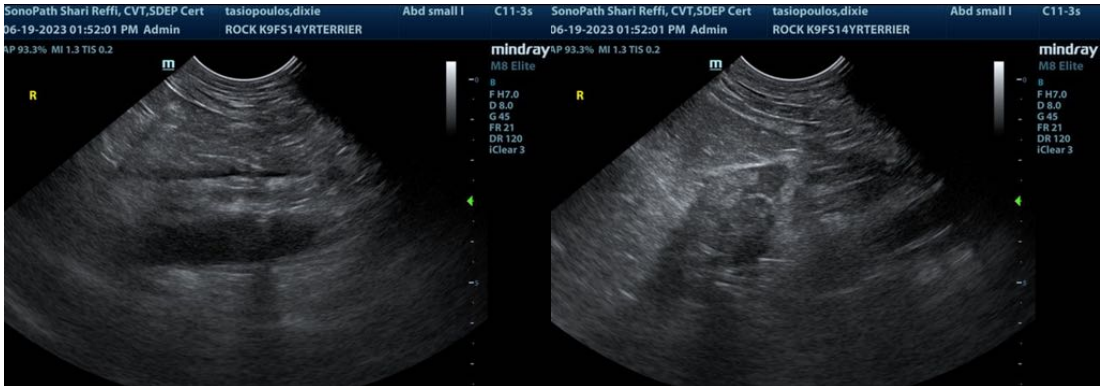

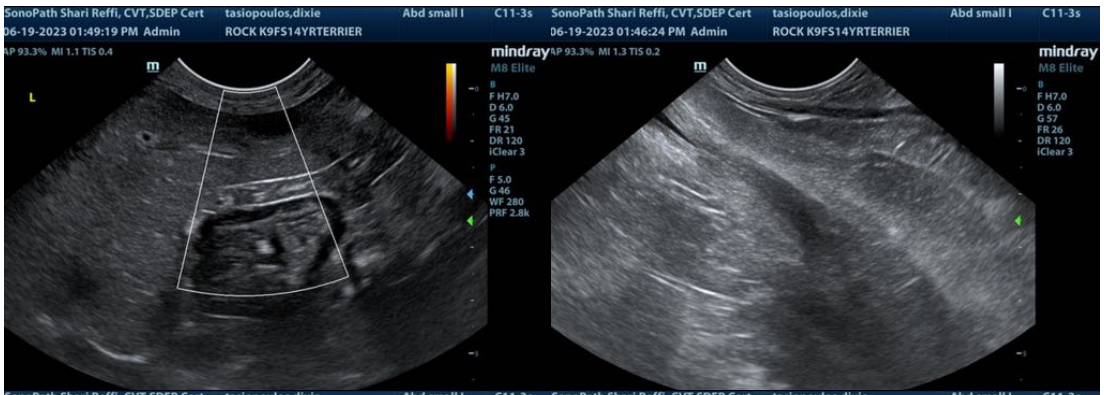

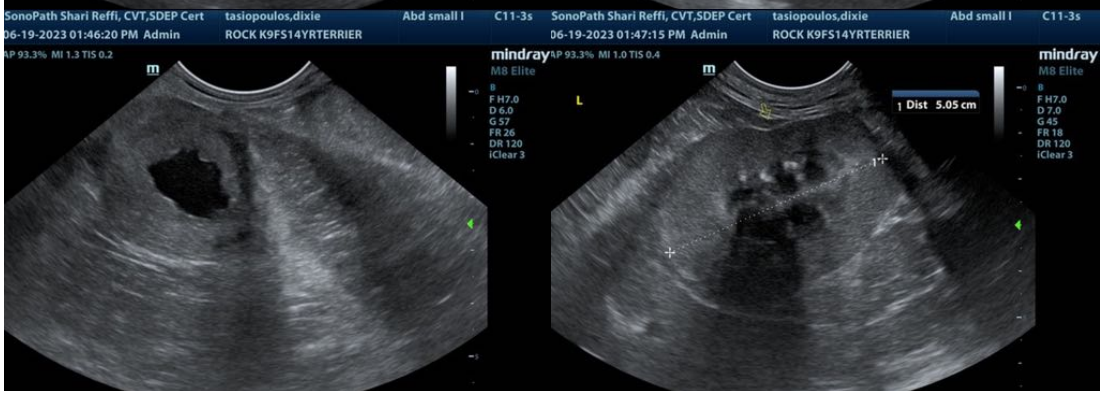

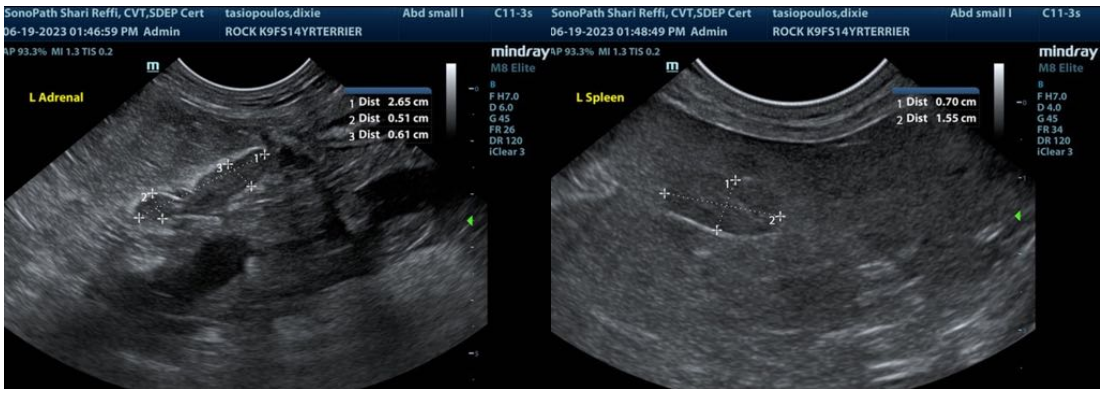

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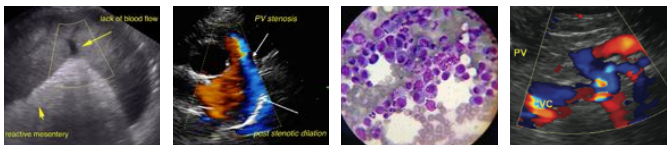

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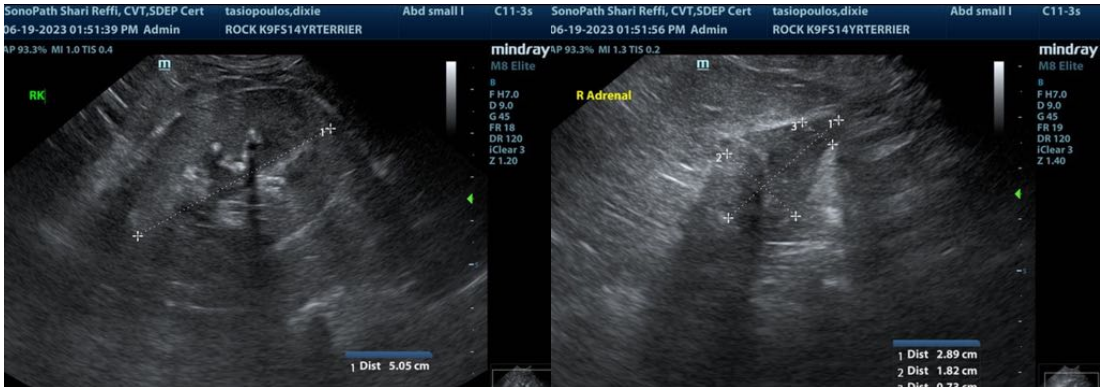

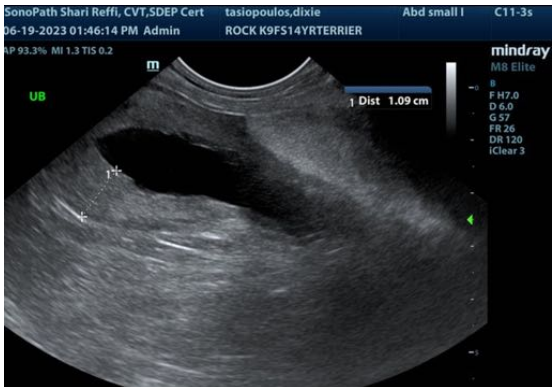

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com