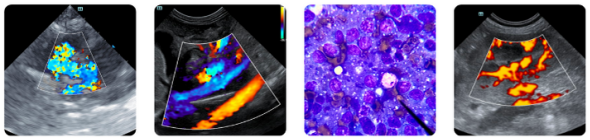

PATIENT

Savannah Erickson

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

14.5 years

WEIGHT

15.1 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

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PRESENTING CLINICAL SIGNS

- Diagnosed with TCC (uncertain time of diagnosis, 2 years per records), managed with oncology. Presented to referring clinic for 1 week of anorexia after received vinblastine, non-responsive to mirtazapine.
- Elevated kidney values (creatinine 10, BUN 120) and leukocytosis discovered at referring hospital, recommend IVF and AUS.
- Historic urinary incontinence, dermatopathy (allergic), and CCL tears.
- On piroxicam, DES, topical (shampoo, mupirocin), pepcid, gaba, traz.
- PE: Bilateral ectropion, Pale mm, hypersalivation, Doughy abdomen, mild pain; small urinary bladder.
- Bilateral torn (historic) CCL
- Alopecia (historic dermatitis)

Abnormal PE/Chem/CBC/UA Results: PETS Dx 2/26/26: CBC: WBC 35.7, Neutrophils 27.27, Lymphocytes 6.93, Monocytes 1.93, Platelets 664 Chem: Glucose 157, Creatinine 10.3, BUN >130, Phosphorous 15.2, Total Protein 9.0, Globulin 5.7 EPOC: Bicarb 13.2, pH 7.277 HAEC Intake Dx 2/26/26: EPOC: Bicarb 13.3 (L), pH 7.259 (L), BUN >120, Creatinine 7.56 (H) PCV/TS: 46%/9.4 USG: 1.012 BP: 155/111 (120).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

There is a hyperechoic intraluminal mass lesion in the cranial dorsal aspect of the urinary bladder. It measures 7.4 mm x 5.8 mm in size. There is a second hyperechoic intraluminal mass lesion present in the caudal ventral aspect of the urinary bladder wall. This second lesion measures 3.9 cm x 5.7 mm in size. There is a third, larger, mixed echogenicity intraluminal mass present in the mid ventral aspect of the urinary bladder. This third larger mass lesion measures 3.1 cm x 0.9 cm in size. The remainder of the urinary bladder appears normal.

The urethra is focally dilated, with no cause for the dilation seen on this exam.

The left kidney has moderate loss of corticomedullary distinction. There are numerous pinpoint hyperechoic foci in the renal pelvis, consistent with benign renal nephrocalcinosis. Left kidney measures 5.2 cm.

Mild to moderate loss of corticomedullary distinction. There are numerous pinpoint hyperechoic foci noted in the renal pelvis, consistent with benign renal nephrocalcinosis. Right kidney measures 4.5 cm.

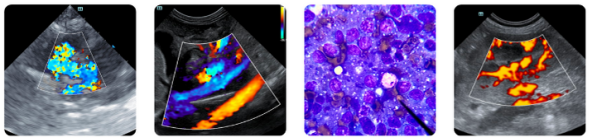
Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.6 mm and the caudal pole measures 7.7 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.2 mm and the caudal pole measures 5.7 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.



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Liver

The liver presents normal size and normal in echogenicity. The liver has a diffusely, mildly heterogenous echotexture. This finding is most likely age related.

The gallbladder is markedly distended with anechoic bile. There is a small amount of echogenic suspended debris within the anechoic bile. There is no surrounding hyperechoic fat surrounding the gallbladder, or free fluid observed.

Gastrointestinal

The stomach wall is thickened, measuring up to 1.5 cm in width, and has loss of normal layering.

Intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate loss of corticomedullary distinction bilaterally, consistent with chronic kidney disease. Neither kidney appears obstructed.
- Three separate intraluminal mass lesions in the urinary bladder, consistent with the patient's previous diagnosis of transitional cell carcinoma. At this time, the patient's transitional cell carcinoma appears well controlled and does not appear to be obstructing the urinary bladder.
- Gastric wall thickening with loss of layering, most likely consistent with uremic gastritis due to the patient's marked azotemia. No specific cause for the patient's marked azotemia is observed on this exam.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Submission or urinalysis is recommended, as well as urine culture (if clinically warranted.) Urine should be obtained via catheterization, as cystocentesis should be avoided due to patients' historic diagnosis of transitional cell carcinoma. Recommend hospitalization for fluid diuresis, and supportive care to determine if renal function can be recovered.

Recommend, pending urine culture results, starting patient on a broad-spectrum antibiotics to cover for possible pyelonephritis that could be causing the azotemia. No obvious evidence of pyelonephritis was observed on today's exam. Pending resolution of patient's azotemia, stopping Piroxicam is recommended as it could exacerbate patient's renal disease.

If there are questions regarding the historic diagnosis of transitional cell carcinoma, I recommend submitting a BRAF test to confirm or rule out the diagnosis of transitional cell carcinoma. Prognosis is guarded at this time until determined if azotemia can be resolved or improved with the previous recommendations.

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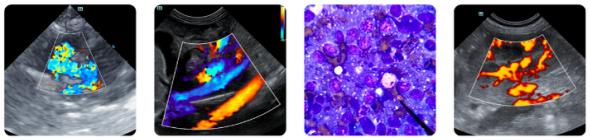

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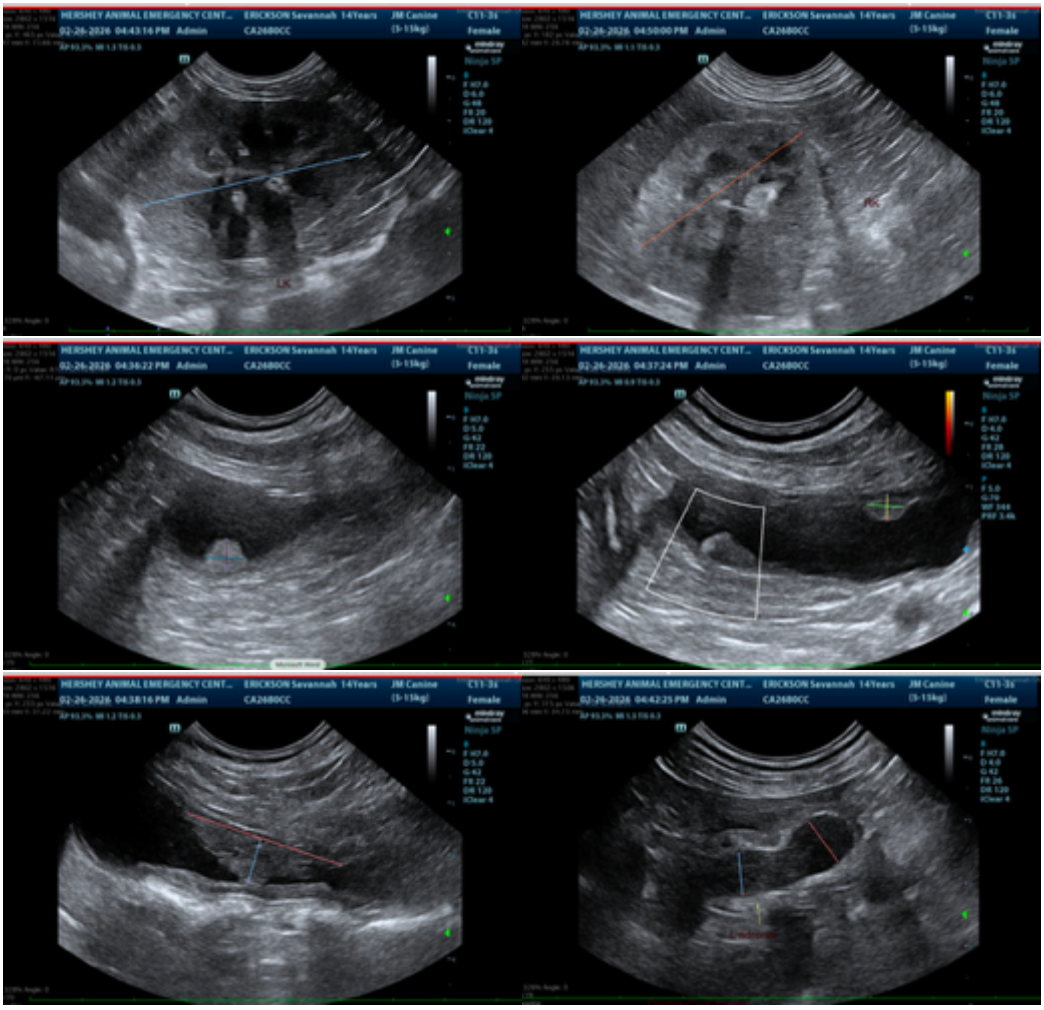

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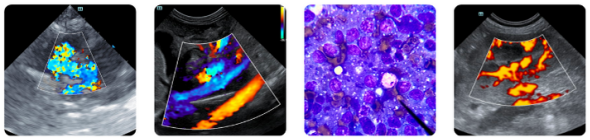

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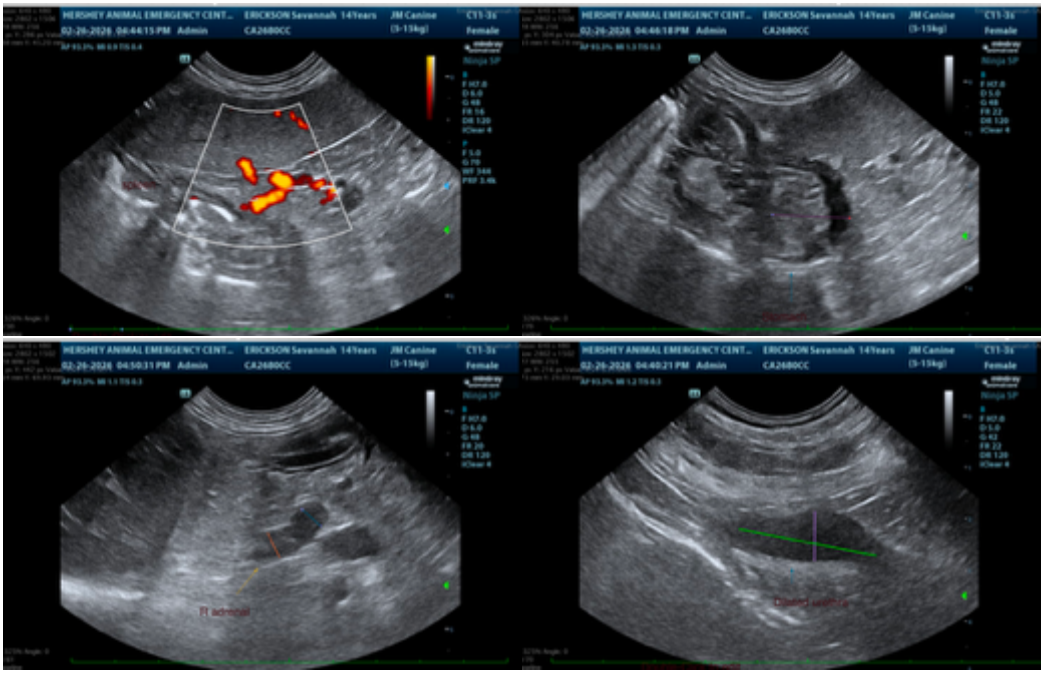

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com