

PATIENT

Sealee Bohm

SPECIES

Canine

BREED

Border Collie

SEX

Female Spayed

AGE

13 years

WEIGHT

51 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr DenHeyer

INVOICE

12713

DATE

4.7.23

PRESENTING CLINICAL SIGNS

History: Chronic UTI. Weight loss
Abnormal PE/Chem/CBC/UA Results: Urine culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The apex of the bladder measures severely thick (up to 1.50 cm). There is a polypoid mass-like projection from the apex into the lumen of the bladder. The bladder is only mildly distended with highly echogenic and swirling urine. There is mineralization measuring 2.54 cm in length along the mid-body of the bladder that appears to be embedded or adherent in the mucosal wall, as well as hyperechoic mineralization within the apex of the bladder mucosa. This mineralization appears more consistent with embedded or adherent bladder calculi rather than mobile calculi. The proximal urethra is dilated with highly echogenic urine.

The left kidney is small in size, shape and architecture with smooth peripheral margins and measures 5.24 cm. There is moderately decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is small in size, shape and architecture with smooth peripheral margins and measures 5.50 cm. There is moderately decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.28 cm / caudal pole 0.46 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The area of the right adrenal gland appeared normal.

Spleen

The splenic echotexture is homogeneous with parenchyma isoechoic to liver and hyperechoic to the renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

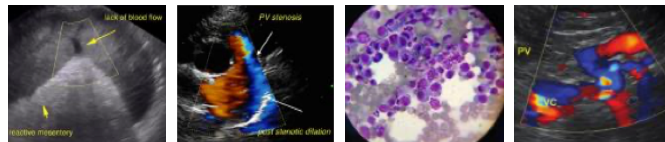
The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears hyperechoic with decreased portal markings. There are innumerable variably-sized hypoechoic nodules throughout the liver that have mildly indistinct borders, the largest of which is in the left liver (measuring about 1.00 cm 0.90 cm). The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall



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layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

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Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

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Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severe cystitis with mucosal mineralization
- Hyperechoic liver with hypoechoic nodules

AGE

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Secondary Findings

- Chronic degenerative renal changes

WEIGHT

51 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

There is severe cystitis with significant apical thickening and polypoid tissue extending from the apex of the bladder into the lumen, suspected to be inflammatory. The mineralization of the bladder wall appears embedded/adherent to the wall, rather than loose stones (but it was difficult to distinguish). Pending urine culture, consider a shorter term treatment with a lower urinary tract diet such as Hills SD, CD or Royal Canin Urinary SO, to attempt to dissolve the mineralization, as well as prolonged antibiotic use (6-8 weeks) with monitoring of mineralization via radiographs or repeat ultrasound.

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The changes to the liver could represent more benign pathology such as regenerative nodules from aging or vacuolar hepatopathy, but could also represent more advanced chronic hepatitis or even diffuse infiltrative neoplasia. Correlate with lab-work findings, as a higher ALT would be more consistent with chronic inflammatory disease, versus a higher ALKP (alkaline phosphates is more consistent with regenerative/vacuolar nodules). Consider FNA of the nodule, the largest of which is approximately 2.50 cm from the skin, and would be amenable to fine-needle aspiration. Ultimately, a liver biopsy will likely be necessary to diagnose definitively.

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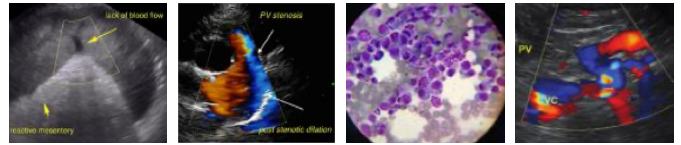
There are chronic degenerative changes to the kidneys. Correlate with lab-work findings and consider routine monitoring of lab-work.

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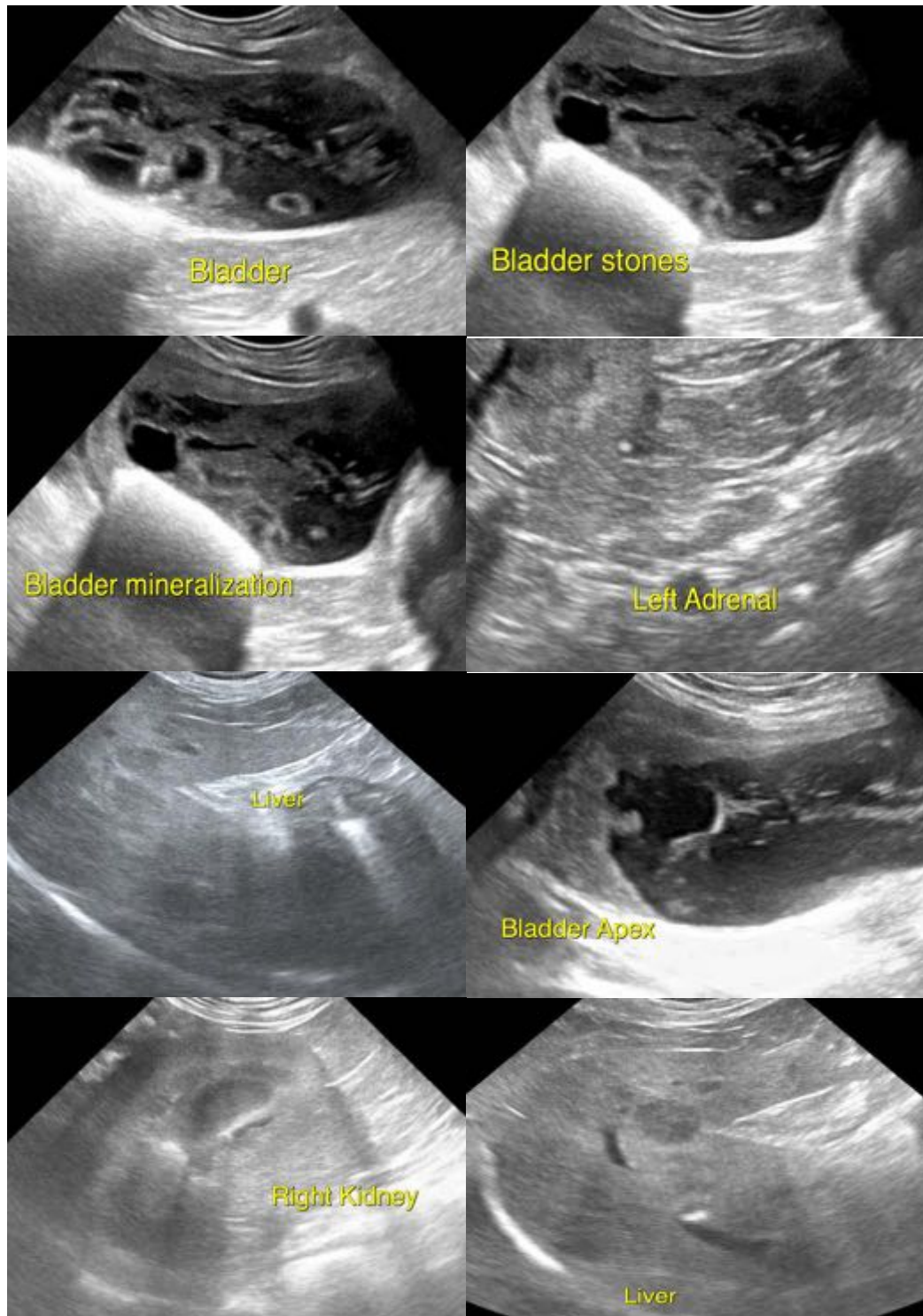
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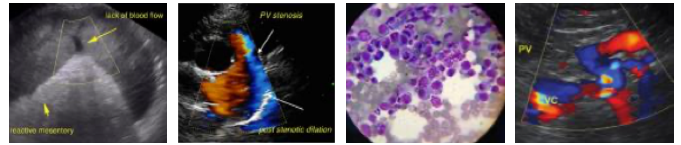
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)
info@SonoPath.com