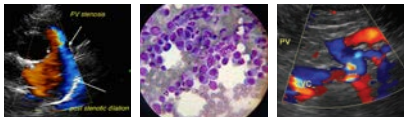
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

10/20/22

PATIENT

Bella Schultz

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

1/13/19

WEIGHT

138.5 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Moffa

INVOICE

42234

PRESENTING CLINICAL SIGNS

Bloody urine for at least a month, potential anorexic.

Current Medications: Amoxicillin 500mg 2 BID.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.49 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, or masses. Much of the dependent debris visualized is hyperechoic and shadowing, consistent with small stones or clumps of sandy debris. These focal areas measure 1.01 cm, 0.50 cm, and 0.61 cm. Correlate these findings with abdominal radiographs. The bladder wall irregularities are most consistent with bacterial cystitis. Recommend urinalysis and culture.

The left kidney has a normal shape and size (8.24 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.53 cm) with a small non-obstructive nephrolith at 0.52 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.70 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.62 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

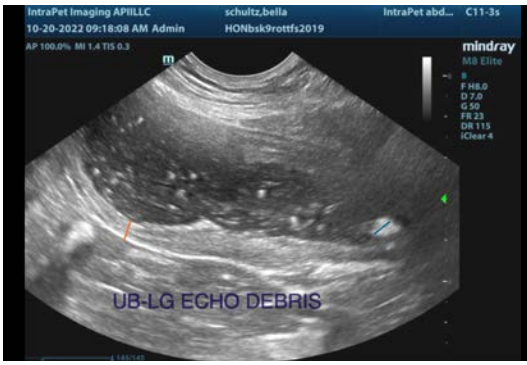
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Thickened irregular urinary bladder wall with a large amount of echogenic, shadowing, sandy debris/small calculi – Findings are most consistent with small bladder stones. Correlate with radiographs, urinalysis, and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hematuria reported is most consistent with the bladder changes observed. Recommend a urinalysis and culture and radiographs to confirm the size and number of stones present. If an infection is present, recommend treating this infection appropriately, reevaluating the urinary bladder to determine if the irregularity in the urinary bladder wall and the stones are improving (possibly struvite?). Many of the stones observed could be small enough to pass. One of the stones measures up to 1.0 cm, which may be difficult. Recommend continued monitoring of these calculi, as if they are persistent, a cystotomy may be necessary.




IntraPet Imaging APIILLC
schultz,bella
IntraPet abd...
C11-3s
10-20-2022 09:18:49 AM Admin
HONbsk9rottfs2019
AP 100.0% MI 1.4 TIS 0.4
LT
Dist 8.24 cm
mindray
M8 Elite


IntraPet Imaging APIILLC
schultz,bella
IntraPet abd...
C11-3s
10-20-2022 09:19:05 AM Admin
HONbsk9rottfs2019
AP 100.0% MI 1.4 TIS 0.4
LT
Dist 2.11 cm
Dist 0.70 cm
Dist 0.48 cm
mindray
M8 Elite


IntraPet Imaging APIILLC
schultz,bella
IntraPet abd...
C11-3s
10-20-2022 09:19:16 AM Admin
HONbsk9rottfs2019
AP 100.0% MI 1.4 TIS 0.4
Spleen
mindray
M8 Elite


IntraPet Imaging APIILLC
schultz,bella
IntraPet abd...
C11-3s
10-20-2022 09:22:28 AM Admin
HONbsk9rottfs2019
AP 100.0% MI 1.4 TIS 0.4
RT
Dist 7.53 cm
mindray
M8 Elite


IntraPet Imaging APIILLC
schultz,bella
IntraPet abd...
C11-3s
10-20-2022 09:22:45 AM Admin
HONbsk9rottfs2019
AP 100.0% MI 1.3 TIS 0.4
RT
RA
1 Dist 2.44 cm
2 Dist 0.62 cm
3 Dist 0.52 cm
mindray
M8 Elite


IntraPet Imaging APIILLC
schultz,bella
IntraPet abd...
C11-3s
10-20-2022 09:17:42 AM Admin
HONbsk9rottfs2019
AP 100.0% MI 1.4 TIS 0.3
UB-MINERALIZATIONS/STONES
mindray
M8 Elite


IntraPet Imaging APIILLC
schultz,bella
IntraPet abd...
C11-3s
10-20-2022 09:19:49 AM Admin
HONbsk9rottfs2019
AP 100.0% MI 1.3 TIS 0.4
Liver
LIVER/GB
mindray
M8 Elite

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com