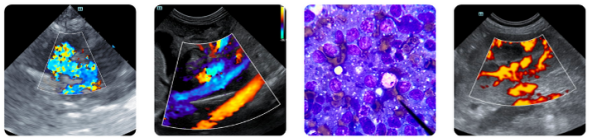

PATIENT

Archie Miller

SPECIES

Canine

BREED

Mini Poodle

SEX

NM

AGE

9 years 2 months

WEIGHT

10.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

VCA Canada Country Hills Animal Hospital

REFERRING VET

Dr. Beck

INVOICE

10833

DATE

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PRESENTING CLINICAL SIGNS

Full abdomen but urogenital focus (kidney/bladder). Look further into positioning and amount of bladder stones (repeat stones) and kidney stones. Overall hx: Nine-year-old male neutered mini poodle with a history of recurrent calcium oxalate urolithiasis, who has presented for evaluation of new stone formation following a cystotomy earlier this year. In March 2024, the patient underwent a cystotomy for the removal of calcium oxalate stones and was subsequently placed on a urinary diet. A few months post-operatively, radiographs identified a suture-related mineral opacity in the bladder, but due to the patient being asymptomatic, a monitoring plan was elected. A recent urinalysis revealed hematuria, and follow-up radiographs showed a significant increase in the number of uroliths. The patient is reportedly asymptomatic at this time. The current diagnostic goals are to determine if the uroliths are attached to the bladder wall or free-floating, and to assess the bladder wall and kidneys for any concurrent abnormalities, including potential nephroliths.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with slightly echogenic urine. The Bladder wall is thickened, irregular (with polypoid like projections) measuring 0.73 cm in the apical wall. In the dependent region of the trigone there are numerous shadowing bladder stones (4 +.) Examples measure 0.74 cm, 0.56 cm, 0.59 cm. These appear to extend into the proximal urethra. In the cystourethral junction a more distal stone is visualized in the proximal urethra measuring 0.18 cm. Possibly embedded in the wall?

The prostate is normal in size (0.71 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.76 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are numerous non-obstructive nephroliths noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

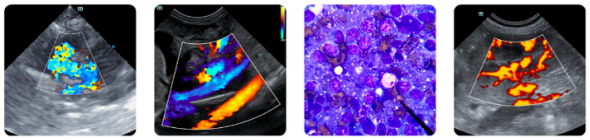
The right kidney has a normal shape and size (4.31 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are numerous non-obstructive neprholiths noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 cm at the cranial pole and 0.58 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 0.49 cm at the cranial pole and 0.49 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



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The spleen is subjectively normal in size (0.71 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a focal hyperechoic lesion in the parenchyma measuring 0.27 cm.

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 gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation. There is focal hyperechoic debris, most consistent with a cholelith measuring at 0.68 cm.

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 (0.44 cm in wall thickness) and the jejunum measured as normal (0.31.) 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 visible/mildly mottled in the right limb. 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.

PRIMARY FINDINGS

- Thickened irregular (almost polypoidal) bladder wall with numerous dependent stones in the trigone and proximal urethra. Recommend urinalysis and culture. Correlate with radiographs.
- Age related changes visualized associated with both kidneys, as well as non-obstructive nephroliths. Hyperechoic foci are visualized in the kidney most consistent with nephroliths. There is no current evidence of obstructive disease. Correlate findings with abdominal radiographs, urinalysis, and culture. Continued monitoring is warranted for

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progression/obstruction.

- Large gallbladder debris with a hyperechoic cholelith. A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

SECONDARY FINDINGS

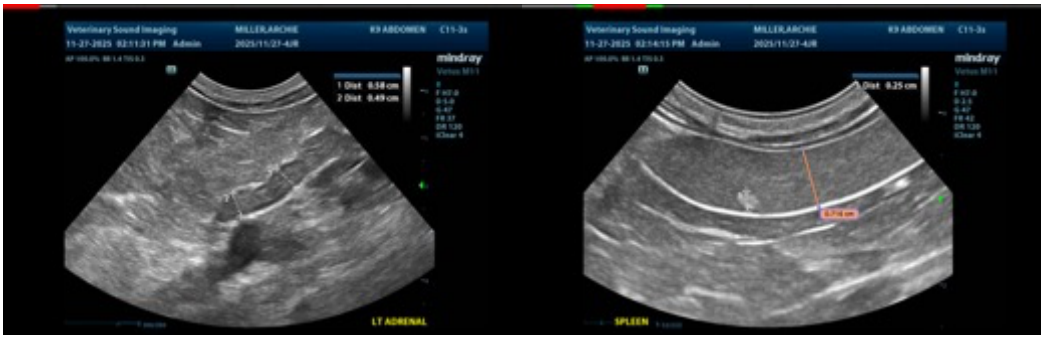
- Small hyperechoic lesion in the spleen. Findings are most consistent with benign lesion. Recommend continued monitoring.
- Changes consistent with mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder is mildly distended with urine and there are numerous shadowing stones visualized in the trigone region and the proximal urethra. The bladder wall is very irregular. Consistent with inflammatory or infectious cystitis. No apparent movement of the stones is visible, but this is difficult to assess in a non-distended urinary bladder. Consider passing a urinary catheter to assess if the urethral stone moves (it almost appears embedded in the wall) and to see if the stones in the trigone will move with agitation. Correlate the number and size of stones with radiographs.

Both kidneys have numerous non-obstructive nephroliths. No significant abnormalities are associated with these at this time.

There's a large amount of debris visualized within the gallbladder and a small cholelith. Recommend ursodiol therapy and continued monitoring.



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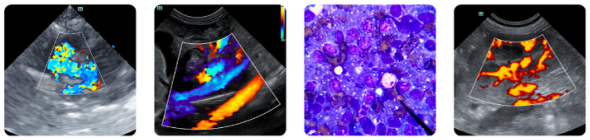

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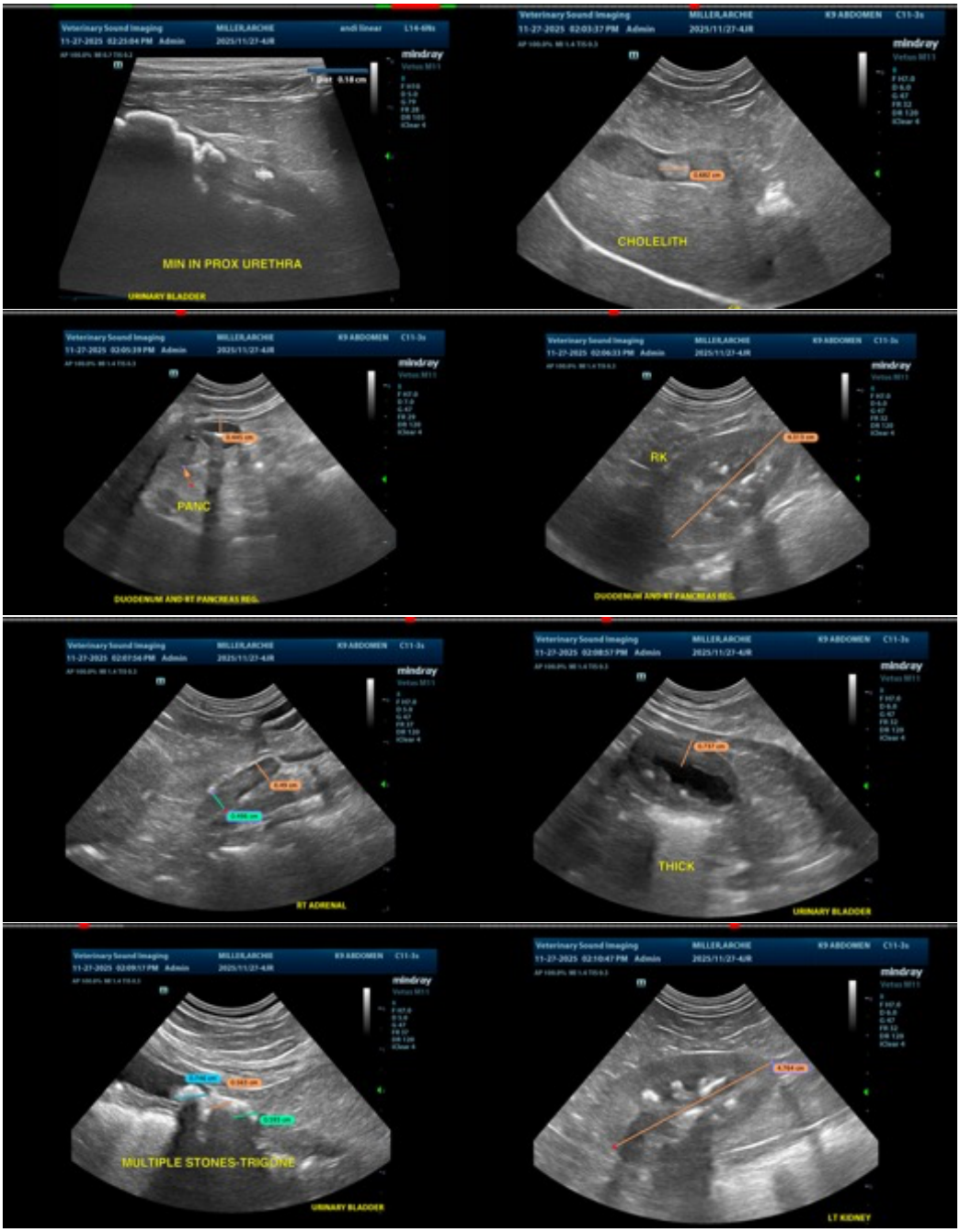

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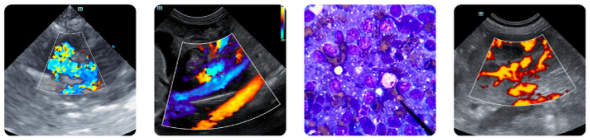

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com