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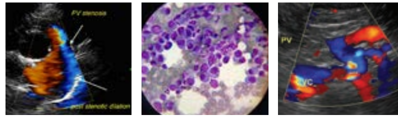

SonoPath

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DATE

11/9/22

PATIENT

Lucy Dreisch

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

2/13/08

WEIGHT

6.04 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

42665

PRESENTING CLINICAL SIGNS

Diagnosed with suspected TCC 9/12/2022 via IDEXX Bladder Tumor TCC Screening and mass noted on u/s. Was treated with piroxicam; renal values elevated and it was d/c after exam 11/4/2022. Presented for swollen toe, areas of redness began to appear on ventral abdomen and thorax (sent out bw and platelets and PT/PTT were normal) r/o rxn to alcohol vs rxn to cytopoint vs paraneoplastic vs other.

Current Medications: cytopoint injection 11/4/2022, sent home with clavamox but not started yet due to lesions developing after exam
Lab Results: most recent bw showed decrease in renal values after being off piroxicam for 3 days: SDMA 22 ug/dL 0 – 14, CREA 1.8 mg/dL 0.5 - 1.5, BUN/UREA 63 mg/dL 9 – 31.
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 mild primarily suspended echogenic debris and some dependent shadowing/sandy debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, sandy debris or small calculi. Correlate findings with abdominal radiographs, urinalysis and culture.

The left kidney has a normal shape and size (2.68 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 is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (2.64 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 is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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 0.42 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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

- Dependent sandy debris visualized in the urinary bladder – Recommend urinalysis and culture. This is likely small enough to pass.

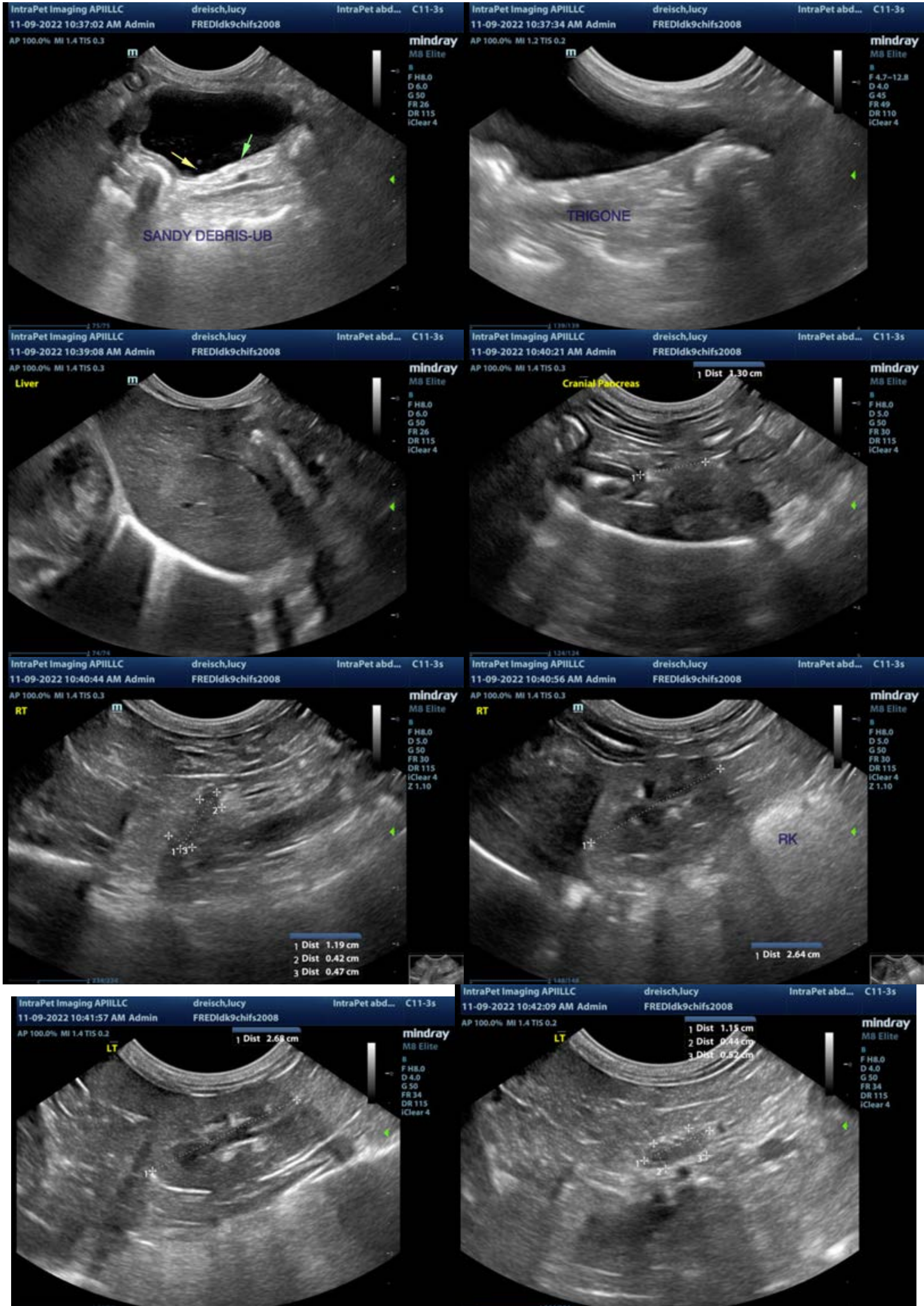
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal mass effect is not clearly visualized on today’s exam. It is possible that the previous lesion was an inflammatory polyp or inflammatory lesion, and that possible treatment with antibiotics(?) or with the anti-inflammatories helped to resolve the issue. Recommend urinalysis and culture and continued monitoring of the urinary bladder with ultrasound. It would be interesting to recheck a bladder tumor antigen, as long as the urine sample does not have a significant amount of leukocytes or red blood cells, to see if it is consistently positive. The most common cause for a false positive is an active urine sediment.

The changes observed in the kidneys are likely consistent with age related change and early renal disease. Recommend a blood pressure and the aforementioned urinalysis and culture as a baseline.



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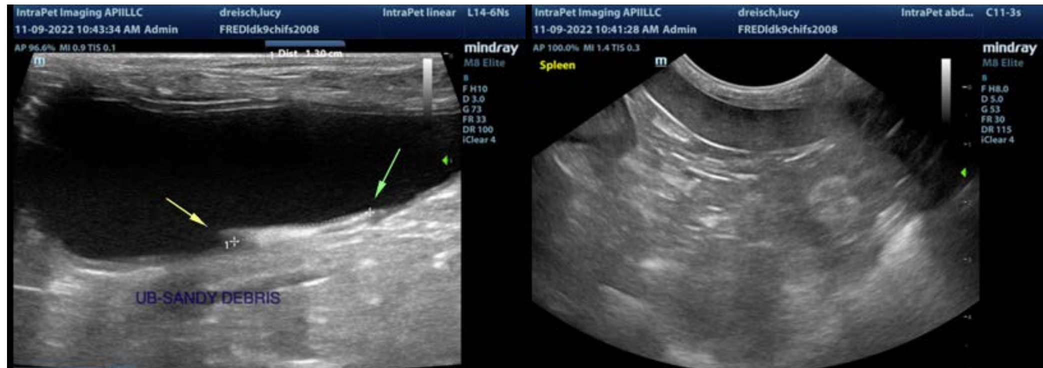

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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