IMAGING PERFORMED BY

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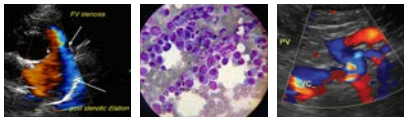

SonoPath
Clinical Sonography & Telecytology
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DATE

12/6/22

PATIENT

Minna Eckhart

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

8/5/15

WEIGHT

70 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Creswell Vet Clinic

REFERRING VET

Dr. Cullum

INVOICE

43232

PRESENTING CLINICAL SIGNS

P presented on 11/21/21 because of foul smelling urine, straining to urinating and producing little-to-no urine. Initial improvement seen after beginning ABx and Prazosin however P has recently began straining to urinate again.

Current Medications: 11/21/22- Amoxi/Clav 500/125mg, 1 BID x 10 days. 11/21/22- Prazosin 10mg BID (finished 12/5/22)
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined, required for full imaging.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall is severely diffusely thickened and mildly irregular, measuring at 1.22 cm. The regions of the trigone and ureteral papillae appear normal with no evidence of focal masses or cystic calculi. The proximal urethra is difficult to visualize, likely due to the non-distended urinary bladder and pelvic location.

The left kidney has a normal shape and size (7.5 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 (6.98 cm) with mild pyelectasia at 0.28 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.71 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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.

PRIMARY FINDINGS

- Mildly distended urinary bladder with severe bladder wall thickening and mild irregularity – Findings are most consistent with diffuse cystitis. Recommend urinalysis and culture. An underlying neoplastic process cannot be ruled out.

- Mild right-sided pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

SECONDARY FINDINGS

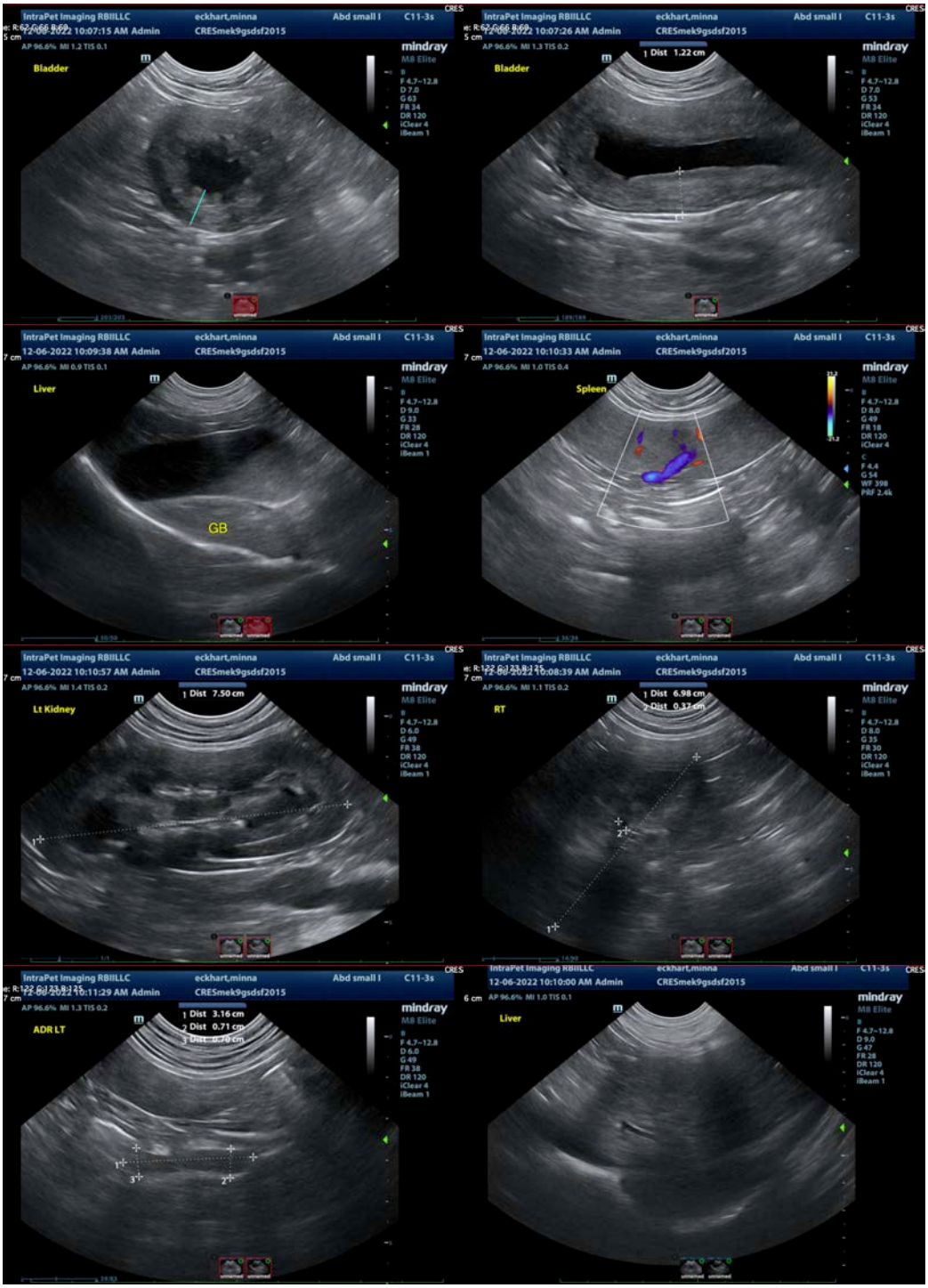
- Right adrenal gland not clearly visualized

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder wall is diffusely thickened and mildly irregular. These findings are most consistent with a non-distended urinary bladder and likely diffuse cystitis. Recommend a urine culture approximately 3-5 days after antibiotics are discontinued. If the urine culture is negative, consider cystoscopy to further evaluate the urethra and urinary bladder as well as obtaining biopsies.

There is very mild pyelectasia visualized in the right kidney. This is likely incidental but could represent early pyelonephritis.

Sedation would likely be necessary in this deep chested dog for better visualization of the right adrenal gland +/- urethra.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CRESmek9gsdsf2015
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Bladder
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Dist 1.22 cm
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Lt Kidney
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Abd small I
C11-3s
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CRESmek9gsdsf2015
mindray
Dist 6.98 cm
Dist 0.37 cm
RT
IntraPet Imaging RBIILLC
eckhart,minna
Abd small I
C11-3s
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CRESmek9gsdsf2015
mindray
Dist 3.16 cm
Dist 0.71 cm
ADR LT
IntraPet Imaging RBIILLC
eckhart,minna
Abd small I
C11-3s
12-06-2022 10:10:00 AM Admin
CRESmek9gsdsf2015
mindray
Liver

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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