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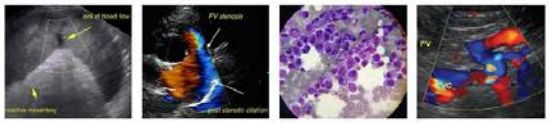


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Penny Feiling

SPECIES

Canine

BREED

English Bull Terrier

SEX

Spayed Female

AGE

13 Years

WEIGHT

27 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

FourPaws AC

REFERRING VET

Dr. Sue Lester

INVOICE

33368

DATE

12/8/21

PRESENTING CLINICAL SIGNS

urinary incontinence for one week- duration progressing to hematuria and frequent urination with possible straining= passing blood tinged urine in cage-
Abnormal PE/Chem/CBC/UA Results: Crea 2.4, BUN 42, RBCs too numerous to count- CULTURE- negative growth- AUS for hematuria, straining

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, and ureteral papillae appear normal with no evidence of of wall thickening, mucosal irregularities, masses or cystic calculi. There is a large amount of dependent debris in the urinary bladder, and the proximal urethra is well visualized and appears non-obstructed. More distally, the urethra narrows. No calculi or focal masses are visualized. The distal urethral width is 0.55 cm, which could be subjectively increased.

The left kidney has a normal shape and size (5.65 cm) with pyelectasia at 0.43 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.59 cm) with pyelectasia at 0.37 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.61 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 0.58 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.

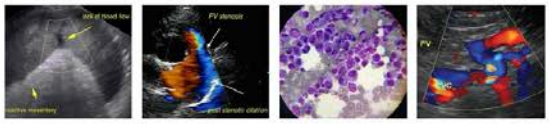
Spleen

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.



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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. Jejunum wall measured 0.35 cm. 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.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

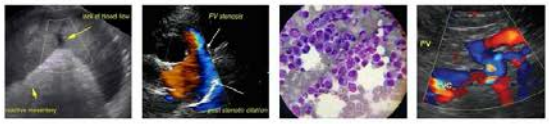
- Questionable urethral thickening with dependent debris in the urinary bladder. No focal mass lesions are visualized in the urethera or bladder,
- Bilateral renal pyelectasisa – Pyelectasia of the left and right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized within the urinary tract to explain the straining and incontinence reported. Distally, urethral wall thickening can be difficult to visualize due to pelvic interference. Consider rectal exam to palpate the urethra to determine if it feels firmer or more ropey/enlarged than normal.

Additionally, there is dependent debris in the urinary bladder and pyelectasia. I would be concerned about a urinary tract infection, but historical urine culture is negative. If this was performed within a week of being on antibioitics, you may consider reculturing when off of medications. Sometimes intramural urethral thickening can be difficult to visualize. You could consider cystoscopy to better evaluate this area, and distal urethral vaginal palpation can sometimes detect lesions.

The pyelectasia visualized is most likely secondary to either pyelonephritis or increased resistance to urine outflow, although no ureteral dilation was visualized. Other possible differentials would be a



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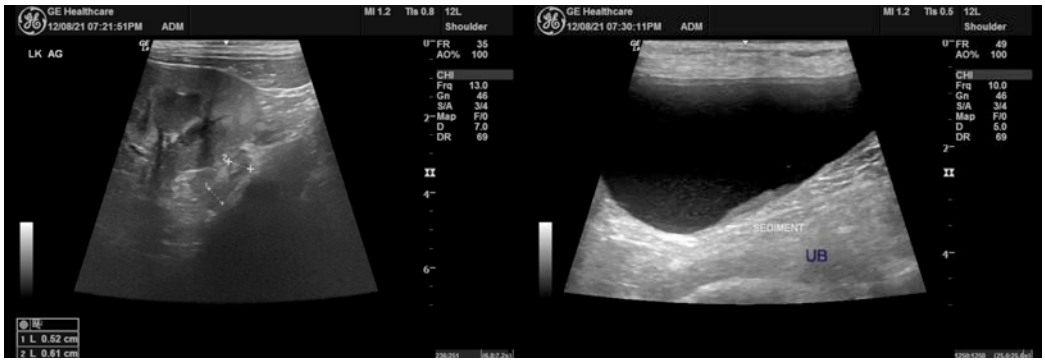
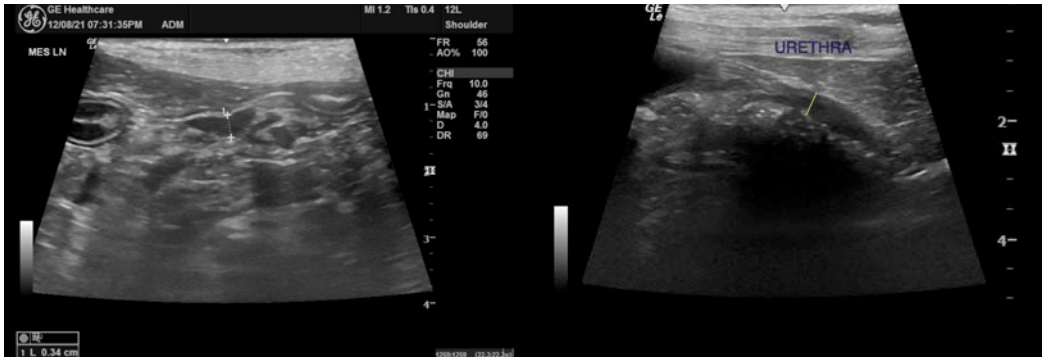
urethral stricture, or neurologic issue causing dysuria (either upper or lower motor neuron bladder). If not already done, observing this pet urinating at the clinic can sometimes be beneficial in combination with bladder palpation and ultrasound to determine if the bladder is being emptied .

If symptoms persist and UTI is excluded, options include :

- Cystoscopy to better visualize and obtain samples
- Traumatic catheterization to obtain samples (at the level of the urethra)
- Urine BRAF test-(If this test is negative, it is inconclusive. If positive, it would increase the likelihood of an underlying transitional cell carcinoma)

Keep in mid that other differenitals for urethral thickening such as granulomatous urethritis exist and possibly question the owner description of symptoms as incontinence and straining to urinate are uncommon to see together (but not impossible).





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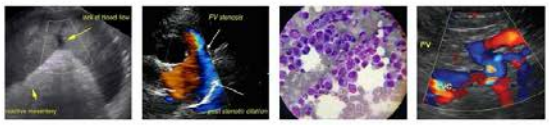

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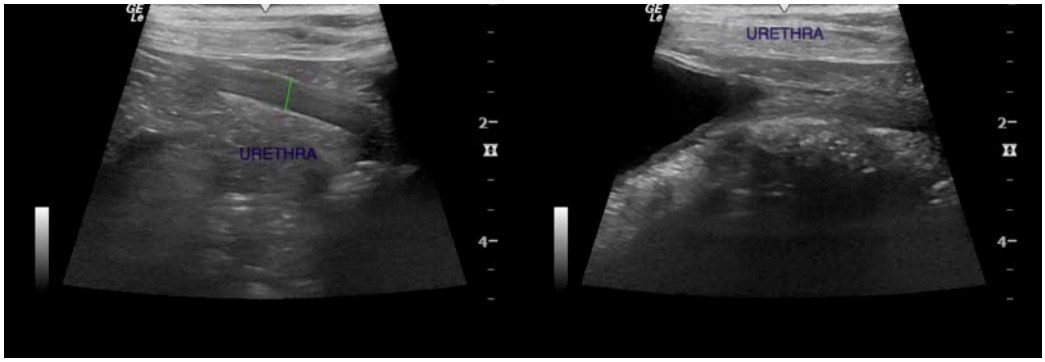

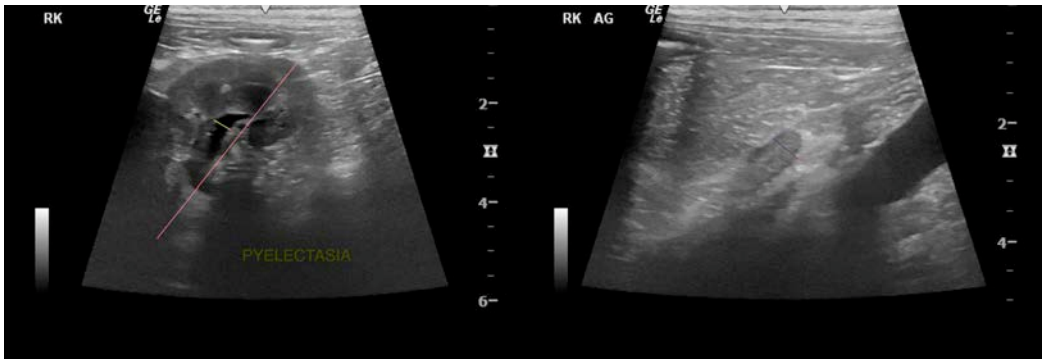

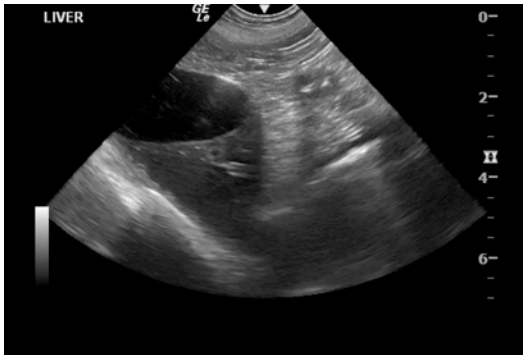

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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