

PATIENT PRESENTING CLINICAL SIGNS

Nova Davidson Pollakiuria with some stranguria. Nonresponsive to ABX.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALP 147, USB 1.046, 1+ bld, 1+ protein, culture pending.

BREED

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder is moderately distended with anechoic urine. The urinary bladder wall is thickened and irregular particularly in the dorsal apical region where it measures at < 0.90 cm, creating somewhat of a mass effect measuring 0.90 cm x 2.75 cm. The area of the trigone, ureteral papillae and proximal urethra (to a depth of 2cm) appear relatively normal with no significant mucosal irregularities, calculi, or mass effects.

AGE

11y 1m

The prostate is normal in size (1.07 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.

WEIGHT

73.5#

The left kidney has a normal shape and size (7.06 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.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
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The right kidney has a normal shape and size (6.07 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.

IMAGING PERFORMED BY

Shari Reffi, CVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 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.

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Hospital

The right adrenal gland is normal in size measuring 0.77 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.

REFERRING VET

Dr. Clegg

Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

INVOICE

10144gw

DATE

3/28/2023

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.



PATIENT

Nova Davidson

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.

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Gastrointestinal

Canine

The stomach contains moderate fluid. 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.

BREED

Mix

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 jejunum measured as normal (0.35 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

AGE

11y 1m

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.

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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.

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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.

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PRIMARY FINDINGS

- Diffusely irregular urinary bladder wall with a mass effect in the dorsal apical region. Findings are most consistent with bacterial cystitis, although underlying neoplasia cannot be ruled out.

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SECONDARY FINDINGS

- Hyperechoic foci visualized within the spleen. These are most consistent with benign myelolipomas and are likely incidental.

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Dr. Clegg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Urinary bladder wall is diffusely thickened and irregular, this is more severe in the dorsal apical region. I suspect this is consistent with chronic bacterial cystitis but if the urine culture is negative then there's possibility of a more diffuse neoplastic lesion. Recommend a urine analysis and culture (taken once off antibiotics for at least 3-5 days) and appropriate treatment if an infection is observed. Recommend reevaluation of urinary bladder as normal before cessation of antibiotics. If no infection is present or the thickening persist despite adequate treatment and a subsequent negative urine culture, consider a traumatic catheterization to obtain samples for cytology.

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REFERRING VET

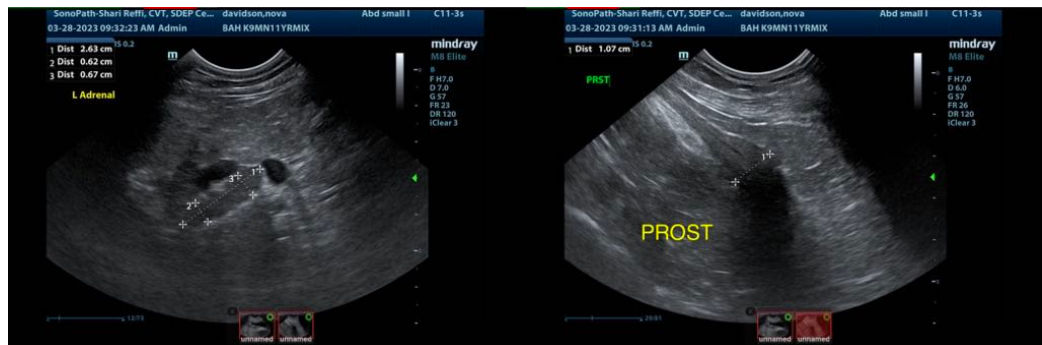
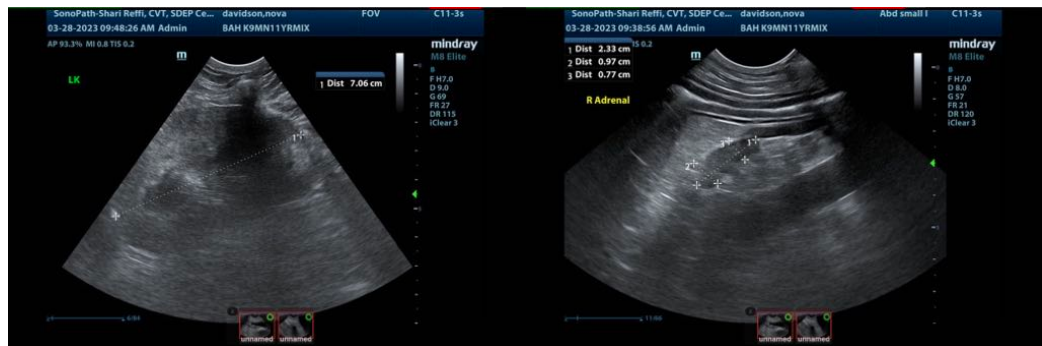
Dr. Clegg

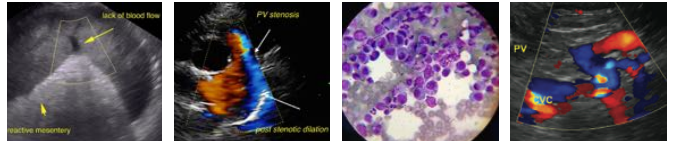
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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