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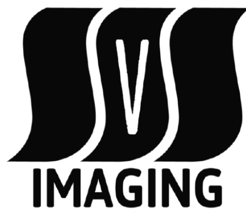

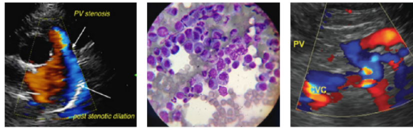

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Tango Gerchow

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered Male

AGE

14 Years

WEIGHT

19 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet Practice

INVOICE

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4/19/22

PRESENTING CLINICAL SIGNS

Current Medications: Pimobendan 5mg 1/2 tab PO BID - started 11/30/2021 Deramaxx 25mg 1/2 tab PO SID -started 11/30/2021 Simparica Trio monthly Patient History: Hx of Grade III/VI left sided heart murmur for several years, some coughing has developed with time, exercise intolerance. Echos have been prev declined in the past, started pimobendan with suspect MVD 5 months ago.
Abnormal PE/Chem/CBC/UA Results: BP right lateral with doppler on LR size 2 cuff above hock 140, 150, 160, 160 Abnormal Examination Findings: Has severe periodontal disease- planning to do dental procedure with extractions, O approved scans due to upcoming anesthesia Hx of being reactive on bladder palpation and occ renal palpation. Hx of elevated SDMAs and positive urine cultures. UA/MIC pending today. Hx of luxating patellas and DJD, started nsaid therapy last fall due to pain and decreased mobility. Please see attached radiographs for cardiac review. Blood work is pending. Previous ultrasound reports are attached for comparison.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely thickened and irregular. There is a moderate sized pile of shadowing dependent debris, most consistent with numerous stones and sandy debris in the dependent portion of the urinary bladder. This debris extends into the prostatic urethra, where there are stones or an additional accumulation of sandy debris.

The prostate is normal in size (1.18 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra is dilated an appears to have shadowing, hyperechoic intraluminal material, most consistent with sandy debris or stones. There is no evidence of a mass effect.

The left kidney has a normal shape and size (4.61 cm) with pyelectasia at 0.50 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.7 cm) with pyelectasia at 0.25 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.41 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 0.35 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.

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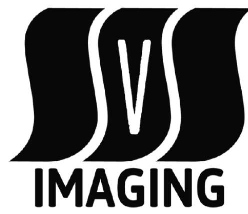

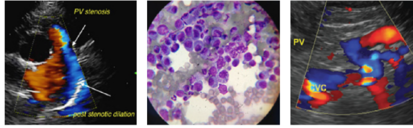

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Liver

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. Jejunum wall measured 0.20 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.

ULTRASONOGRAPHIC FINDINGS

- Shadowing, hyperechoic debris in the dependent portion of the urinary bladder and in the prostatic urethra – findings are most consistent with bladder and urethral stones. Correlate with abdominal radiographs. Recommend urinalysis and culture.

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a relatively large pile of mineralized debris in the dependent portion of the urinary bladder extending into the prostatic urethra. This is likely a combination of small stones and sandy debris. Recommend correlation with abdominal radiographs to try to determine the size of the stones present

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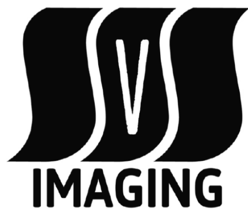

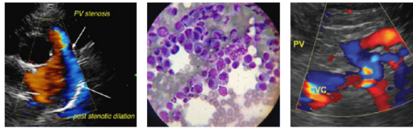

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and their location, paying particular attention to any stones that could be in the distal urethra. Recommend urinalysis and culture and likely surgical removal, unless these are suspected to be struvite stones.

Both kidneys have decreased corticomedullary distinction and mild pyelectasia. Recommend blood pressure evaluation and urinalysis and culture to evaluate for pyelonephritis.

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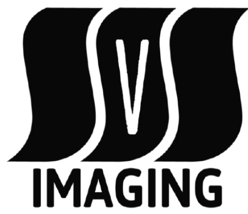

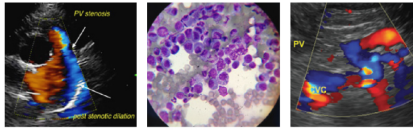

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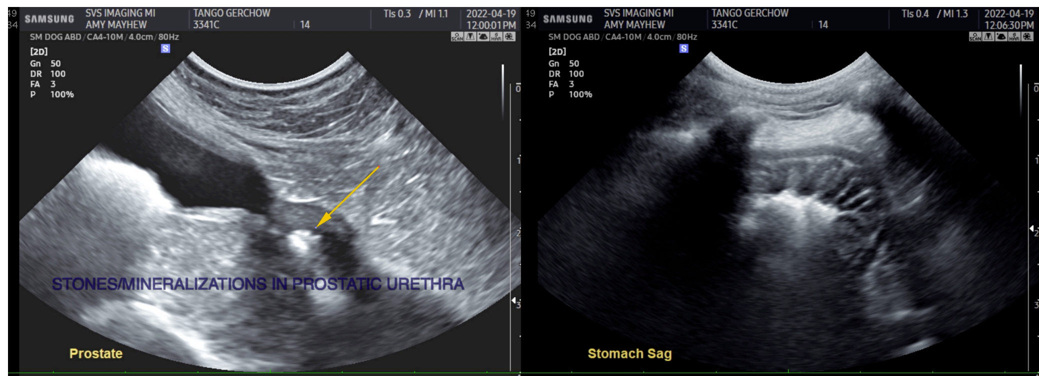

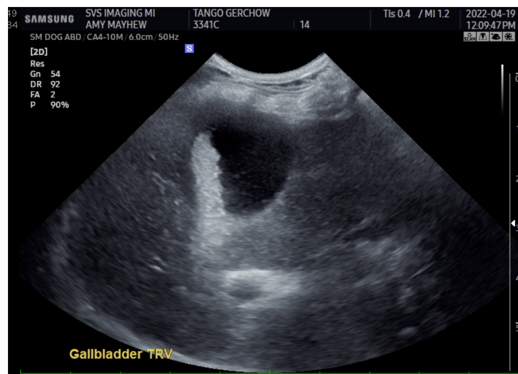

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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