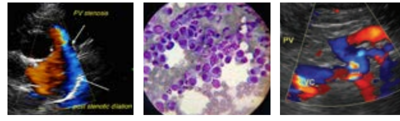


DATE

4/5/23

PATIENT

Sadie Jones

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

3/20/16

WEIGHT

96.8 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Advanced Vet Complex

REFERRING VET

Dr. Benson

INVOICE

46417

PRESENTING CLINICAL SIGNS

Chronic blood in urine, history of bladder stones. No stones seen on most current xray.

Current Medications: None.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall largely appears to have a smooth mucosal surface, but there is the general impression of very mild focal thickening in the dorsal apical aspect of the urinary bladder, where the bladder wall measures approximately 0.45 cm, and there is a pinpoint mineralization. The region of the trigone, ureteral papillae and proximal urethra appear normal with no evidence of calculi or mass effects. True interpretation of the bladder wall is difficult with the lack of urine distention present.

The left kidney has a normal shape and size (7.13 cm) with mild pyelectasia at 0.34 cm. Overall echogenicity is slightly hyperechoic 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.

The right kidney has a normal shape and size (5.87 cm) with mild pyelectasia at 0.41 cm. Overall echogenicity is slightly hyperechoic 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 0.75 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 0.77 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.

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 <0.36cm 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 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 prominent and mottled compared to the surrounding isoechoic 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

- Subtle irregular thickening at the dorsal apical aspect of the urinary bladder, with a pinpoint mineralization – Findings are most consistent with mild cystitis or lack of urine distention. Underlying neoplasia cannot be definitively ruled out.

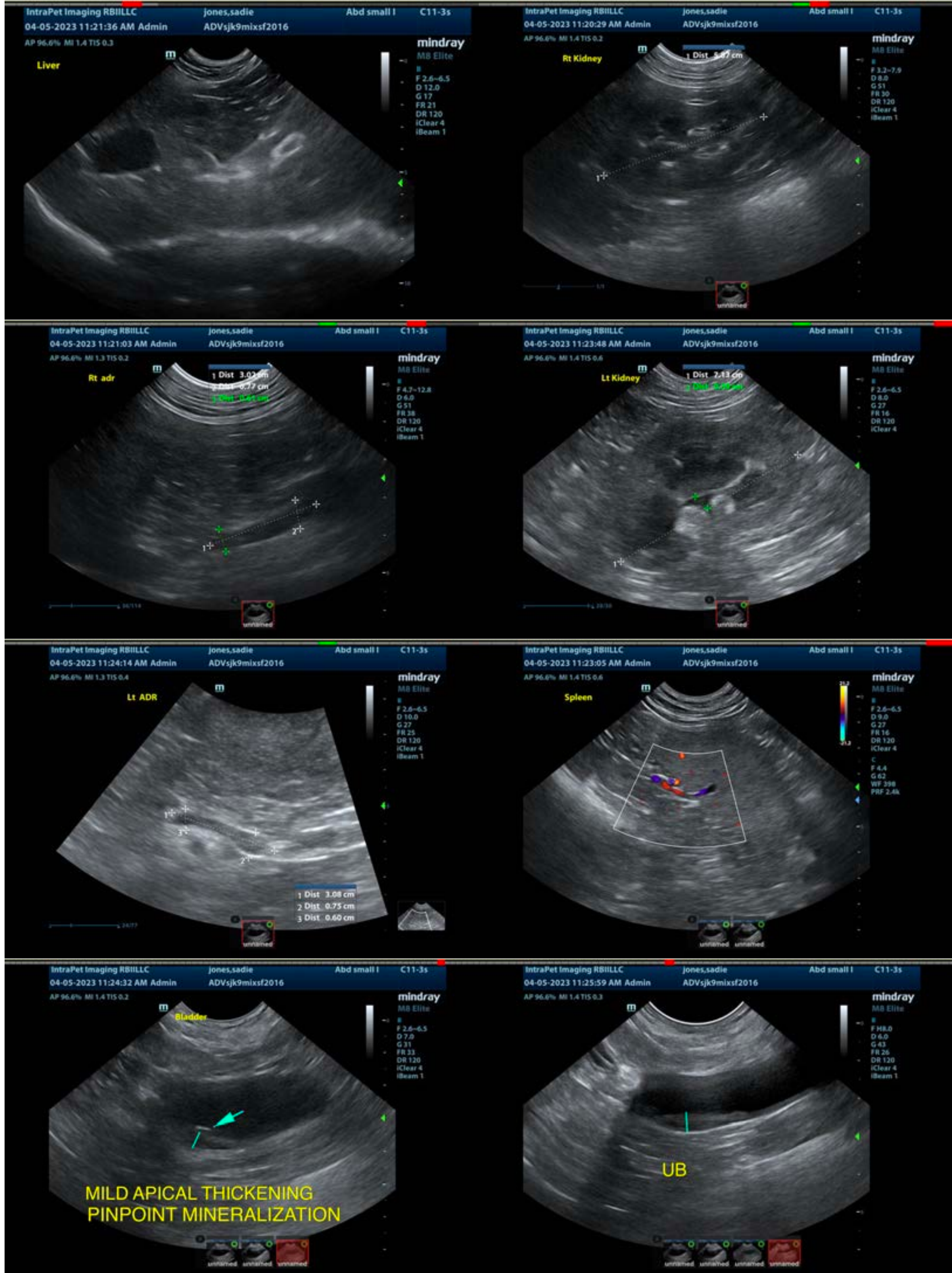
- Mild pyelectasia in both kidneys – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

SECONDARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is very subtle irregularity in the dorsal apical aspect of the urinary bladder. The significance of this is uncertain, and lack of bladder repletion makes this difficult to truly interpret. Correlate these findings with a urinalysis and culture. If an infection is present, then treat this as pyelonephritis, as there is mild bilateral pyelectasia present, and consider reevaluation of the urinary bladder post-treatment (ideally with a distended urinary bladder). If a urine culture is negative (and obtained at least 5 days from previous antibiotic administration), and hematuria persists, then you could consider a cystoscopic exam of the urinary bladder and bladder wall with biopsies. Additionally, this would allow for evaluation of the more distal urogenital tract and could evaluate the ureters for any evidence of hemorrhage from the kidneys.



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Abd small I
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Liver
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Lt ADR
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2 Dist 0.75 cm
3 Dist 0.60 cm
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Spleen
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Bladder
MILD APICAL THICKENING
PINPOINT MINERALIZATION
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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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