

PATIENT

Sadie Moscrip

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 Years

WEIGHT

50.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Galbraith

INVOICE

43149

DATE

6/14/23

PRESENTING CLINICAL SIGNS

History of urinary issues: inflammation and RBCs, recently has been urinary more and having accidents.
- history of pancreatitis - PE normal except for Right lateral ventral abdomen theres a 4.5 cm encapsulated firm mass Current Medications Gabapentin 300mg, thyro tabs, metacam 40kg dose, librella injection

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic urine. The Bladder wall appears irregular and thickened with adhered mineralization in the apical region. This area measures roughly 0.86 cm in thickness and 3.48 m in length. Additionally there is hyperechoic debris suspended and in the dependent portion of the urinary bladder, which could be consistent with sandy debris, small stones, etc. The area of the ureteral papillae and proximal urethra appear relatively normal and free of any calculi or mass lesions. Findings could be consistent with severe cystitis or atypical bladder neoplasia.

The left kidney has a normal shape and size (7.09 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 (8.55 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 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 0.68 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.



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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

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.

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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.)

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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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ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular, mineralized apical region of the urinary bladder with a large amount of suspended and dependent debris – Findings are most consistent with cystitis and a large volume of echogenic debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The apical portion of the urinary bladder wall is thickened with mineralization. This could represent stones embedded in the mucosa or even an atypical neoplastic process. Recommend urinalysis and culture and sampling of the thickened urinary bladder wall. A traumatic catheterization or cystoscopy could be considered. This might evaluate for causes of recurrent urinary tract infections as well. Alternately, you could consider treatment of the urinary tract infection based on culture and sensitivity results and reevaluation of the urinary bladder in approximately 3-4 weeks while still on antibiotics to see if the irregularity resolves. Antibiotics should always be continued (based on repeat culture and sensitivity results) until the thickening has resolved and ideally the mineralization is resolved or the infection is likely to relapse.

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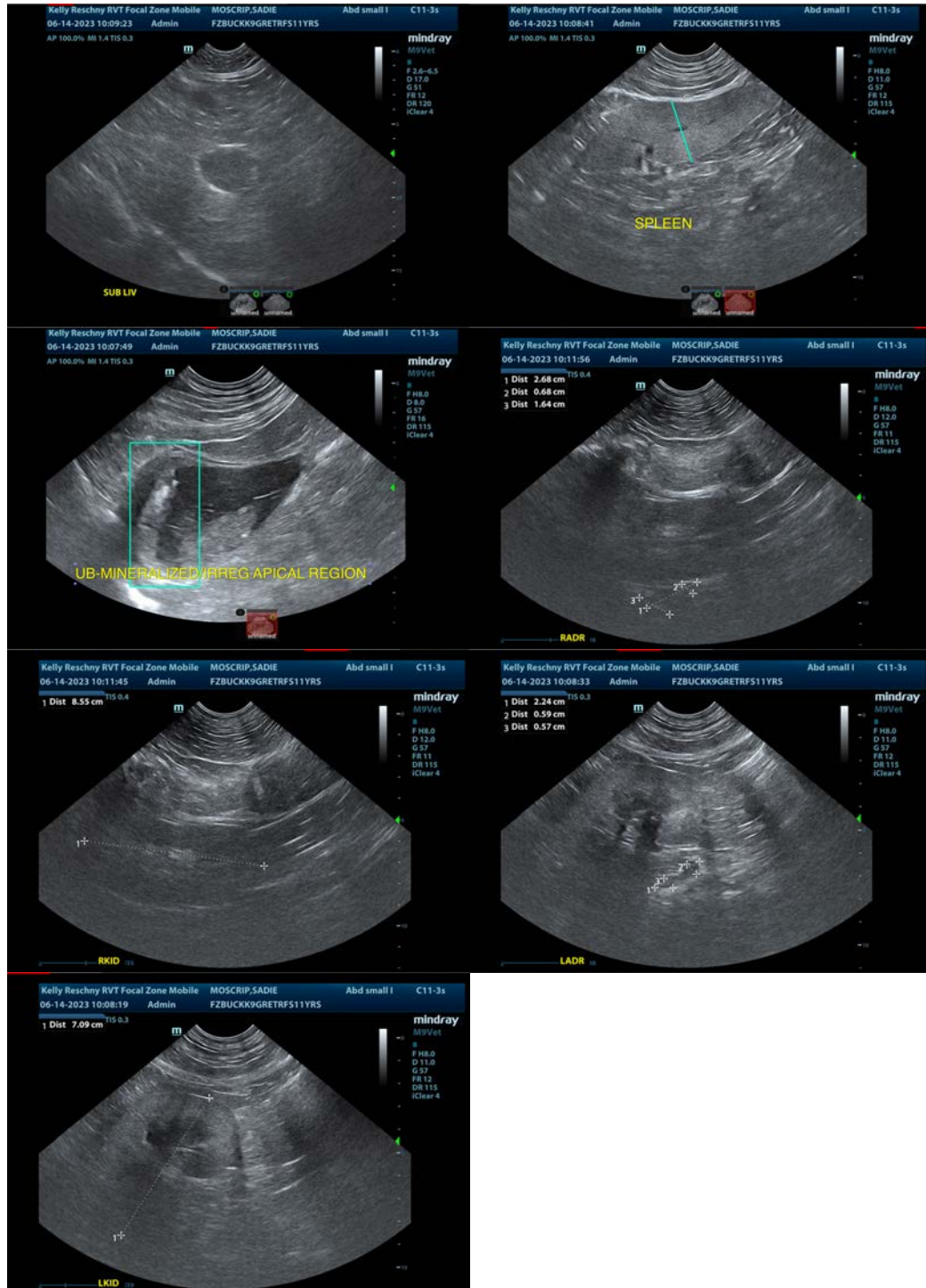
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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