



PATIENT PRESENTING CLINICAL SIGNS

Lola Vautour-
Wilmount

History of dribbling for months, treated with stilbestrol for incontinence for crystalluria but last follow up urinalysis showed heavy presence of transitional cells. R/O TCC U/S of the kidneys and bladder only

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: U/A - Ph 6; SG 1.030; protein 30+; presence of epithelial, crystals and bacteria with transitional cells

BREED

Beagle

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

SEX

Spayed Female

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.31 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension.

AGE

7 Years

Recommend urinalysis and culture.

WEIGHT

14.1 kg

The left kidney has a normal shape and size (5.11 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 (5.04 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
Medicine)

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

IMAGING PERFORMED BY

Dr. Trudeau

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Petworks VH

No focal mass lesions or stones were visualized on today's exam. The urinary bladder wall subjectively appears slightly thickened and irregular, possibly consistent with cystitis. No evidence of congenital anomalies is visualized, although a contrast CT scan would likely be necessary to definitively rule out ectopic ureters, and while no mass lesions were visualized in the proximal urethra, the distal urethra cannot be fully evaluated due to its intrapelvic location. Correlate these findings with a digital rectal exam, palpating for possible urethral thickening. Recommend a urinalysis and culture. If no cause for the incontinence is identified and sphincter mechanism incompetence is suspected, you could consider surgical intervention (urethral occluder, etc.).

REFERRING VET

Dr. Trudeau

INVOICE

43350

DATE

6/21/23



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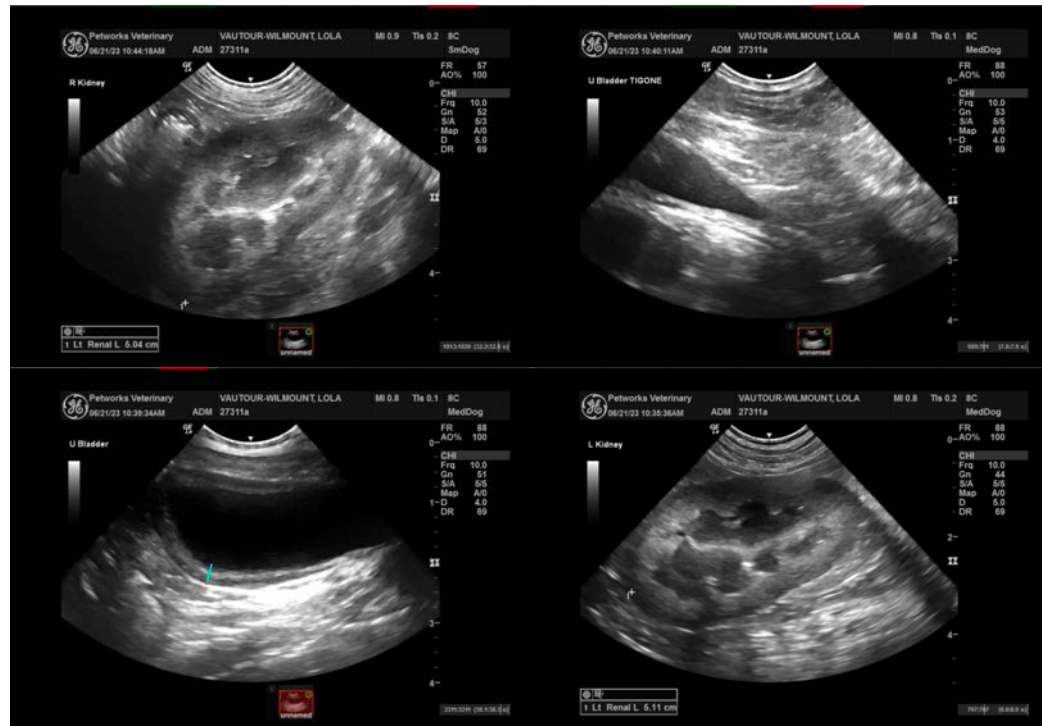
Spayed Female

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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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