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Clinical Sonography & Telecytology
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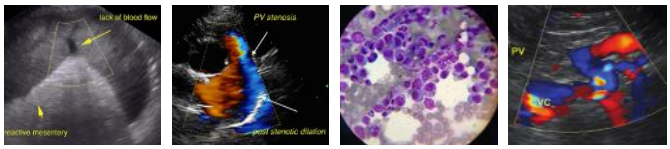


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Pumpkin Bauer

SPECIES
Canine

BREED
Pitbull

SEX
FS

AGE
7 months

WEIGHT
20.15 kg

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

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview Veterinary Hospital

REFERRING VET
Dr. Brian Barnes

INVOICE
10757ag

DATE
06/07/2022

PRESENTING CLINICAL SIGNS

History: Dog was spayed at about before 16 weeks of age. unable to house train for urination (BM's are ok) - pees in the house constantly (whenever, wherever) - pees every hour - Inappropriate urination . A lot of urination - occurs when she is excited, submissive. Can't last even four hours after. Peeing her bed. Squats and urinates. Sometimes urinates a lot, sometimes a little but often doesn't empty bladder. Doing well in other regards.

Abnormal PE/Chem/CBC/UA Results: History of Pyuria but no bacteria. SG= 1.050 pH= 6.5 Leu = 25 Leu/uL pro/glu/ket= neg UBG= 4mg/dL bil= neg BLD = 10 Ery/uL WBC = 8/HPF RBC= 1/HPF Bacteria = none Epi = 1-2/HPF Casts/crystals = none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size. Overall echogenicity is normal with adequate 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 left kidney measured 6.2 cm in length.

The right kidney has a normal shape and size. Overall echogenicity is normal with adequate 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 measured 2.3 cm.

Adrenal Glands

The left adrenal gland is normal/ flat in size measuring 0.34 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/borderline flat in size measuring 0.47 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.

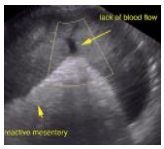
Liver

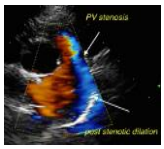
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

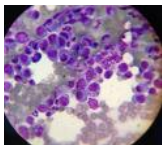
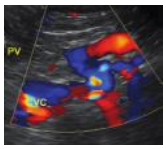
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate 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





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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 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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.

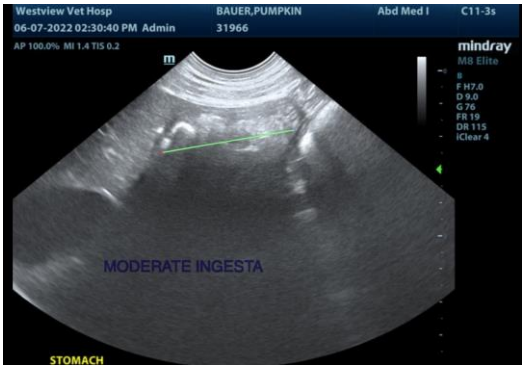
ULTRASONOGRAPHIC FINDINGS

- Borderline small bilateral adrenal gland. The adrenals appear somewhat flat in appearance. If there is any concern for underlying Addison's disease, consider a baseline cortisol.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious lesions are visualized associated with the urinary bladder, urethra etc. Visualization is somewhat impaired by a lack of bladder distension. The ureters are very active post Lasix administration and appear to be in their normal position. Unfortunately, ectopic ureters can have multiple openings etc. so a contrast study (contrast CT) may be necessary to definitively rule them out.

Recommend UA and C/S (I suspect this is what the cystocentesis was for) if there is no infection present then either consider additional diagnostics to rule out ectopic ureter or you could consider a Proin trial for possible sphincter mechanism incontinence. There are other things that could produce these type of signs such as abnormalities in the vaginal vault etc. which cystoscopy +/- CT scan could further evaluate.



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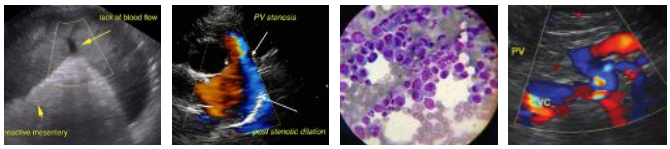

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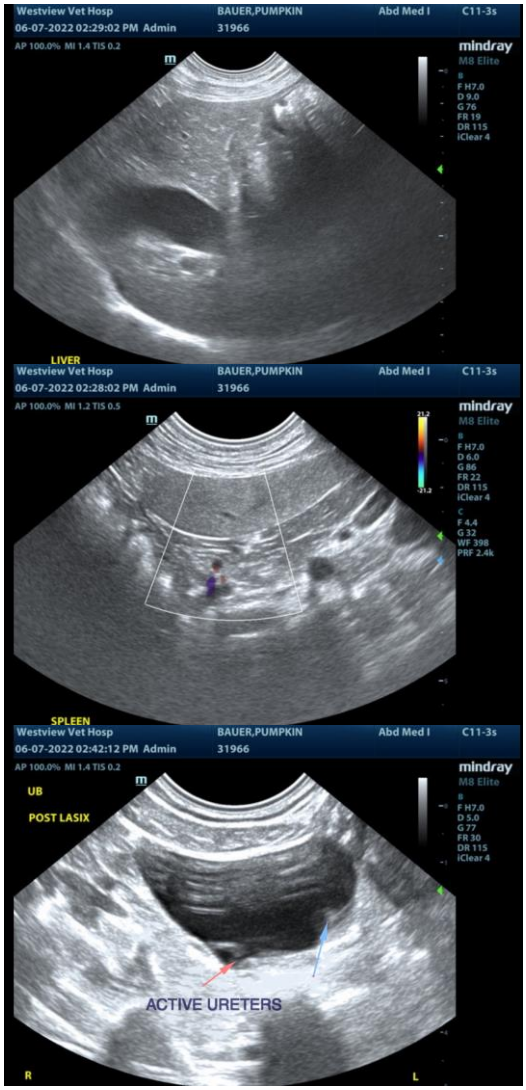

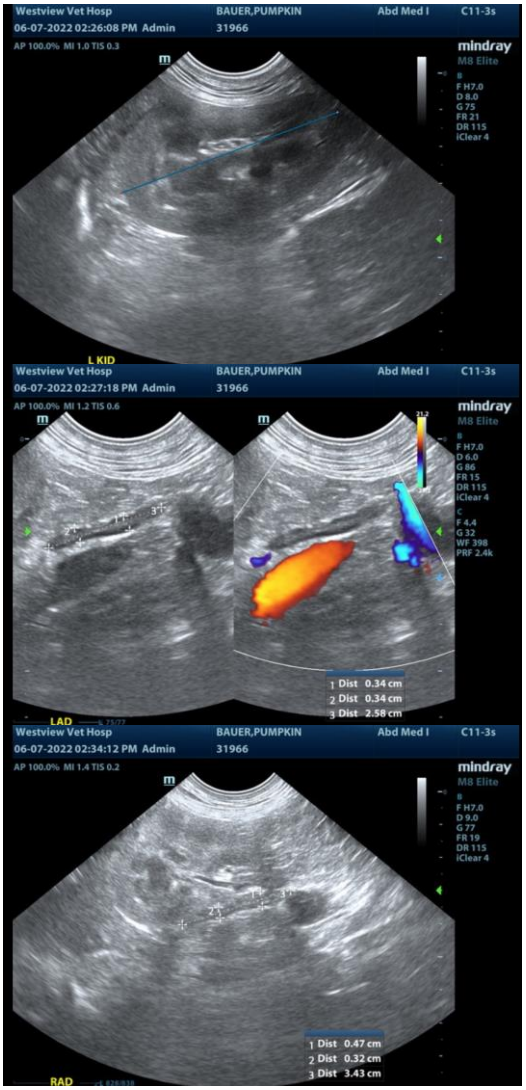

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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