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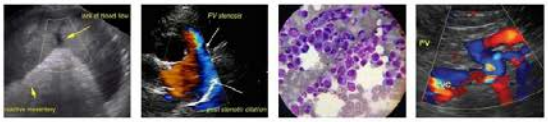

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Bonnie Best

SPECIES

Canine

BREED

Lab

SEX

Intact Female

AGE

12 Months

WEIGHT

66 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

North Hills VC

REFERRING VET

Dr. David Bagget

INVOICE

40786

DATE

8/25/22

PRESENTING CLINICAL SIGNS

UTI not clearing up- ruleouts: ectopic ureter, kidney stones, bladder stones, urinary tract infection- Recc OVH/UA C&S/ Ultrasound- CHRONIC UTI, hematuria

Abnormal PE/Chem/CBC/UA Results: UA: USG 1048, pH 6.0, Urine protein 2+, Blood 3+. collected via cysto. WBC 30-50, RBC 50-75, CULTURE: Proteus mirabilia 10k-50k CFU per ml, CBC-WNL, CHEM-WNL

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. One discrete ureteral jet appears present within the trigone. There is a contracting linear tubular structure visualized adjacent to the urethra, which appears to be opening into the urethra, which is most consistent with a right ectopic ureter.
Additionally there is the suggestion of fluid in the vaginal vault which could be consistent with pooling urine.

The left kidney has a normal shape and size (6.62 cm). 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 has a normal shape and size (6.12 cm). 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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 0.50 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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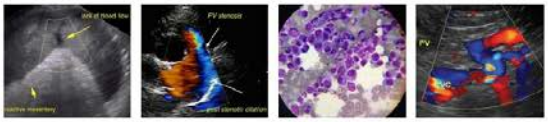

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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 0.46 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. There is a significant lymphadenopathy present with a mesenteric lymph node measuring 1.0 cm and 0.75 cm. The omentum is of normal echogenicity.

Other

Both left and right ovary are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is a common finding in young dogs, and likely within normal limits.

- Tubular structure adjacent to urethra most consistent with an ectopic right ureter

- Possible urine pooling in vaginal vault

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a tubular pulsatile structure visualized adjacent to the urethra most consistent with an ectopic right ureter. The left is questionable, but a ureteral jet is visualized near the trigone. Additionally, there is the suggestion of possible urine pooling in the vaginal vault.

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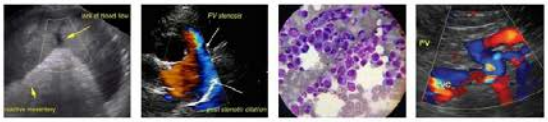

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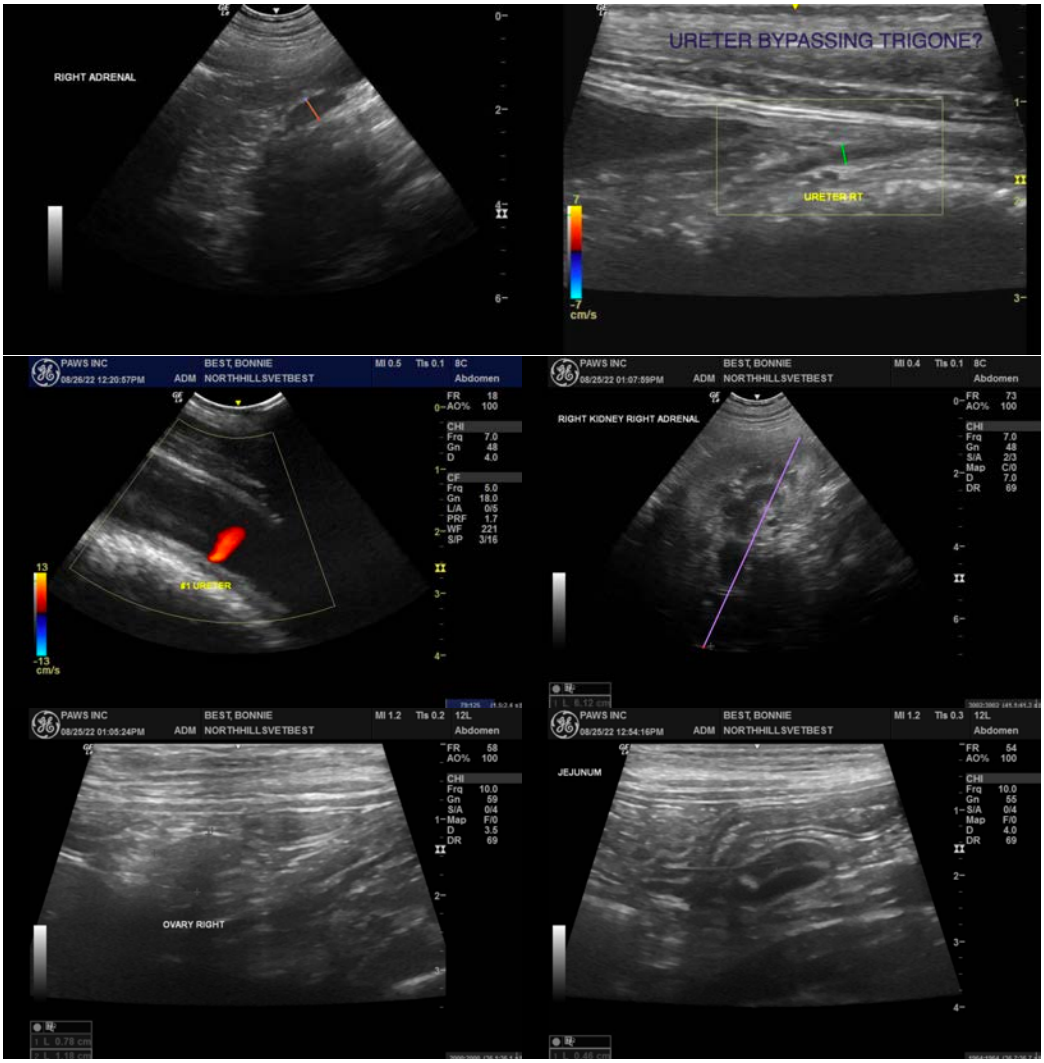
Based on these findings I would recommend a contrast CT scan to better evaluate the ureters for ectopia. Additionally a cystoscopy could be considered to evaluate the vaginal vault for pooling as this can be a source for recurrent urinary tract infections.



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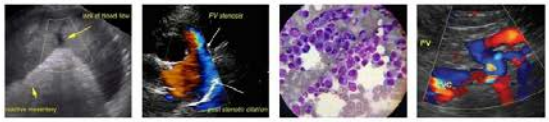

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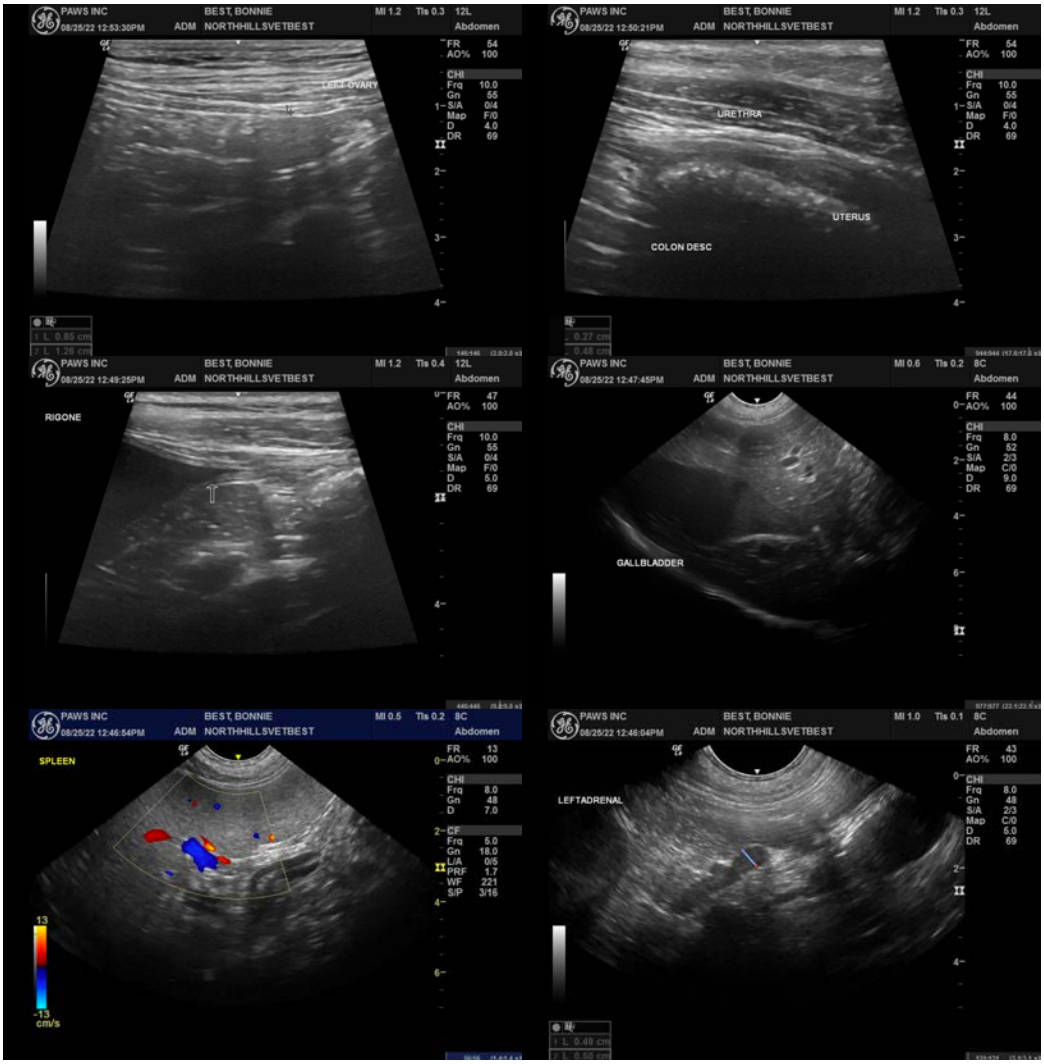

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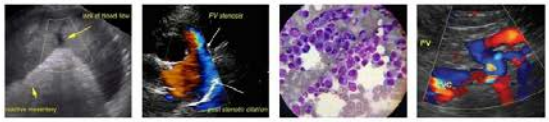

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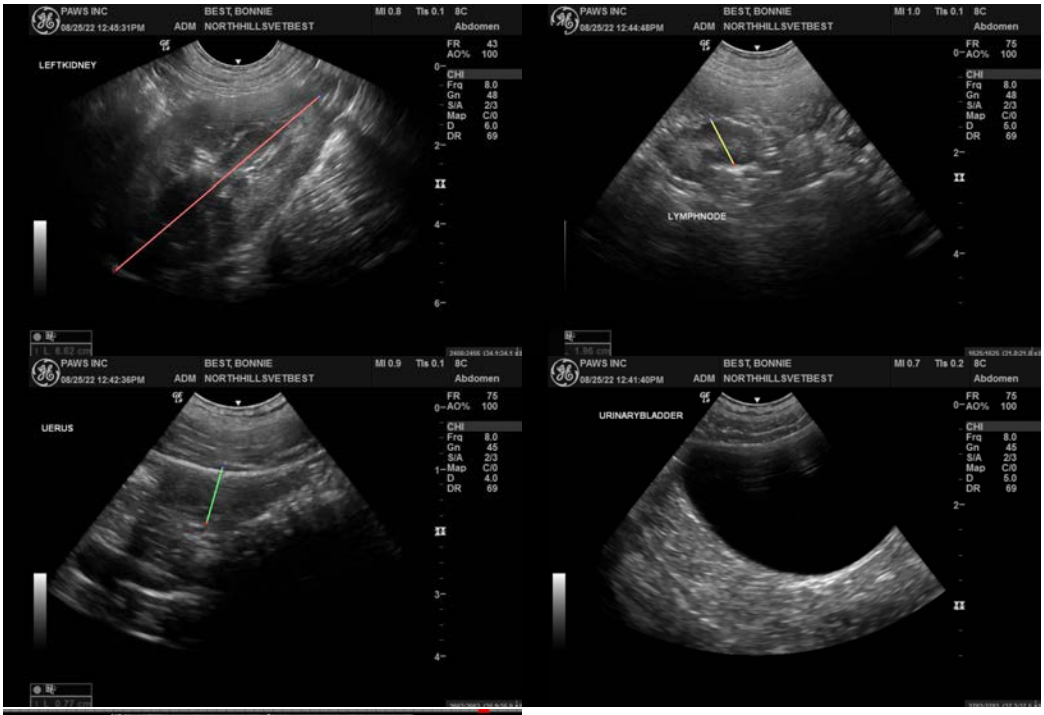

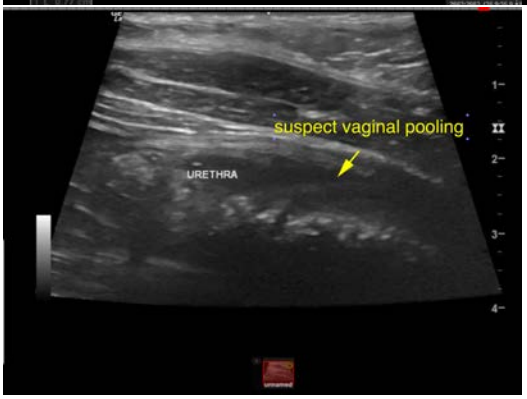

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
kathleen.sennello@sonopath.com