

**DATE PRESENTING CLINICAL SIGNS**

8/30/22

Chronic Hematuria since 6/2022. No frequent urination/urgency noted. Minimal improvement seen after several different courses of ABx (2 rounds of Ciprofloxacin, Amoxi/Clav). Urine culture negative.

PATIENT

Parker Gluch

Current Medications: 6/6/22: 500mg Ciprofloxacin BID x 10 days
6/23/22: 500mg Ciprofloxacin BID x 10 days. 7/7/22: Amoxi/Clav 500/125mg BID x 10 days.

Lab Results: See attached.

Radiographs: See attached.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Declined.

Stat Report: Not requested.

BREED

Boxer

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

2/16/16

The left kidney has a normal shape and size (7.01 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.

WEIGHT

72.6 Pounds

The right kidney has a normal shape and size (5.99 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)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

The right adrenal gland is normal in size measuring 0.90 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.

HOSPITAL NAME

Creswell Vet Clinic

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.

REFERRING VET

Dr. Cullum

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.

INVOICE

40853

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 <0.7cm 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. 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

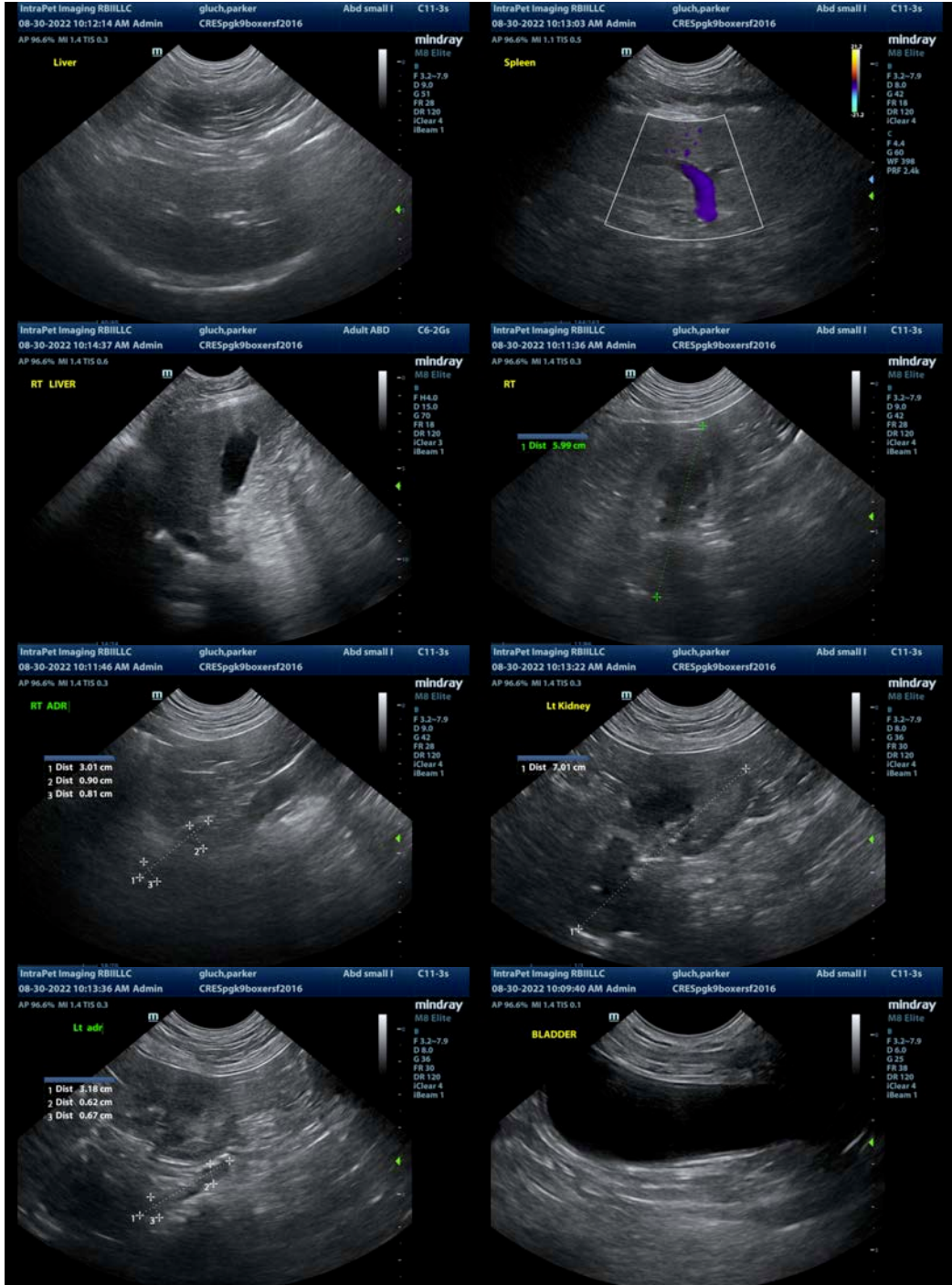
- No significant ultrasonographic lesions visualized

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are clearly visualized associated with the urinary bladder, urethra, or kidneys to explain the hematuria reported. Lack of lower urinary tract signs and a negative culture make cystitis much less likely, and a focal bladder tumor seems unlikely, as typically at 3 months duration of symptoms, a reasonably sized mass lesion would be seen. An intrapelvic urethral lesion is possible. Digital rectal exam to try to palpate the urethra is recommended.

Recommend ruling out any coagulopathies, make sure platelet counts are normal, and if a buccal mucosal bleeding time is prolonged, you consider screening for Von Willebrand.

If coagulation parameters are normal and urine culture is negative, with no mass lesions there is the possibility of benign essential hematuria, or a renal lesion not clearly seen on today's ultrasound. Consider a cystoscopy/vaginoscopy to further evaluate the lower urinary tract, as the ureteral jets can be evaluated to try and identify blood originating from the kidneys if no other lesions are visualized. Additionally, a contrast CT scan could be considered to better evaluate the renal parenchyma for any subtle lesions. At the very least, recheck ultrasound should be considered to reevaluate the kidneys and urinary bladder in 2-3 months, as a small mass lesion could become more evident.



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