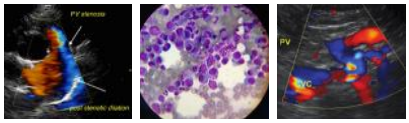
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

9/10/21

PATIENT

Bailey Schroeder

SPECIES

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

2013

WEIGHT

140 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Fountain Green VC

REFERRING VET

Dr. Lerner

INVOICE

25334

PRESENTING CLINICAL SIGNS

Owner noticed blood in urine 3 times in a 24 hour period. No change in urinary habits. Owner dropped off urine sample, pyuria without bacteria or symptoms. Owner reports second urinary issue this year, no previous history of urinary problems.

Current Medications: None
Lab Results: Urinalysis - Blood- 3+, WBC- 4-10, RBC - >50, Struvite Crystals- 4-10.
Date of Previous IntraPet Ultrasound: No previous
Sedation: IV sedation utilized
Stat Report: not requested

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE URINARY TRACT

The urinary bladder is mildly distended with primarily anechoic urine. The Bladder wall appears somewhat thickened and irregular with focal mineralizations along the apical borders, varying in size from approximately 0.2-0.45 cm. The bladder wall in this area is measured at approximately 0.89 cm. Much of the mineralized debris can be suspended, but some mineralized lesions appear non-mobile and possibly embedded in the mucosa. The remaining areas of bladder (trigone area, ureteral papillae, and visible urethra), appear normal with no evidence of wall thickening, mucosal irregularities, or masses. Lack of urine distention and size of patient makes evaluation challenging.

The left kidney has a normal shape and size (7.72 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 (8.76 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.

ULTRASONOGRAPHIC FINDINGS

- Dependent debris and small calculi in the urinary bladder as well apical wall thickening and mineralization – suggestive of cystitis, but an apical bladder tumor cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a challenging urinary bladder to visualize, likely due to patient size and lack of urine distention, which may cause artifactual urinary bladder wall thickening. The mineralizations in the urinary bladder do not all readily suspend, so there is the concern or possible mineralization in the thickened tissue, which is a more concerning finding for possible neoplasia. Recommend:

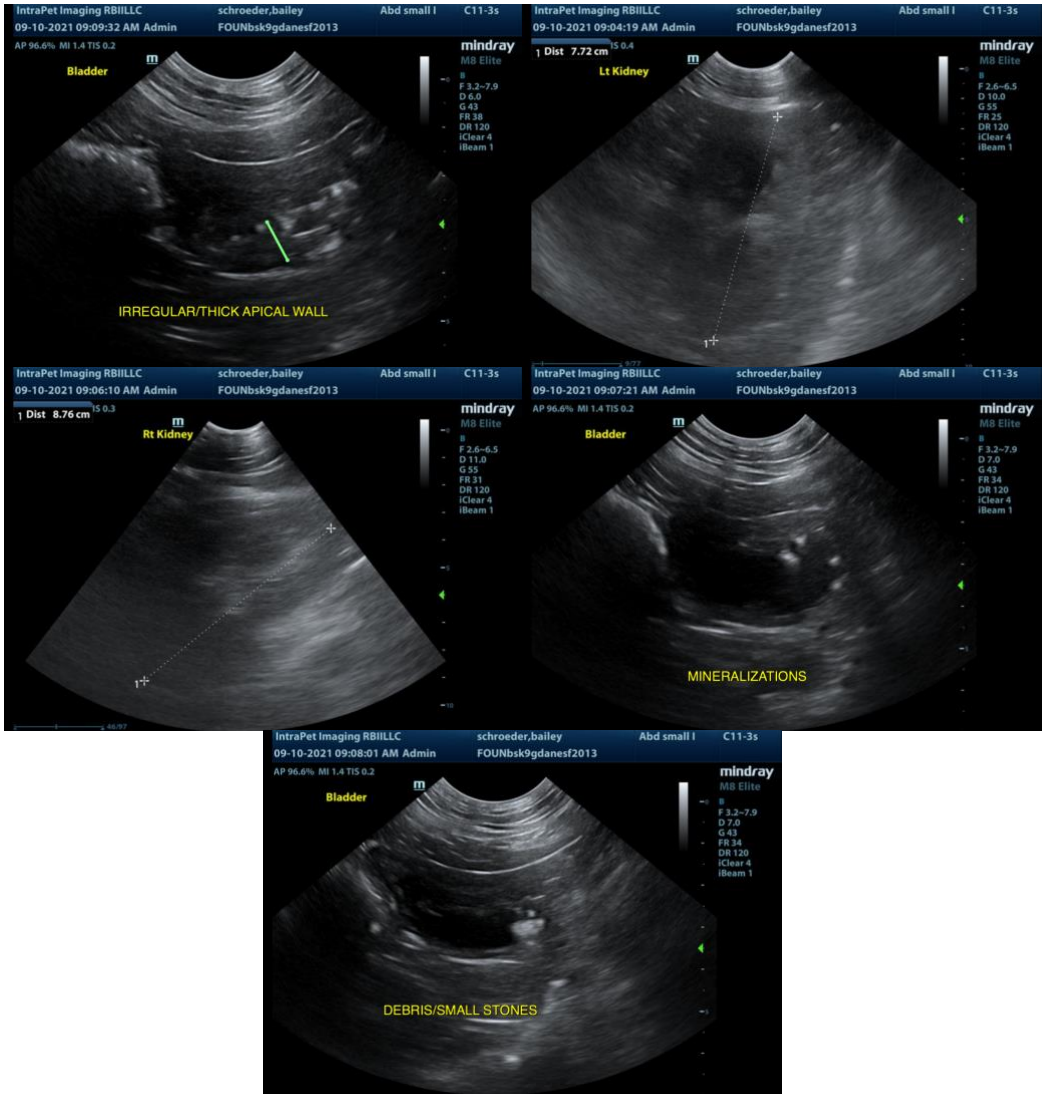
- Urinalysis and culture. If culture is positive, treat the infection and rescan the bladder in approximately 3-4 weeks while on anbitotics.

- If urine culture is negative, consider urine evaluation for BRAF mutation, which is seen in patients with transitional cell carcinomas. A positive BRAF test greatly increases the suspicion for TCC, while

a negative test is inconclusive and will need further diagnostics.

- If negative or non-diagnostic BRAF, consider traumatic catheterization to obtain representative cells for cytology, or biopsy sampling via cystoscopy.

If possible, consider daytime hospitalization for rescan to try to ensure a full urinary bladder (if pollakiuric this can be very difficult).



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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