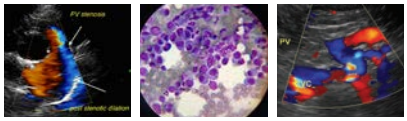
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/6/22

PATIENT

Bella Linkous

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

9/5/14

WEIGHT

39 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Roper

INVOICE

41044

PRESENTING CLINICAL SIGNS

Yesterday O noticed that P was going outside more and straining to urinate. Today O noticed that P was straining but would not urinate. P is still eating and drinking. P has a history of UTI's in the past. P has a history of skin issues and takes 10mg of prednisone in the morning.

Current Medications: Gabapentin, Clavamox.
Lab Results: See attached.
Radiographs: No stones noted, stool present in colon.
Date of Previous IntraPet Ultrasound:
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with echogenic urine. The Bladder wall is diffusely thickened and irregular, measuring at 0.84 cm. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear free of any mass effects, but there is a large amount of dependent sandy debris visualized in the dependent portion of the urinary bladder, the trigone, and extending into the proximal urethra. Additionally, in some images, there is a urinary catheter in place.

The left kidney has a normal shape and size (6.03 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 (6.32 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 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 0.59 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains a moderate to large amount of fluid. 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. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.37 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a scant amount of free fluid. No lymphadenopathy. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular urinary bladder wall with a large amount of dependent mineralized sandy debris/small stones – most consistent with calculi/mineralizations and possible cystitis. Recommend urinalysis and culture.

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Fluid distended stomach – Correlate with feeding/drinking history. If the patient was adequately fasted, then consider such differentials as delayed gastric emptying or a pyloric outflow tract obstruction (none observed).

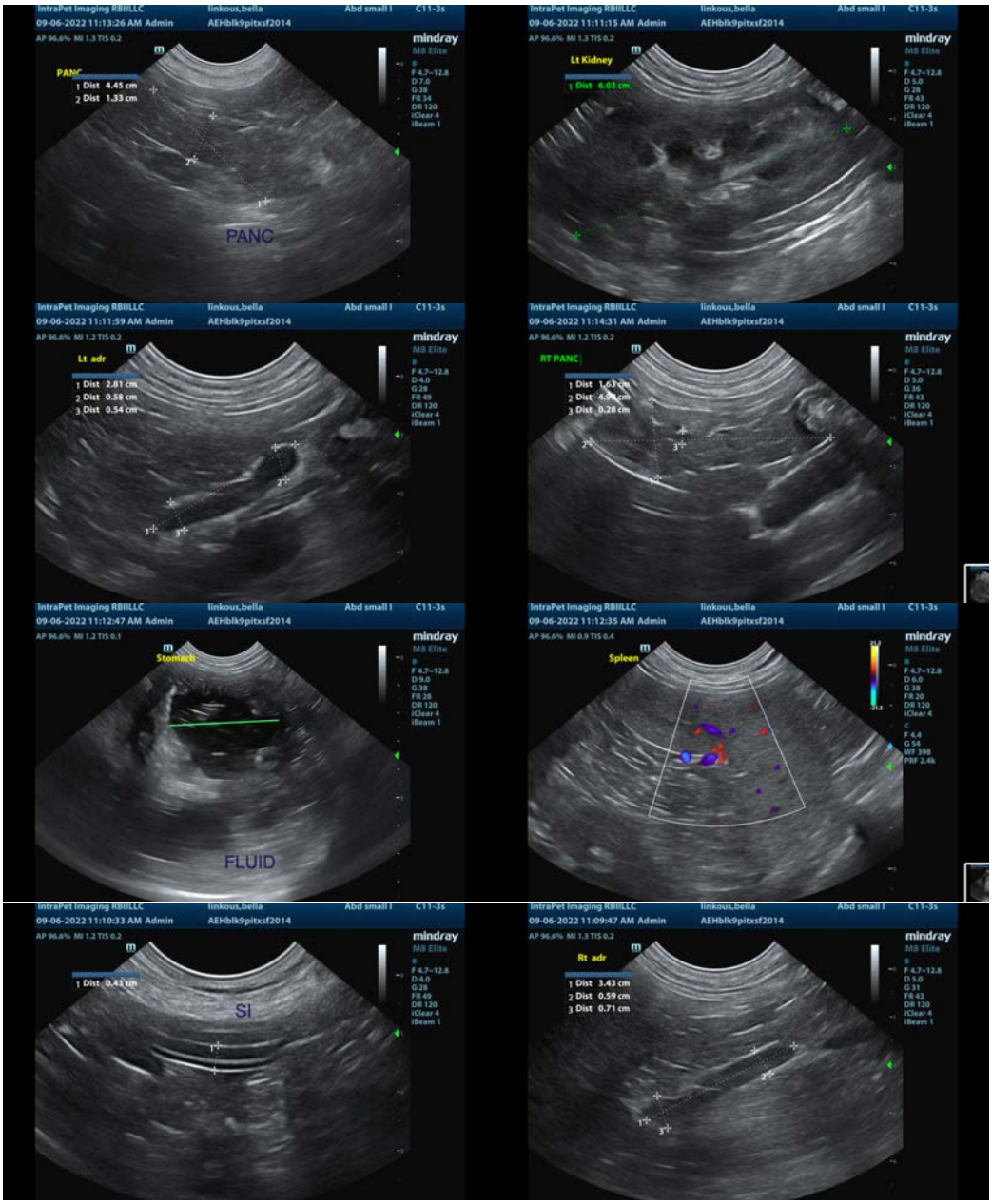
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

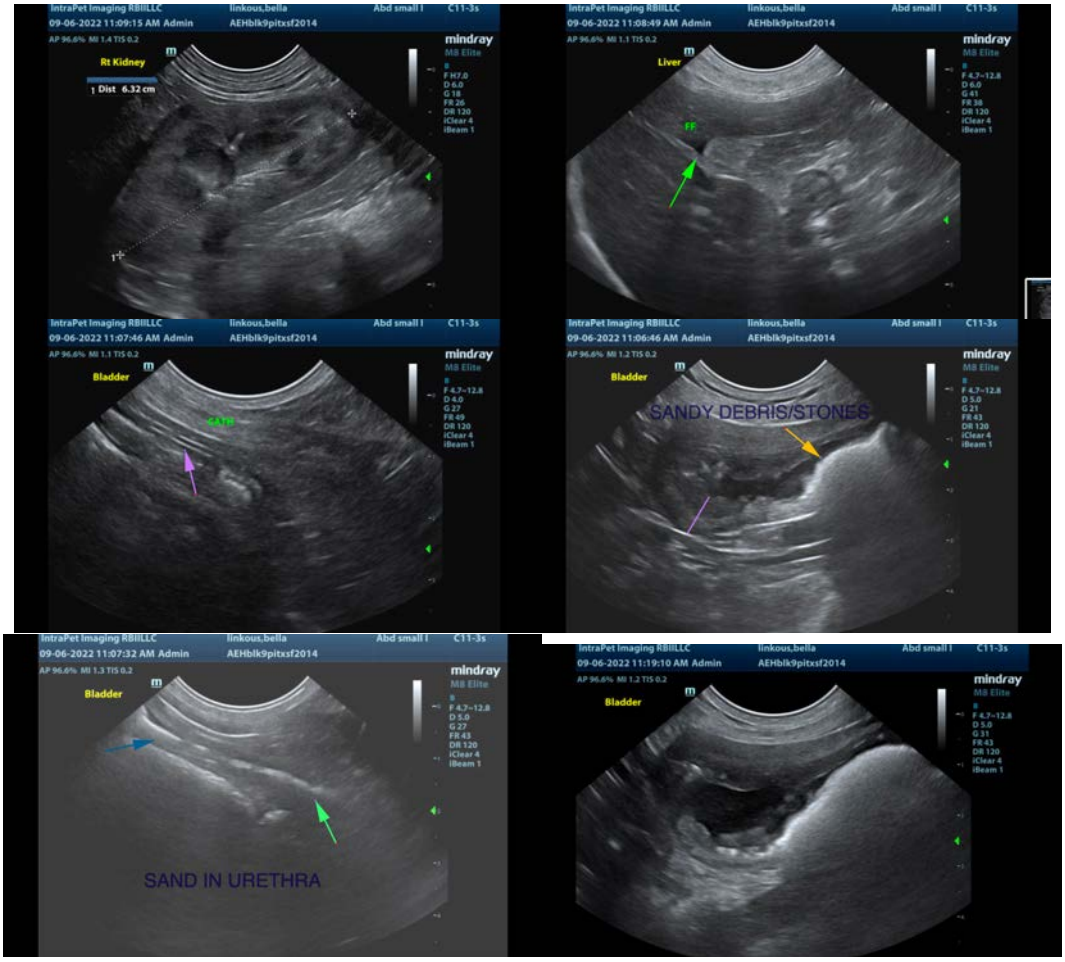
The urinary bladder wall is severely thickened and irregular with a large amount of mineralized dependent debris. This debris appears to be extending into the proximal urethra. No obvious focal stones were visualized but could be present. Recommend urinalysis and culture. If possible, collection of urine (in hopes that some sandy debris/small stones could be collected) would be recommended for analysis. If culture is positive, consider the possibility of struvite stones, and consider attempting dissolution. Additionally, there is the possibility of voiding hydropropulsion to try and clear some of the debris from the urinary bladder.

Although this appear to be a diffuse lesion, if there is no infection present, consider traumatic catheterization to try and evaluate for underlying neoplasia, or consider cystoscopy to obtain biopsies and samples.

There is a scant amount of free fluid visualized in the abdomen. The significance of this is unclear but could be

reactive secondary to inflammation.





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