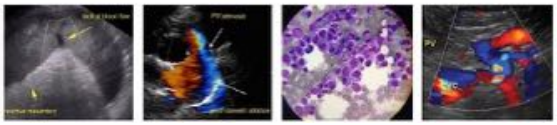


PATIENT

Teddy MacLean

SPECIES

Canine

BREED

Poddle X

SEX

Neutered Male

AGE

9yrs

WEIGHT

14.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Upper Canada Animal Hospital

REFERRING VET

Dickie

INVOICE

10093

DATE

3/7/2023

PRESENTING CLINICAL SIGNS

Peeing excessively when outdoors, began a few weeks ago. - Just turned 9, o thought it maybe senior issues, but it is very out of character for Teddy - He is able to hold his bladder when left alone for 6-8 hours, without accidents. - O does not feel there is an increased urgency to urinate - Only 1-2 accidents in the house - No changes in his drinking.

Abnormal PE/Chem/CBC/UA Results: low USG

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is significantly distended with a large amount of echogenic urine. Additionally, there is a large amount of echogenic shadowing debris in the dependent portion of the urinary bladder consistent with small stones and sandy debris (largest mineralization measures approximately 0.36 cm). The Bladder wall appears relatively smooth with no significant thickening, the area of the trigone, ureteral papillae, and proximal urethra appear free of any mass lesions or calculi, at this time.

The prostate is normal in size (0.84 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney is normal at 5.35 cm with occasional small nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal at 5.35 cm with occasional small nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

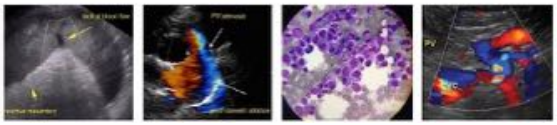
The left adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland measures 1.37 cm at the cranial pole, 0.31 cm at the caudal pole, and 1.77 cm in length. It is visualized in its normal position between the right kidney and the caudal vena cava. It appears relatively normal although the cranial pole is challenging to see in its entirety, and it appears significantly larger than the caudal pole. This could be an early mass lesion or normal anatomic variation.

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



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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 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 (0.38 cm), and the jejunum measured as normal (0.31 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, 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.

PRIMARY FINDINGS

- Large amount of suspended echogenic debris in the urinary bladder and dependent shadowing mineralizations. Findings are concerning for cystitis and small calculi and sandy debris.
- Occasional small shadowing nephroliths in the kidneys, this is likely incidental at this time.
- Subjectively large cranial pole of the right adrenal. It is not uncommon for the cranial pole to be significantly larger than the caudal, recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of echogenic debris in the urinary bladder and numerous small stones/sandy debris. Correlate these findings with urinalysis, C/S, and radiographs, trying to determine if these are individual stones, clumps of sandy debris, etc. This is a likely source of the lower urinary tract signs reported.

The cranial pole of the right adrenal is difficult to clearly visualize in its entirety, it is common for the cranial pole to be larger than the caudal, but this is significant asymmetry. So, recommend continued monitoring (recheck ultrasound in 2-3 months) particularly if symptoms of increased thirst and urination persist.

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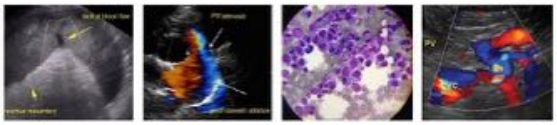

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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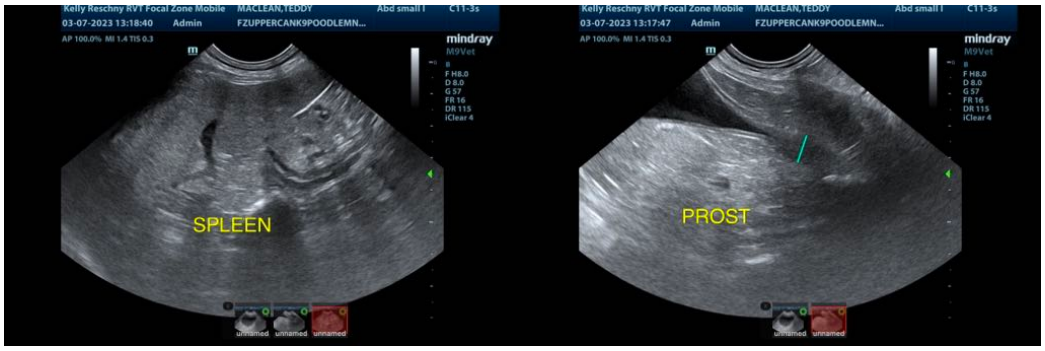

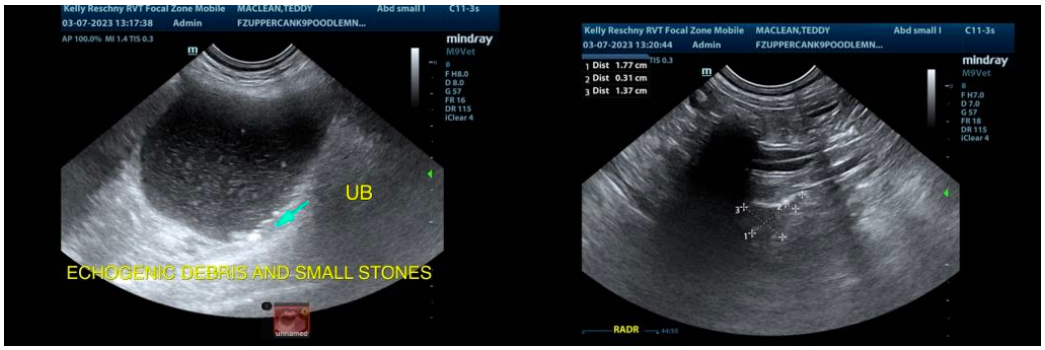

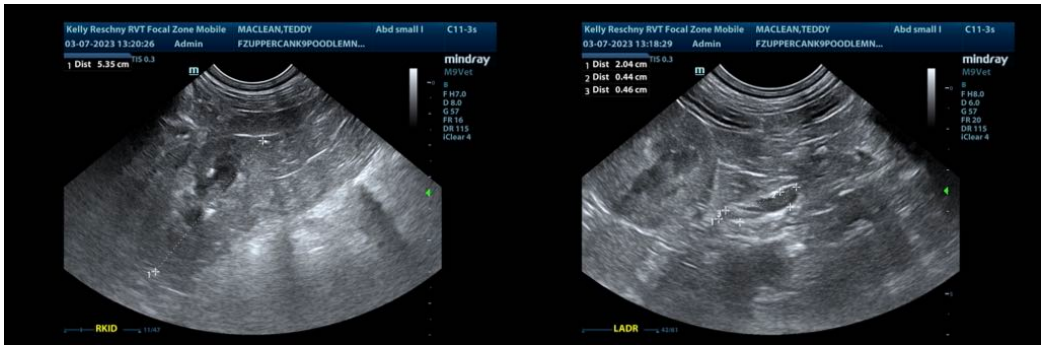

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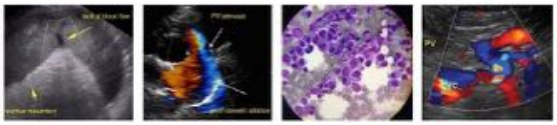

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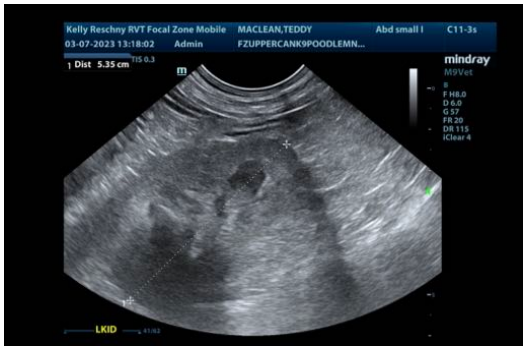

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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