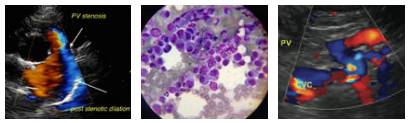
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
3/25/22

PATIENT
Chloe Campitelli

SPECIES
Canine

BREED
Pitbull Mix

SEX
Spayed Female

AGE
2/18/11

WEIGHT
46.2 lbs

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

HOSPITAL NAME
Essex Middle River VC

REFERRING VET
Dr. Zulty

INVOICE
97823

PRESENTING CLINICAL SIGNS

Recently hematuria.
Current Medications: Clavamox.
Lab Results: CBC/Chem/UA done 3/20/22 at Eldersburg VH- unremarkable except RBCs in urine.
Date of Previous IntraPet Ultrasound: No Previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Although the urinary bladder is inadequately filled, it is obvious that its wall is markedly thickened and severely irregular. Free floating echogenic debris, some of which scintillates, is observed within the lumen once the bladder was re-evaluated at the end of the consultation. An obvious cystolith is not observed. Soft tissue, frond-like projections are observed arising from the ventral wall; one of which measures 0.81 cm in length x 0.69 cm in height. Multi-focal, punctate mineralizations are observed superficially along the mucosa of the frond-like/mass structures. These regions are not well vascularized when evaluated with colour Doppler. It is difficult to evaluate the trigone and proximal urethra. Differentials for the soft tissue/frond-like projections or mass effects include a transitional cell carcinoma or very severe polypoid cystitis.

The left kidney is within normal limits in size for the patient's weight (5.57 cm). The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney is within normal limits in size for the patient's weight (at least 5.3 cm). The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Adrenal Glands

The left adrenal gland measures 0.64 cm at the cranial pole, 0.55 cm at the caudal pole and 2.33 cm in length. There is a small hyperechoic area, that does not shadow, at the caudal pole. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland measures 0.56 cm at the cranial pole, 0.57 cm at the caudal pole and 1.90 cm in length. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels.

The gall bladder wall is normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.

Gastrointestinal

The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the layers of the stomach wall. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness is within normal limits and there is no evidence of dilation. The definition of the wall layers is preserved. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

Pancreas

Within normal limits regarding echogenicity and echotexture. There is no evidence of hyperechogenicity of the mesenteric fat; active pancreatitis is considered unlikely.

Other

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- Differential diagnosis for the abnormalities observed with the urinary bladder include neoplasia, such as transitional cell carcinoma; however, very severe polypoid cystitis cannot, and should not, be excluded.

- The hyperechoic area in the left adrenal gland is not considered clinically significant, but may be due to mineralization or previous ischemia.

- The renal changes observed are suggestive of age related degeneration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity obtained by free flow method is recommended. The vulva and peri-vulvar area should be disinfected with chlorhexidine prior to collecting the urine sample.

The BRAF test is pending.

Broad spectrum antibiotics are recommended pending the urine culture and sensitivity results.

A non-steroidal anti-inflammatory, such as meloxicam or deracoxib, both of which have anti-neoplastic effects, may be prescribed in the interim, as well as gabapentin to help alleviate any discomfort Chloe may be experiencing.


IntraPet Imaging APIILLC
campitelli,chloe
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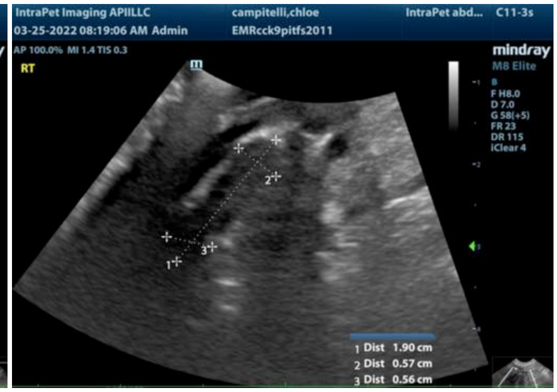
AP 100.0% MI 1.4 TIS 0.3
LT
mindray
M8 Elite
B
F H8.0
D 6.0
G 51
FR 26
DR 115
iClear 4
Z 1.20
1 Dist 2.33 cm
2 Dist 0.55 cm
3 Dist 0.64 cm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campitelli,chloe
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RT
mindray
M8 Elite
B
F H8.0
D 7.0
G 58(+5)
FR 23
DR 115
iClear 4
1 Dist 1.90 cm
2 Dist 0.57 cm
3 Dist 0.56 cm


IntraPet Imaging APIILLC
campitelli,chloe
IntraPet abd...
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EMRcck9pitfs2011
AP 100.0% MI 1.4 TIS 0.3
urinary bladder
mindray
M8 Elite
B
F H8.0
D 5.0
G 57
FR 30
DR 115
iClear 4


IntraPet Imaging APIILLC
campitelli,chloe
IntraPet abd...
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AP 100.0% MI 1.4 TIS 0.3
urinary bladder
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IntraPet Imaging APIILLC
campitelli,chloe
IntraPet abd...
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EMRcck9pitfs2011
AP 100.0% MI 1.4 TIS 0.3
urinary bladder
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F H8.0
D 5.0
G 57
FR 30
DR 115
iClear 4


IntraPet Imaging APIILLC
campitelli,chloe
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C11-3s
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AP 100.0% MI 1.4 TIS 0.3
urinary bladder
polyps vs. mass
mindray
M8 Elite
B
F H8.0
D 6.0
G 45
FR 26
DR 115
iClear 4


IntraPet Imaging APIILLC
campitelli,chloe
IntraPet abd...
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AP 100.0% MI 1.4 TIS 0.3
urinary bladder w/some mineralization
mindray
M8 Elite
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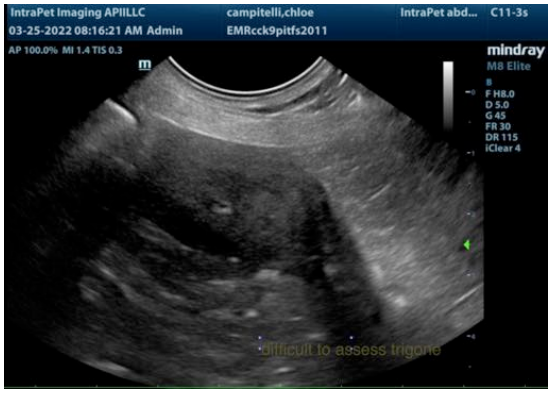
D 6.0
G 45
FR 26
DR 115
iClear 4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campitelli,chloe
IntraPet abd...
C11-3s
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difficult to assess trigone
mindray
M8 Elite
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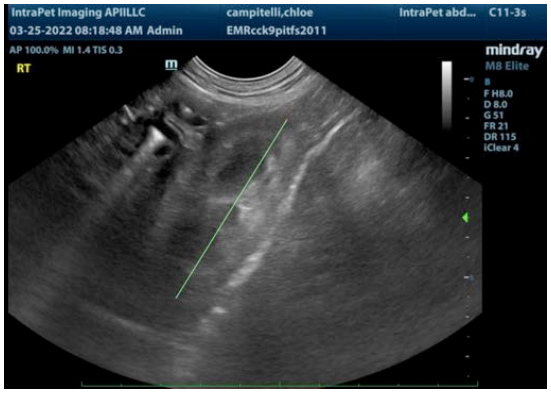
D 5.0
G 45
FR 30
DR 115
iClear 4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campitelli,chloe
IntraPet abd...
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M8 Elite
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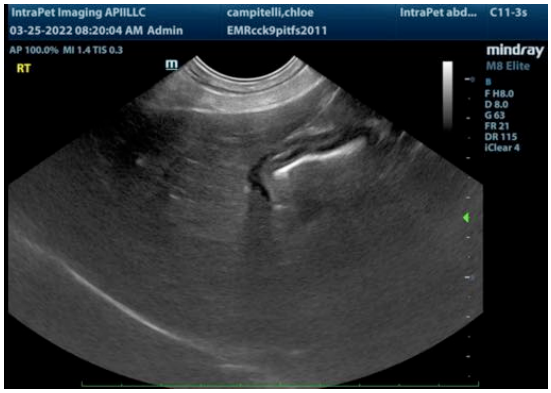
D 8.0
G 51
FR 21
DR 115
iClear 4


IntraPet Imaging APIILLC
campitelli,chloe
IntraPet abd...
C11-3s
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RT
mindray
M8 Elite
F H8.0
D 8.0
G 63
FR 21
DR 115
iClear 4


IntraPet Imaging APIILLC
campitelli,chloe
IntraPet abd...
C11-3s
03-25-2022 08:21:21 AM Admin
EMRcck9pitfs2011
AP 100.0% MI 1.4 TIS 0.3
trigone
mindray
M8 Elite
F H8.0
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IntraPet abd...
C11-3s
03-25-2022 08:21:21 AM Admin
EMRcck9pitfs2011
AP 100.0% MI 1.4 TIS 0.3
urinary bladder at end of u/s
mindray
M8 Elite
F H8.0
D 6.0
G 57
FR 26
DR 115
iClear 4

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM
Lisa.Carioto@sonopath.com