



PATIENT PRESENTING CLINICAL SIGNS

Tribbles Mamary
History: Intermittent UTI's for 3 years
Medication: Doxycycline 150

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

12 years

WEIGHT

66 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Blue Ridge VC

REFERRING VET

Dr. Santore

INVOICE

13059

DATE

1.13.2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Regional, moderate yet variable mural hypertrophy exhibiting nonhomogeneous mural echogenicity was present in the ventroapical urinary bladder. A solitary, polyploid lesion arising from the regional ventroapical mural hypertrophy extending mildly into the urinary bladder lumen was present. The polyploid lesion exhibiting evidence of mineralization or possibly adhered or encompasses mineral to small calculi. The polyploid lesion measured approximately 0.7-0.8 cm in length. The ventroapical wall width measured 0.82 cm. Anechoic urine was otherwise present without evidence of calculi. The remainder of the urinary bladder walls appeared to be sonographically unremarkable without additional evidence of thickening. The urethra was normal to a depth of 3.0 cm.

No evidence of medial or sublumbar lymphadenopathy was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 6.4 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

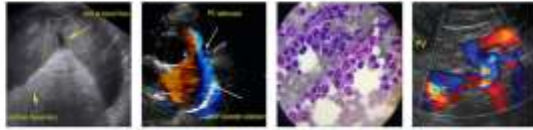
The left adrenal gland was subnormal in size yet normal in position and shape, measuring 0.43 cm width at the caudal pole and 0.37 cm width at the cranial pole. The right adrenal gland was subnormal in size yet normal in position and shape, measuring 0.34 cm width at the caudal pole and 0.33 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Tribbles Mamary

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing.

SPECIES

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

BREED

Pancreas

Pitbull

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SEX

Free Abdomen

FS

No overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

12 years

Primary Findings

WEIGHT

- Regionally thickened ventroapical urinary bladder with focal polyploid component exhibiting evidence of potential mineralization -chronic ventroapical cystitis to polyploid cystitis or emerging neoplastic disease possible

66 Pounds

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- Bilateral subnormal adrenal glands - likely owing to prednisone therapy
- Mild chronic renal changes - no evidence of pyelonephritis

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Secondary Findings

- Gastric Ingesta - suspect post prandial presentation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If not recently done, urine culture and sensitivity on a sterile urine sample is recommended. Screening BRAF assay may be considered. However, if BRAF assay is negative, the potential for a neoplastic process cannot be definitively excluded. Biopsy or sampling of the thickened ventroapical urinary bladder wall is likely required for a definitive diagnosis. Conservative therapy for chronic cystitis would be appropriate. Potential for embedded infection within the ventroapical urinary bladder wall may be possible, therefore, if biopsy is elected, tissue culture and sensitivity is suggested.

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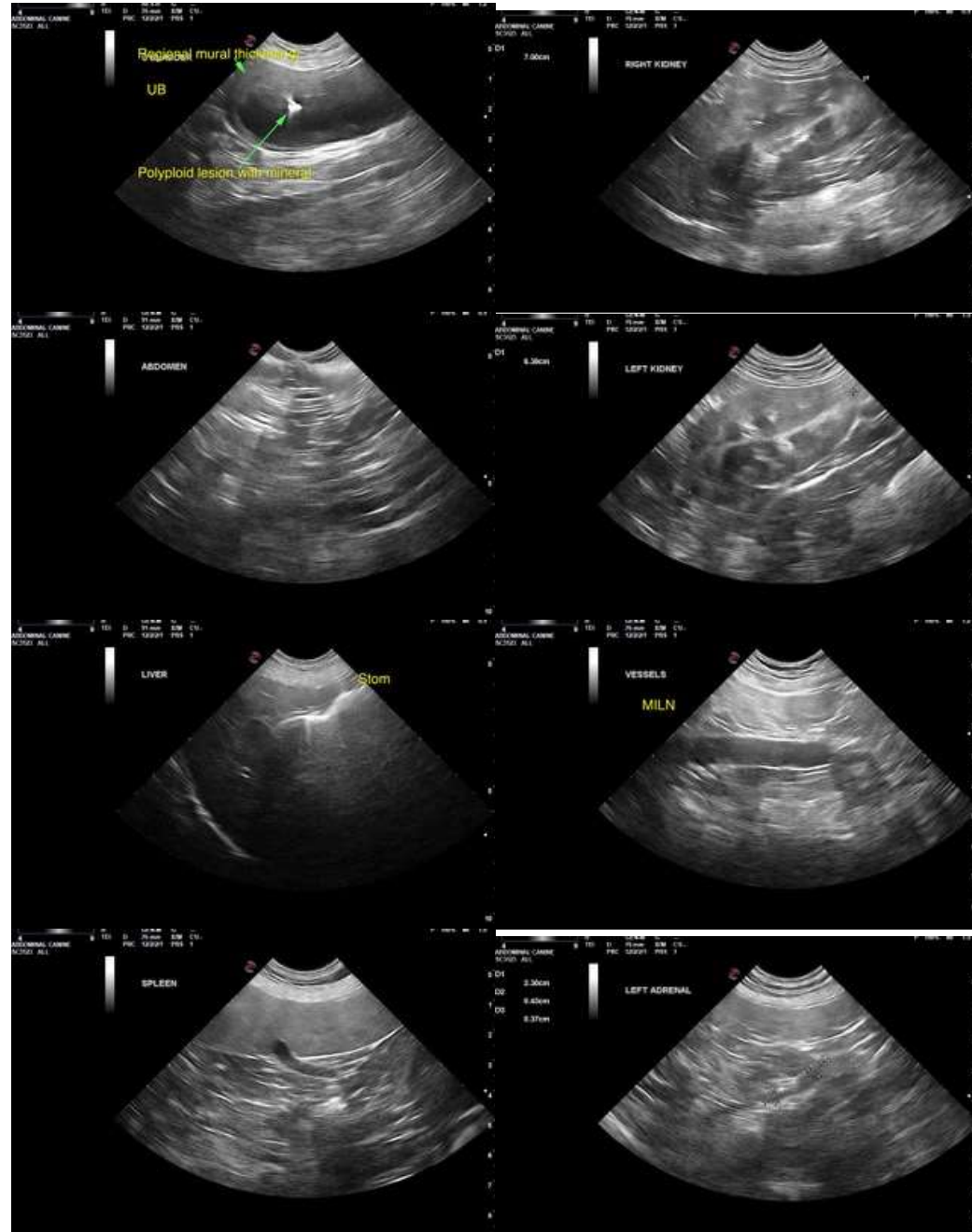
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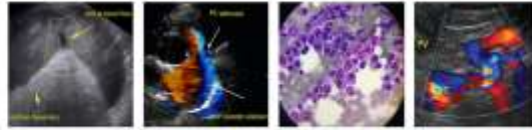
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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mac.daniel@sonopath.com

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