

**PATIENT**

Brooklyn Schmuecker

SPECIES

Canine

BREEDGerman Shorthair
Pointer**SEX**

SF

AGE

10 years

WEIGHT

67 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Joyce Werning

INVOICE

13083

DATE

1/14/22

PRESENTING CLINICAL SIGNS

Urinating blood. No increased frequency/urgency, no accidents. Normal urination with blood at end of urination. Discomfort on palpation of caudal abdomen during exam. Acting normal otherwise.

Abnormal PE/Chem/CBC/UA Results: Treated for suspected UTI based on UA - suspected rod bacteria (treated with Carprofen and Trimethoprim Sulfamethoxazole). Clinical signs did not resolve with treatment. Recheck urine after antibiotics - urine pH 5, RBC's and WBC's in recheck urine, no bacteria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in size and tone. Mild yet variable, generalized thickened urinary bladder walls with areas of mild asymmetrical luminal surface contour, as well as intermittent small polyps were present. An example of a polyp measured 0.4 cm length. The apical urinary bladder wall width measured 0.51 cm. Anechoic urine was present without evidence of sediment or calculi. The cystourethral junction and proximal urethra exhibited normal structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology and without evidence of medial iliac or sublumbar lymphadenopathy.

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 in either kidney. The left kidney measured 6.5 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.48 cm width at the cranial pole.

A non-expansive, uniform mild hyperechoic, nodule was present in the cranial right adrenal gland. The nodule did not exhibit signs of concurrent mineralization or vascular invasion. The nodule measured 0.42 cm in diameter in the cranial right adrenal gland. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.73 width at the cranial pole. This is likely suggestive of a benign process such as adenoma, granuloma or myelolipoma if no clinical signs of adrenal disease are currently present. Potential emerging aggressive neoplasia cannot be ruled out. Therefore, recheck ultrasound every 3-6 months is suggested to monitor for changes in size or appearance. A screening blood pressure is suggested.

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.

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Mild yet variable generalized thickened urinary bladder with intermittent polyps
- Overtly normal proximal urethra
- Mild chronic renal changes - no evidence of pyelonephritis
- Subtle cranial right adrenal nodule - suspect adenoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is suggestive of mild generalized to focal polypoid cystitis. The potential for emerging neoplastic urinary bladder disease such as transitional cell carcinoma cannot be definitively excluded. Screening BRAF Assay may be considered.

Empirically, conservative therapy for cystitis would be appropriate. If no continued evidence of Infection, cystoscopy may be indicated for further assessment of the non-visualized urethra, ureteral papillae, as well as potential for biopsy.

Technically, the potential for emerging right adrenal neoplasia such as adenocarcinoma or pheochromocytoma cannot be excluded. Sonographic monitoring of the subtle right adrenal nodule for evidence of progression with initial recheck in 6 weeks would be ideal.



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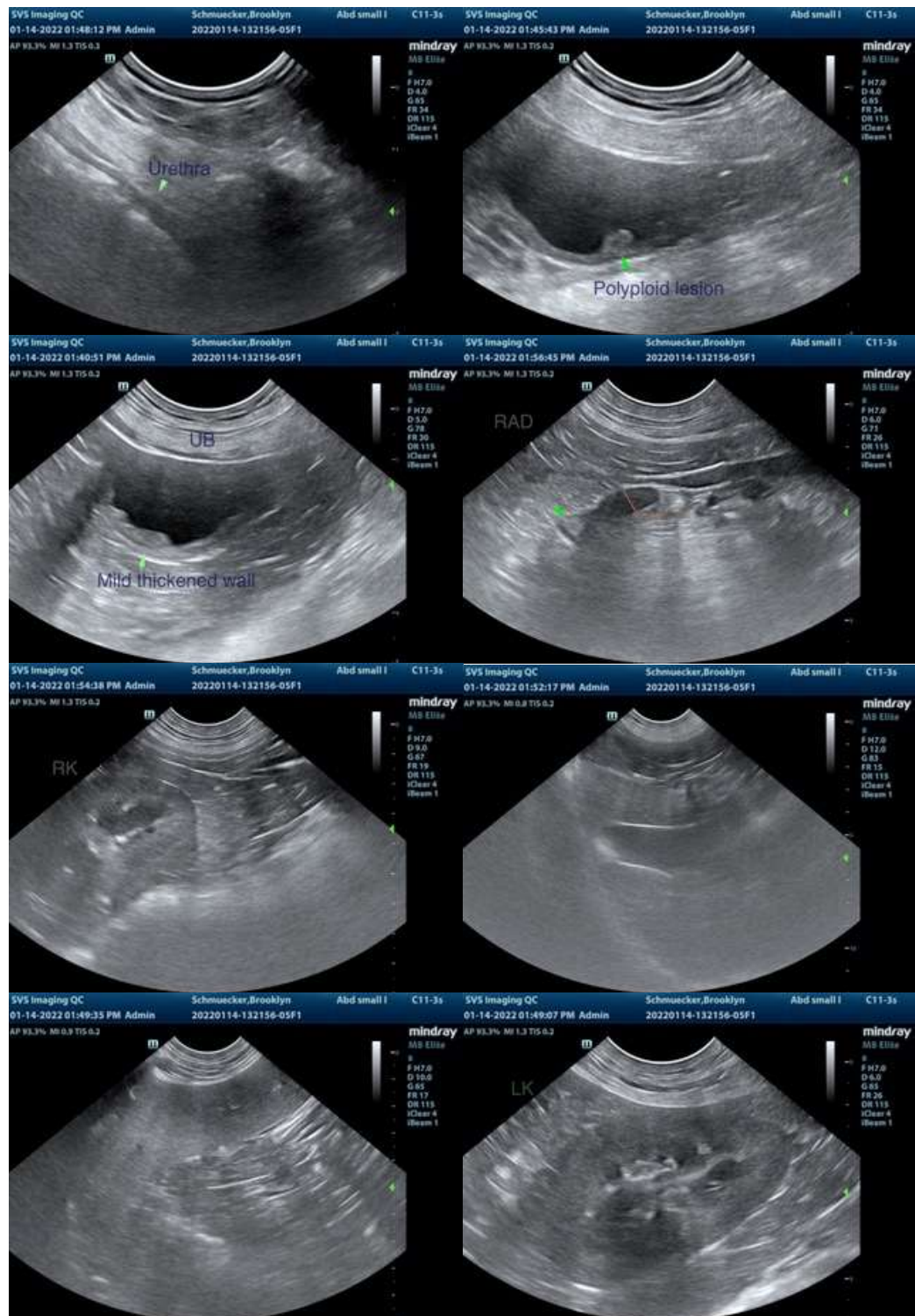
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com