



PATIENT

PRESENTING CLINICAL SIGNS

Kira Howell

presented for blood clots in urine

SPECIES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

The urinary bladder was non-distended with mild anechoic urine, which prohibited full evaluation of the urinary bladder walls yet a ventroapical to dorsoapical cystitis pattern is likely. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The ventral urinary bladder wall width measured 0.69 cm width. Focal to regional areas of dependent to likely adhered accumulated mineral to solitary small calculus measuring approximately 1.0 cm in diameter was present in the urinary bladder lumen, along with mild anechoic urine. The urethra exhibited normal structure and tone to a depth of 2.0 cm. The ureteral papillae were normal. The ureters were not visible which is normal.

Chow Mix

SEX

FS

AGE

12

No evidence of medial Iliac or sublumbar lymphadenopathy.

WEIGHT

70

Overtly normal size and symmetrical renal 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 pelvic dilation or pyelectasia was present. Minor to focal areas of medullary to peripelvic mineral were noted.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was mildly prominent in size based on caudal pole width measurement exhibiting maintained symmetrical capsule contour and homogeneous parenchyma. The left adrenal gland measured approximately 5.0 cm length x 1.7 cm width at the caudal pole. The right adrenal gland was not visualized.

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

Liver/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild echogenic nonorganized luminal gallbladder debris. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.

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DATE

1/27/23



PATIENT

Gastrointestinal

Kira Howell

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

SPECIES

Canine

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.

BREED

Chow Mix

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

SEX

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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.

AGE

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

70

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Chronic cystitis pattern with mild dependent likely adhered accumulated mineral to small calculus
- Bilateral chronic renal changes exhibiting mild focal nonobstructive medullary mineral
- Nonspecific prominent left adrenal gland - not overtly suggestive of neoplastic criteria
- Mild hepatomegaly - benign
- Mild gallbladder debris (non-mucocele)
- Gastric ingesta - suspect recent meal ingestion

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S ideally on a sterile sample is recommended to assess for an underlying infection. Potentially, this patient may be passing small amounts of mineral from the kidneys into the urinary bladder. No overt evidence of upper or lower urinary tract neoplastic criteria. A urinary diet with empirical cystitis protocol, if no evidence of UTI, may prove beneficial. Eventual cystotomy with urinary bladder flush, as well as urinary bladder wall biopsies for histopathology, as well as tissue C/S, may be indicated.

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Screening BP to assess for hypertension, as well as adrenal workup if clinical signs suggestive of Cushing's Syndrome may be considered. However, the left adrenal gland presentation was nonspecific without overt suspicion for an emerging left adrenal tumor.

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Hepatosupportive medications including Denamarin and Ursodiol may be considered if evidence of cholestasis.



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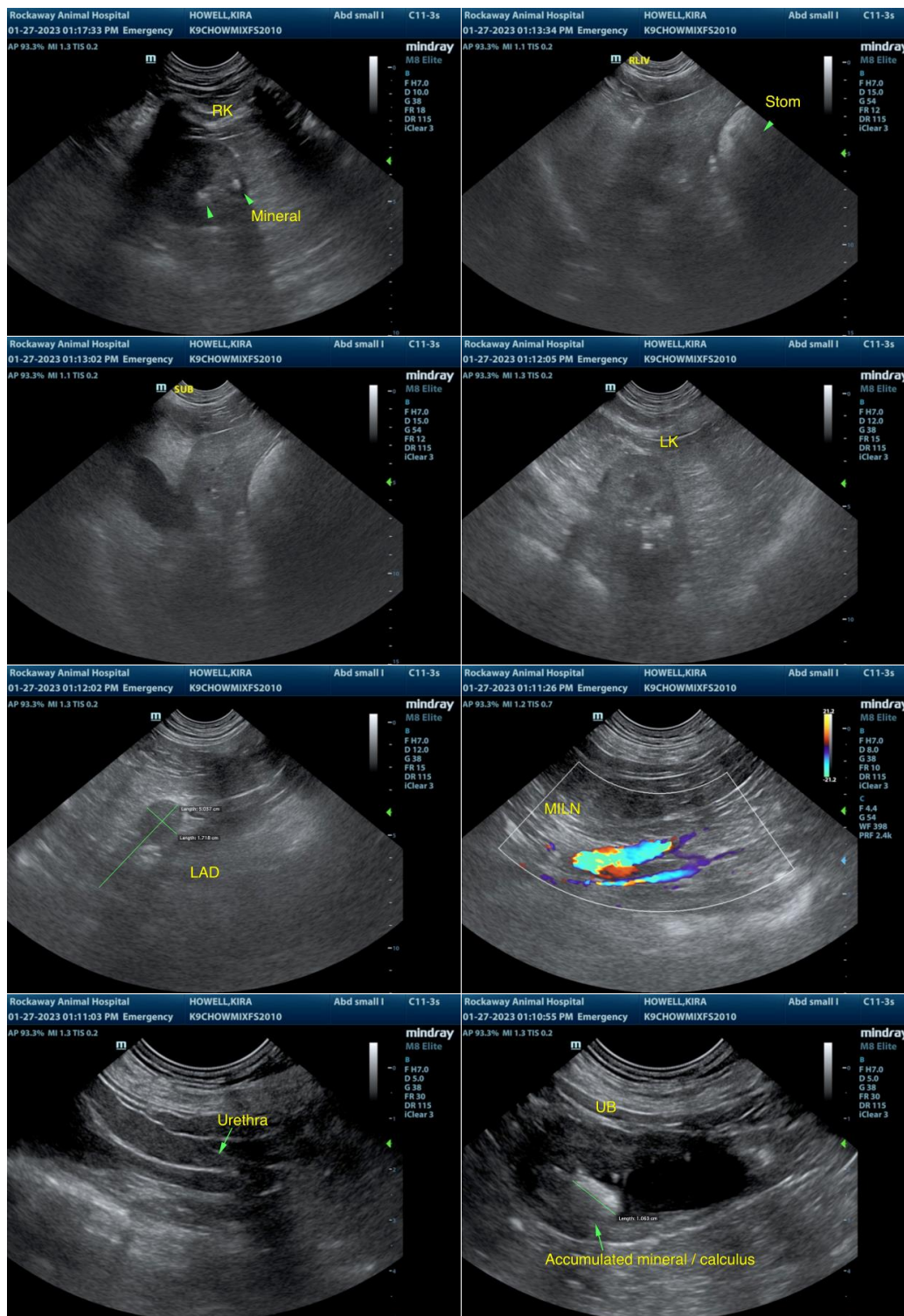
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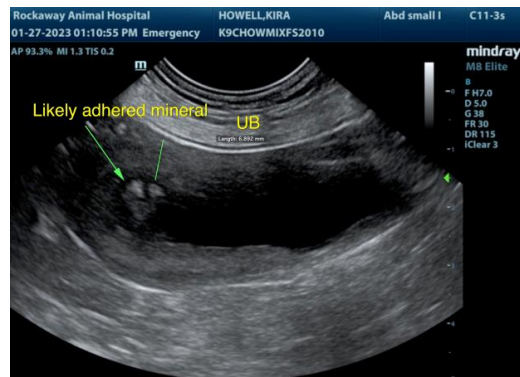
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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