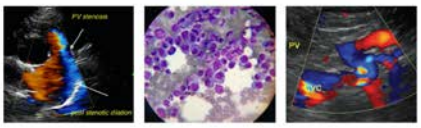
IMAGING PERFORMED BY
svsimaging.net 309-737-3070



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

PATIENT

Maggie Taylor

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

6 Years

WEIGHT

69.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Elliott

INVOICE

26535

DATE

10/20/21

PRESENTING CLINICAL SIGNS

Intermittent hematuria
Abnormal PE/Chem/CBC/UA Results: PE normal, Blood work unremarkable, Trace blood on UA - urine was collected by cysto

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Generalized ventral apical and dorsal mural hypertrophy was noted with subtle non-homogeneous mural echogenicity, yet without evidence of mural mineralization present. Apical urinary bladder wall measured 1.0 cm width. Minimal anechoic urine was present with potential polypoid-like lesion noted in the area of the urinary bladder neck versus possible congealed sediment or mucus. No evidence of mineralization associated with the potential urinary bladder neck polypoid lesion. The proximal urethra exhibited normal tone, yet subjective mild prominent size to a depth of 3.0 cm.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Pinpoint areas of medullary mineral were present in both kidneys. The right kidney measured 6.7 cm. The left kidney measured 6.8 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.40 cm at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.69 cm at the caudal 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

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate, non-dependent, yet non-organized, echogenic debris. No overt evidence of pericholecystic inflammation or free fluid. The cystic duct and common bile ducts were normal without evidence of dilation. Small pockets of scant perihepatic free fluid were present.

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.

PATIENT

Maggie Taylor

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

6 Years

WEIGHT

69.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Elliott

INVOICE

26535

DATE

10/20/21

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 was evident.

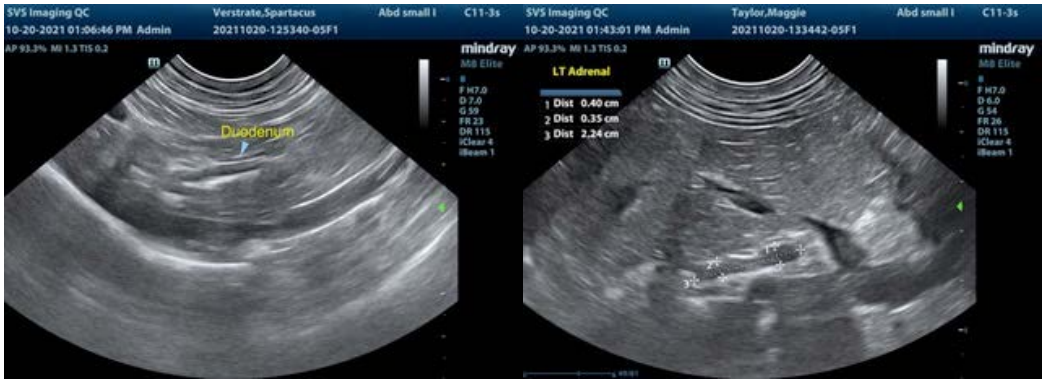
ULTRASONOGRAPHIC FINDINGS

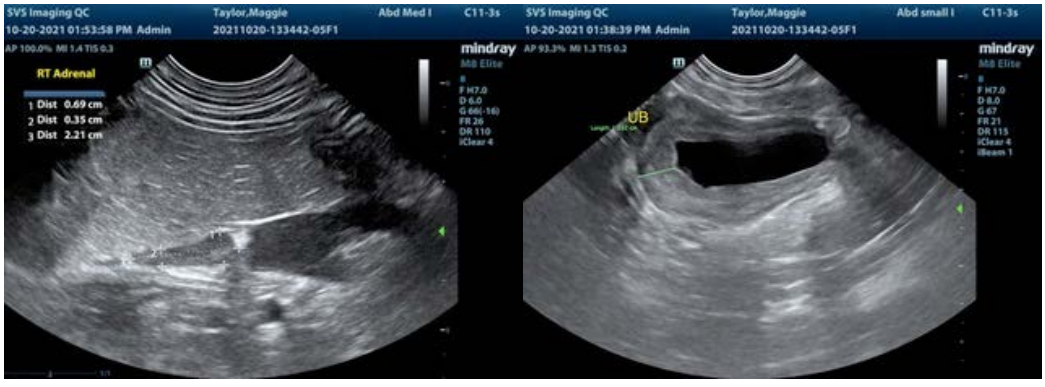
- Thickened urinary bladder with possible polypoid-like lesion in urinary bladder neck, minor prominent proximal urethra
- Bilateral minor to pinpoint renal medullary mineral
- Echogenic liver with scant perihepatic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic evaluation of the urinary bladder was somewhat limited owing to lack of urine distention. Reevaluation of a full urinary bladder would be ideal in this patient. However, the overall bladder may indicate chronic cystitis given the pattern of mural hypertrophy. Potential for neoplastic criteria such as extensive bladder tumor or potential emerging tumor in the area of the urinary bladder neck cannot be definitively excluded. Screening BRAF assay as well as cytospin cytology of free catch urine sample to assess for atypical epithelial cells may be considered. Urine culture and sensitivity ideally on sterile urine sample is recommended if not yet done. Cystoscopy with potential for biopsies may be required for definitive diagnosis.

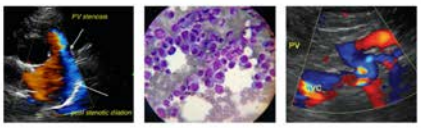
The echogenic liver is non-specific given the lack of reported hepatic enzyme elevations. Vacuolar hepatopathy, non-specific chronic hepatitis or cholangiohepatitis may be possible. Assuming normal clotting, screening hepatic cytology may be considered for further assessment.





IMAGING PERFORMED BY
svsimaging.net 309-737-3070

SVS IMAGING



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

PATIENT

Maggie Taylor

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

6 Years

WEIGHT

69.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

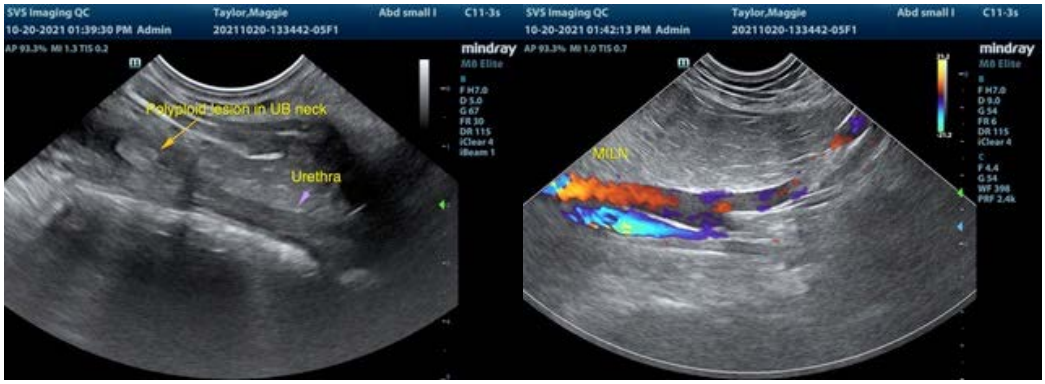
Dr. Elliott

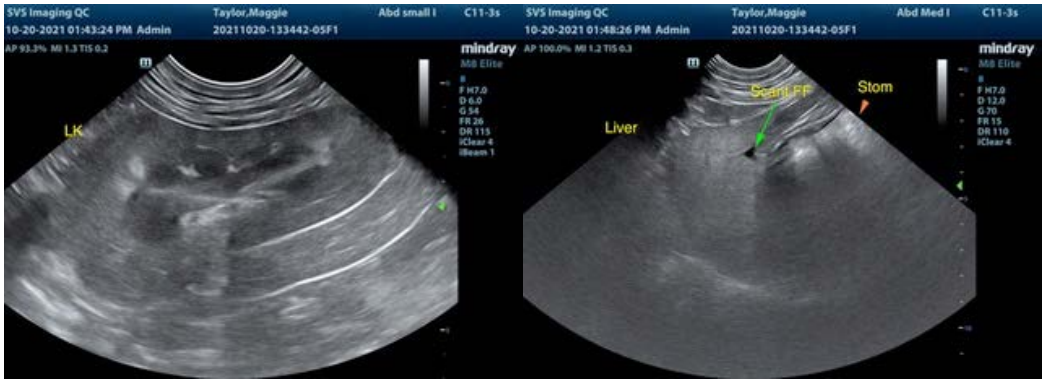
INVOICE

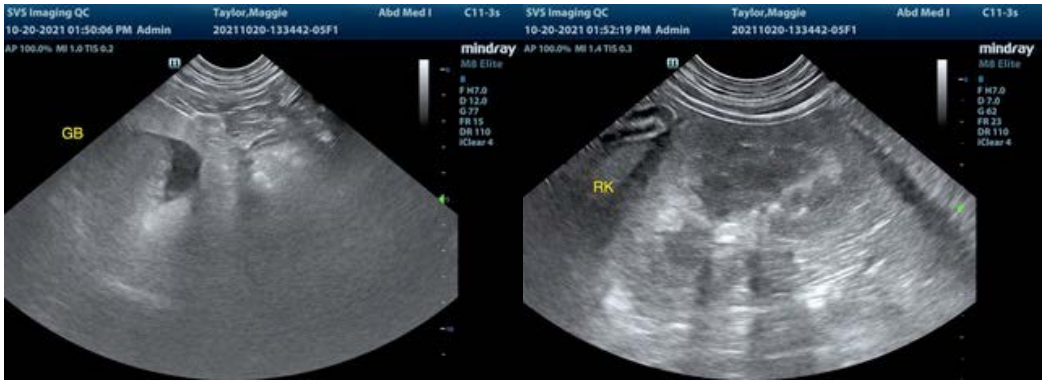
26535

DATE

10/20/21







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