

PATIENT PRESENTING CLINICAL SIGNS

Commerford Tibbie

Pet presented to rdvm 2w ago for urinating blood. Duration unknown. e/d/u/d wnl's. No c/s/v/d. Owner advised that pet is acting 100% normal. P placed on course of abs (clavamox x 10d) with some improvement but still urinating blood. Rdvm recommended AUS to rule out cause of persistant hematuria. Hx early CKD dx 2021, DJD, UMSI (rx incurin), and allergic dermatitis. Bloodwork today: BUN - 29 CR - 1.4 ALT - 208 AST - 82

SPECIES

Canine

BREED

GSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

The urinary bladder was non-distended containing anechoic content with no sediment or calculi. The ventroapical and dorsal urinary bladder walls extending into the area of the trigone were sonographically unremarkable. Mild to irregular thickened cystourethral junction and proximal urethral to a depth of 5.0 cm exhibiting pinpoint hyperechoic mural foci were present. The proximal urethral measured 0.8 cm in diameter. No evidence of proximal urethral urine dilation.

AGE

14y

Intermittent, mildly prominent to homogeneous medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.1 cm diameter.

WEIGHT

58.1

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 corticomdullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 7.1 cm in length.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole.

HOSPITAL NAME

Donner Truckee VH

Spleen

REFERRING VET

Dr. Vannini

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

INVOICE

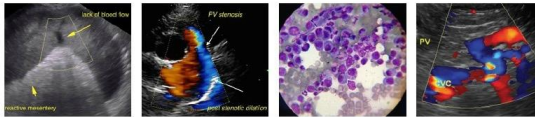
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Liver/ Gallbladder

DATE

11/18/22

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



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containing primarily anechoic content with moderate, inspissated hyperechoic non-shadowing gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

The stomach was non-distended containing a mild amount of anechoic fluid. Focal to possible mild regional pyloric mucosal hyperplasia with suspected focal pyloric polyp was present measuring 2.5 cm in diameter. No evidence of gastric mural mineralization or loss of wall layering.

BREED

GSH

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.

SEX

FS

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

AGE

14y

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

WEIGHT

58.1

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nondistended urinary bladder
- Solitary mild nonspecific medial iliac lymphadenopathy - suspect benign / reactive, minor potential for early metastatic lymphadenopathy
- Mild to irregularly thickened cystourethral junction and proximal urethra exhibiting nonhomogeneous pinpoint hyperechoic mural echogenicity
- Mild chronic renal changes
- Benign splenic nodule - consistent with probable myelolipoma or emerging mineralization
- Low-grade hepatopathy - benign
- Moderate inspissated gallbladder debris (non-mucocele)
- Focal to mild regional pyloric mucosal hyperplasia and probable polyp - subjectively benign

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DABVP (Canine and Feline)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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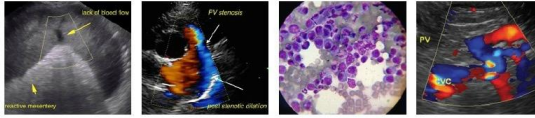
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The gastric pyloric mucosal hyperplasia and probable polyp did not appear to be obstructive to pyloric outflow. Emerging pyloric mural neoplastic criteria considered unlikely.

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The mild to irregularly thickened cystourethral junction and visible proximal urethra exhibited evidence of suspected mural mineralization which is primarily concerning for neoplastic criteria, i.e., transitional cell carcinoma. Screening BRAF Assay is recommended.



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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Sonographic monitoring of the cystourethral junction, proximal urethra, and medial iliac lymph node +/- Piroxicam trial and monitoring of renal parameters would be reasonable. Ursodiol therapy may prove beneficial.

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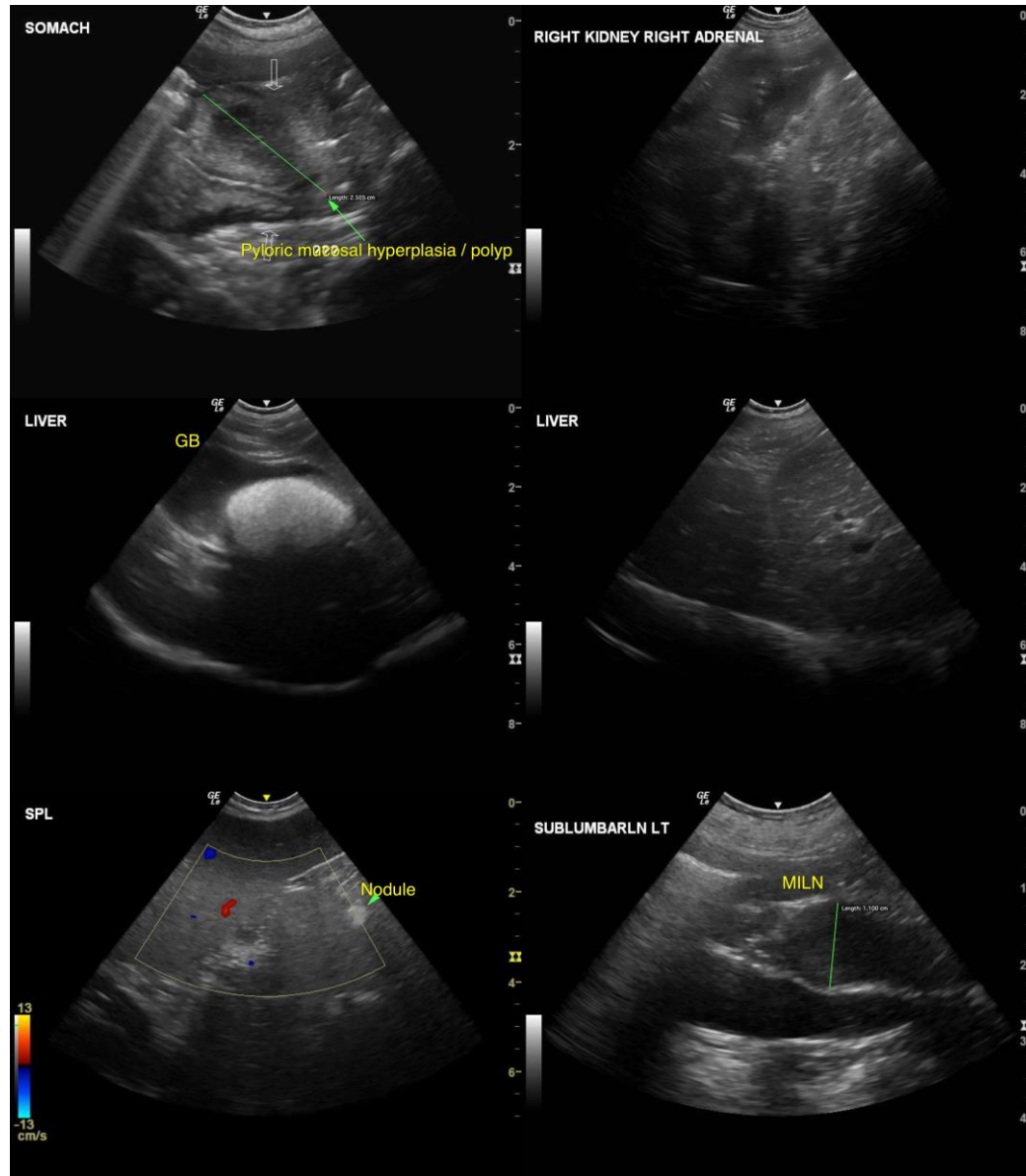
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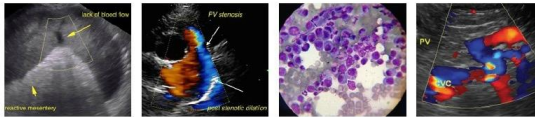


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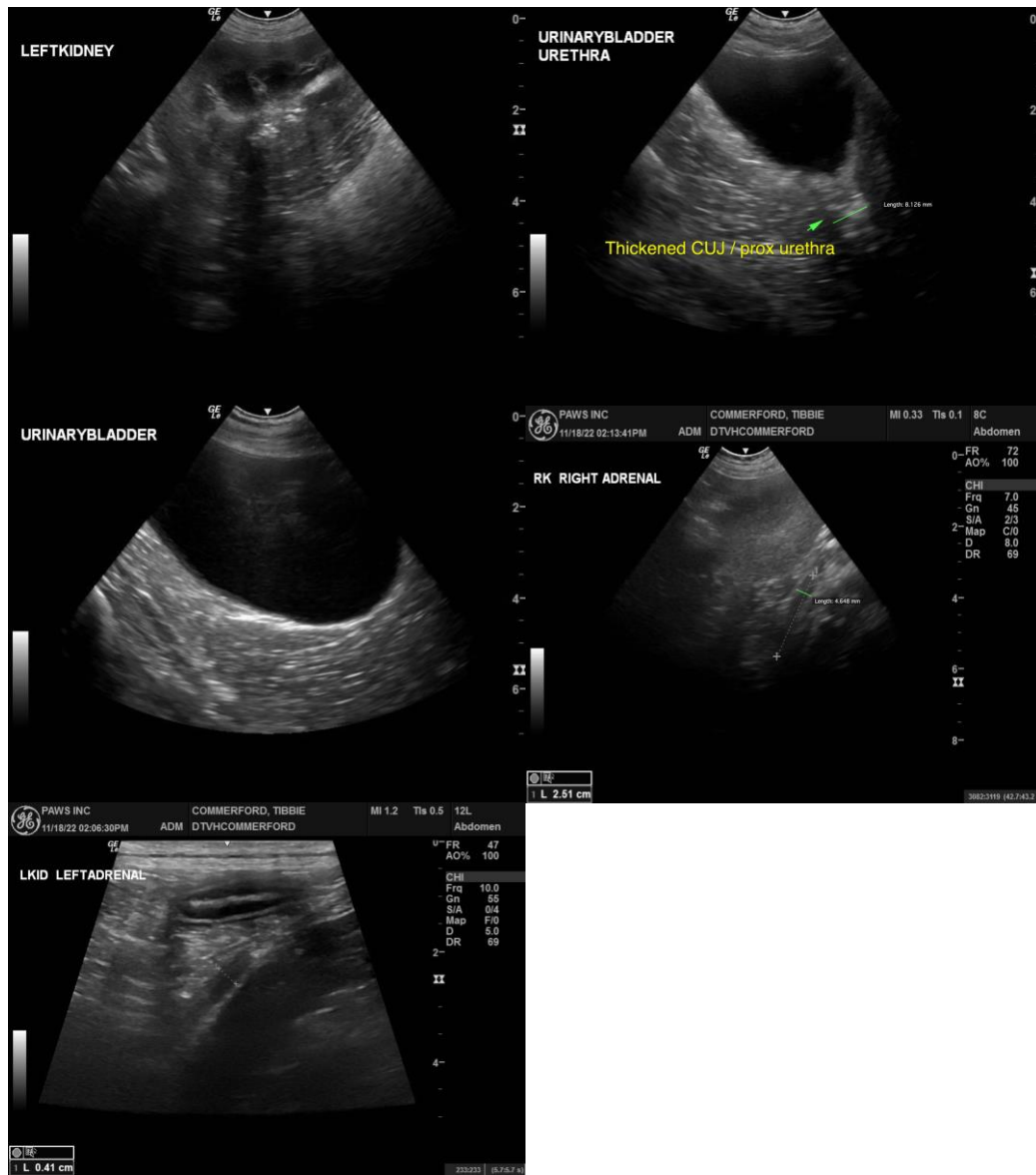
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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