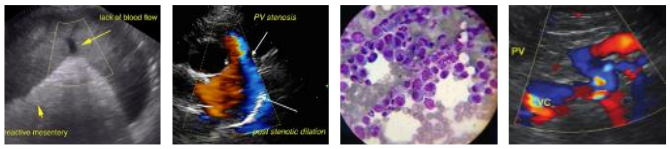
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Rada Belay

SPECIES
Canine

BREED
Mixed

SEX
SF

AGE
9yr

WEIGHT
16.8lb

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

IMAGING PERFORMED BY
Dr. Rivera

HOSPITAL NAME
DPC Veterinary Hospital

REFERRING VET
Dr. Feldt

INVOICE
12418ag

DATE
12/15/2022

PRESENTING CLINICAL SIGNS

LAST NIGHT P HAVING URINARY ACCIDENT IN HOUSE AND URINATING MORE THAN USUAL O STATES P HAS HX OF URINARY ISSUES. O SAW BLOOD IN URINE. P DRINKS ALOT PER O. SUNDAY DUE FOR S/R. NO OTHER CONCERNS. Normal abdominal rads 2 months ago, no stones seen on US of bladder 2 months ago C/S/V/D: P WAS HAVING DIARRHEA 3 DAYS AGO HAS RESOLVED E/D/U/D: NORMAL Diet: UNSURE BRAND FAS Score: Current Medications (dose and frequency): NONE Heartworm Prevention / Flea Prevention: NONE

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: N Mentation: N EENT: N Oral Cavity: N Lymph Nodes: N Skin: mild inflammation incision left rear leg...one suture loose, looks like was licking CV/Respiratory: N Abd/GI: N Uro/Perineum: urinary bladder small and feels thickened. No vaginal discharge Musculoskeletal: N Neurological: N Fecal: Diagnostic Testing Needed: US guided cysto - bladder nearly empty, looks thickened and a polyp like mass near cranial ventral bladder....showed Mrs US image. UA in house (cysto, 25g needle) - USG 1.046, 500 protein, TNTC RBC's, 0-5 WBC's, cocci present but not able to get a definitive count due to high #'s of RBC's, rare struvite crystals Declined Diagnostics/Treatments: Findings: Assessment: Recurrent UTI +/- secondary to polypoid cystitis, clot vs mass??? Treatment Plan: Urine culture pending Start on Zeniquin pending culture WHen comes in for suture removal with Dr Rivera on Monday, rec Dr Rivera do an US of bladder +/- with radiology consult If looks like a polyp may need to consider surgical removal with boarded surgeon to prevent recurrent UTI's, if more concerning for a mass then consider BRAF test. Treatment Declined: Prescriptions to Dispense: Zeniquin

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM

Urinary System

The urinary bladder was normal in size and tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. Generalized primarily mild thickened bladder walls with areas of subtle luminal surface asymmetry including a solitary small apical polyp measuring ~ 0.38 cm diameter were present. No evidence of mural mineralization or masses was present.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

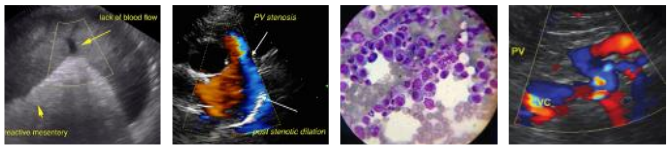
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Probable chronic cystitis with focal apical polyp
- Normal kidneys-no evidence of pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder appearance is most consistent with chronic to focal polyploid cystitis. Neoplastic criteria thought unlikely. Correlation with pending urine C/S is recommended. If documented UTI, higher dose, shorter frequency antibiotic regiment i.e. fluoroquinolone 20 mg/kg PO SID x 4-5 days given the likelihood of cystitis may prove more effective at eliminating recurrent infection. A screening BRAF assay is warranted to assess for non-obvious neoplastic criteria. Assessment of the vulva and



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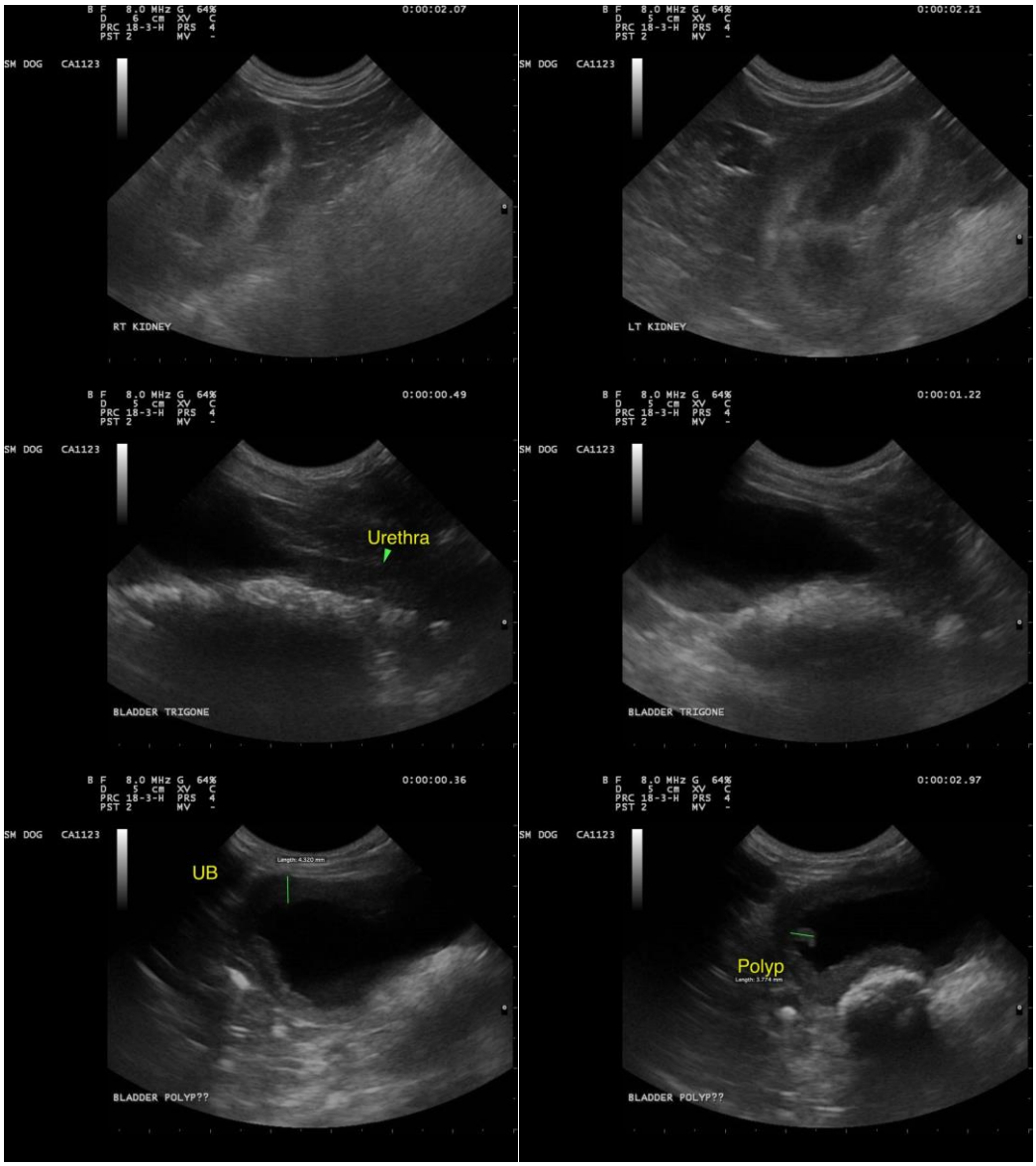
vaginal vault for evidence of structural pathology which may predispose to ascending infection may be considered.



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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mac.daniel@sonopath.com

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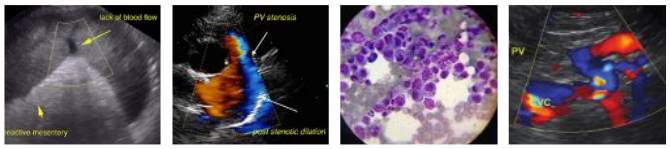

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