



PATIENT PRESENTING CLINICAL SIGNS

Rosie Carron recurrent pyuria, chronic hematuria currently on clavamox, metacam, gabapentin, cerenia
Abnormal PE/Chem/CBC/UA Results: UA: ph 6.5, rods present, USG 1.025

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Pug/Beagle

SEX

Spayed Female

AGE

9 Years

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

Dr. Ozimok

INVOICE

33604

DATE

12/20/21

The urinary bladder was normal in size and tone with regional mild to moderate yet variable mural hypertrophy, exhibiting asymmetrical luminal surface and mild polypoid component, primarily involving the apical to ventral apical wall. A focal area of mural hypertrophy was also noted in the mid dorsal wall. The areas of apical to ventral apical urinary bladder wall thickening exhibited subtle non-homogeneous mural echogenicity without evidence of mineralization. Anechoic present primarily with mild non-dependent particulate sediment, likely indicative of mild cellular or crystalline debris. No evidence of calculi. The trigone, cystourethral junction and visible proximal urethra to a depth of 2.0 cm were sonographically normal. Ventral apical urinary bladder wall measured 0.5-0.6 cm.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to minor areas of medullary mineral noted, primarily in the lateral diverticuli of both kidneys. The left kidney measured 5.2 cm. The right kidney measured 4.9 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.3 cm length x 0.40 cm at the caudal pole. The right adrenal gland measured 1.5 cm length x 0.56 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

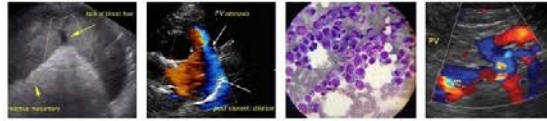
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin 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 contained mild, nonshadowing ingesta most consistent with post prandial presentation unless documented NPO. If documented NPO, some degree of gastric hypomotility may be considered. The appearance of the ingesta was most consistent with food.

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.



PATIENT *Pancreas*

Rosie Carron

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

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- Moderate apical/ventral apical cystitis pattern exhibiting mild polypoid component
- Concurrent mild particulate urinary bladder sediment – suspect probable mild cellular or crystalline debris
- Bilateral chronic renal changes with pinpoint to focal mild medullary mineral, no overt pyelonephritis

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the urinary bladder was most consistent with probable chronic cystitis to polypoid cystitis. Potential for neoplastic disease such as transitional cell carcinoma (which may present in similar sonographic manner) cannot be definitively excluded.

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Screening BRAF assay may be considered. Potential for embedded infection possible. Biopsy of the abnormal urinary bladder wall for histopathology +/- tissue culture and sensitivity likely required for definitive diagnosis. Ideally based on culture and sensitivity results, a higher dose/shorter frequency antibiotic regiment such as Clavamox or Enrofloxacin 20 mg/kg PO SID for 5-7 days +/- acetylcysteine and/or anti-inflammatories may prove beneficial.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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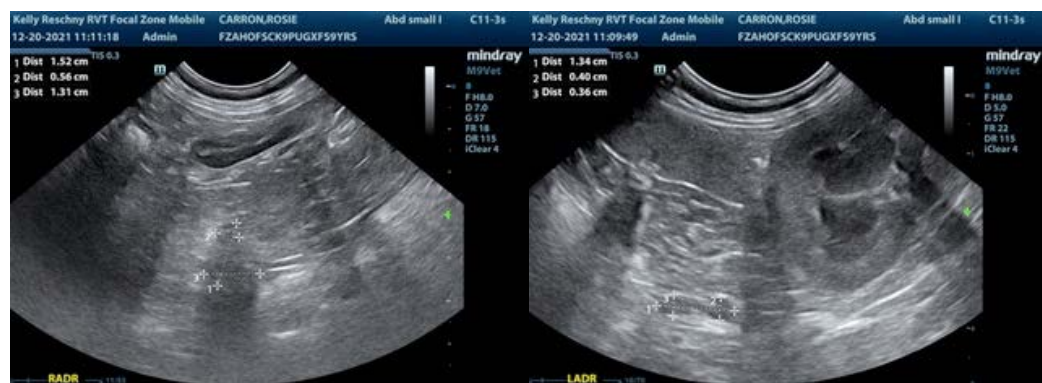
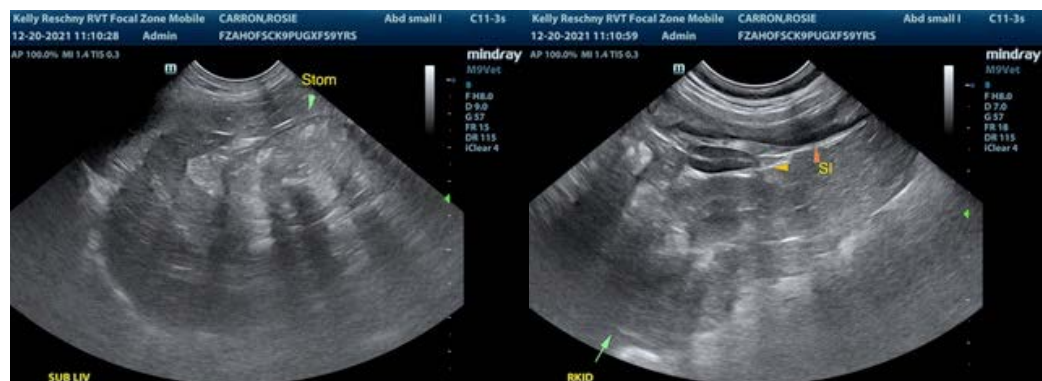
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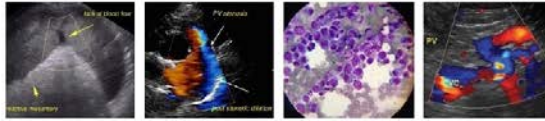
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PATIENT

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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.

SPECIES

Canine

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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