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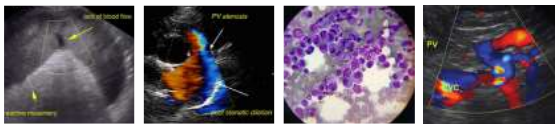


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Katy Covington

SPECIES

Canine

BREED

Chihuahua

SEX

SF

AGE

12 years

WEIGHT

4.7 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Banfield South Eugene

REFERRING VET

Dr. Wayland

INVOICE

12723

DATE

12/3/21

PRESENTING CLINICAL SIGNS

on and off history of cystitis since May with most recent urinalysis in November revealing elevated numbers of transitional cells In addition to red Blood cells and white blood cells

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild particulate urinary bladder sediment present. The cystourethral junction and proximal urethra exhibited variable, mildly nonuniform mural hypertrophy exhibiting pinpoint areas of mineralization. The cystourethral junction wall width measured up to 0.7 cm. Proximal urethral mural hypertrophy extended to the approximate depth of 3.0 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

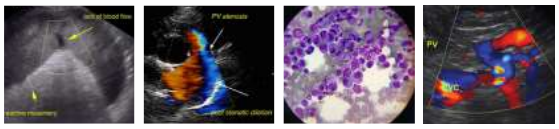
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.3 cm length x 0.35 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.46 cm width 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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Subtle to discreet, hypoechoic, non-expansive parenchymal nodule was noted, measuring 2.4 cm in diameter. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.



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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.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Variably thickened cystourethral junction and proximal urethra exhibiting pinpoint mural mineralization
- Bilateral chronic renal changes
- Hepatic parenchymal remodeling with solitary discreet hypoechoic intraparenchymal nodule
- Mild gallbladder debris - incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened cystourethral junction and proximal urethra were strongly suggestive of neoplastic criteria i.e., transitional cell carcinoma. Potential for regional cystitis / urethritis possible yet considered less likely. Screening BRAF Assay may be considered. However, if negative, biopsies would be required for a definitive diagnosis. Given the size of the bladder, the thickened urethra is not overtly obstructive.

The hepatic changes are suspected to be benign i.e., age-related parenchymal remodeling with areas of hematopoiesis or nodular to regenerative hyperplasia. Potential for hepatic neoplasia or metastasis is considered a less likely differential diagnosis. No evidence of regional metastasis to the medial iliac or sublumbar lymph nodes.

If not recently done, urine C/S ideally on a sterile urine sample may be considered to rule out concurrent underlying Infection.

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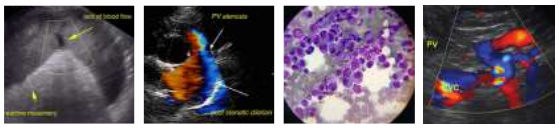

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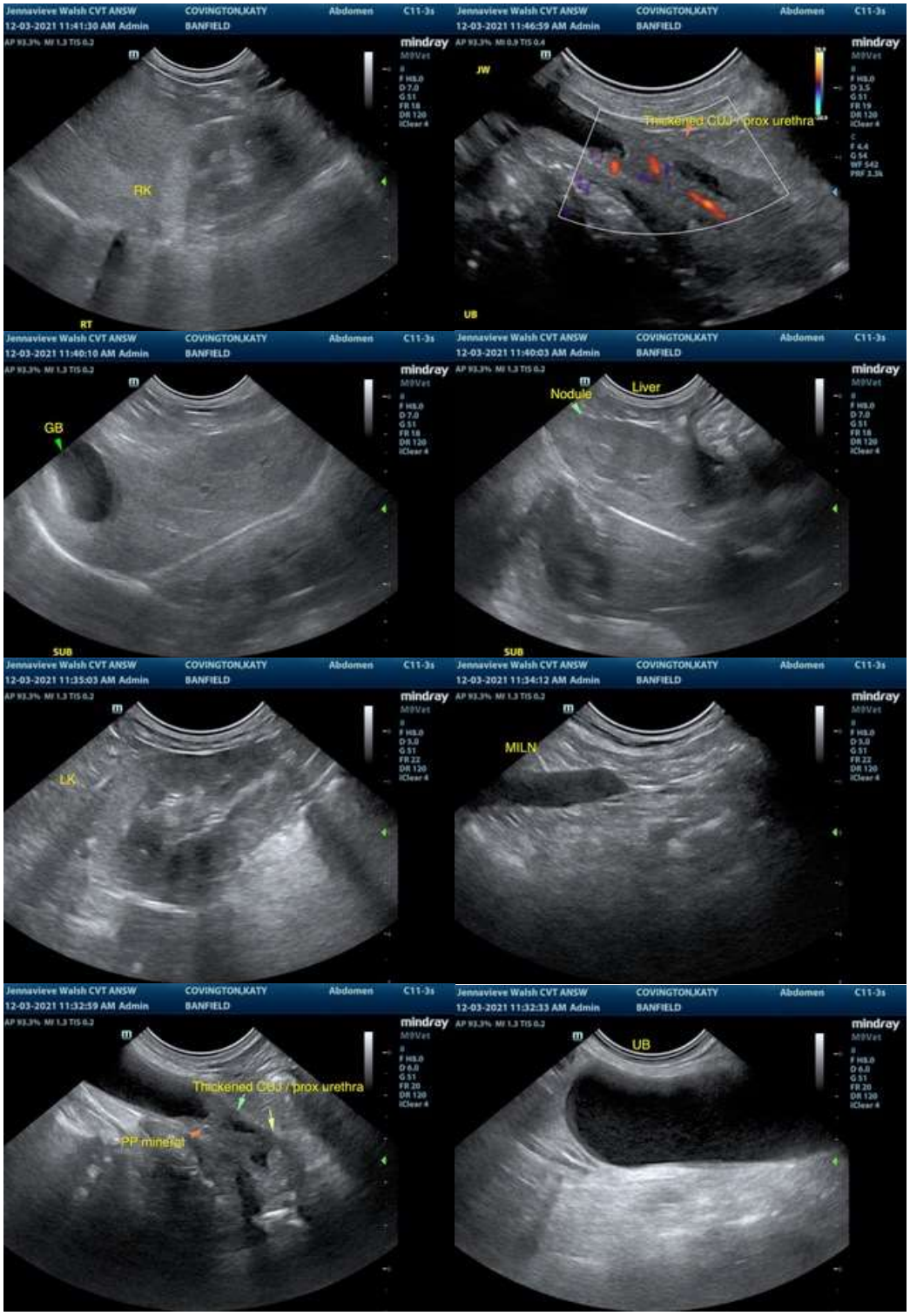

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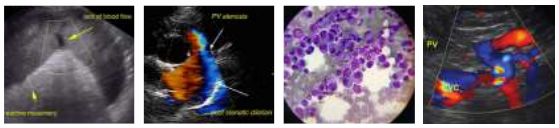

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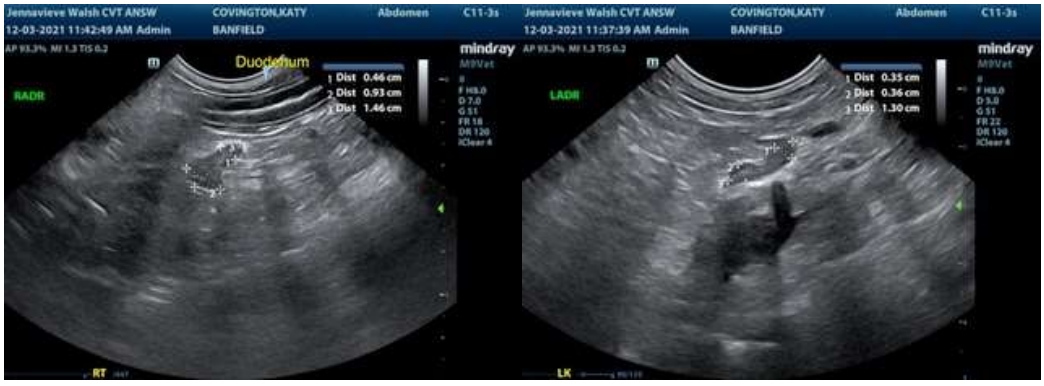

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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