**PATIENT**

Maggie Irey

SPECIES

Canine

BREED

Kerry Blue Terrier

SEX

FS

AGE

14 years 6 months

WEIGHT

42 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**

Family Pet Practice

INVOICE

13252

DATE

2/8/22

PRESENTING CLINICAL SIGNS

Recheck AUS. Last performed January 7th, 2022. It was recommended to recheck urinary bladder due to abnormality present. No new clinical signs.

Abnormal PE/Chem/CBC/UA Results: Urine culture negative and BRAF undetected

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in size and tone containing anechoic urine with no evidence of sediment or calculi. Previously noted area of focal mural hypertrophy in the apical urinary bladder was present measuring approximately 0.83 cm x 0.7 cm. The areas of the trigone and cystourethral junction were sonographically unremarkable. The urethra was normal in structure and tone to a 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. Static, previously noted small left kidney was present. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 7.2 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 0.63 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to a previous splenectomy. No evidence of pathology was noted in the area of the previous spleen.

Liver/ Gallbladder

The liver exhibited mild generalized enlargement with symmetrical contour and generalized increased parenchyma echogenicity exhibiting moderate coarse echotexture. Multifocal, non-expansive, hypoechoic parenchymal nodules were present. 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 / chyme, likely consistent with recent meal ingestion.

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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.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Static focal mural hypertrophy in apical urinary bladder
- Mild chronic renal changes with previously noted small left kidney cyst
- Static mild hepatomegaly exhibiting parenchyma hyperechogenicity and multifocal hypoechoic intraparenchymal nodules

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously noted focal mural hypertrophy present in the apical urinary bladder was static in appearance and presentation compared to the previous ultrasound without evidence of progression.

Given undetected neoplasia on BRAF Assay and negative urine culture, focal area of apical cystitis or atypical polyp is suspected.

Periodic sonographic monitoring going forward for evidence of progression would be reasonable.

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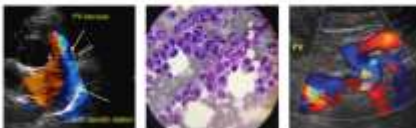
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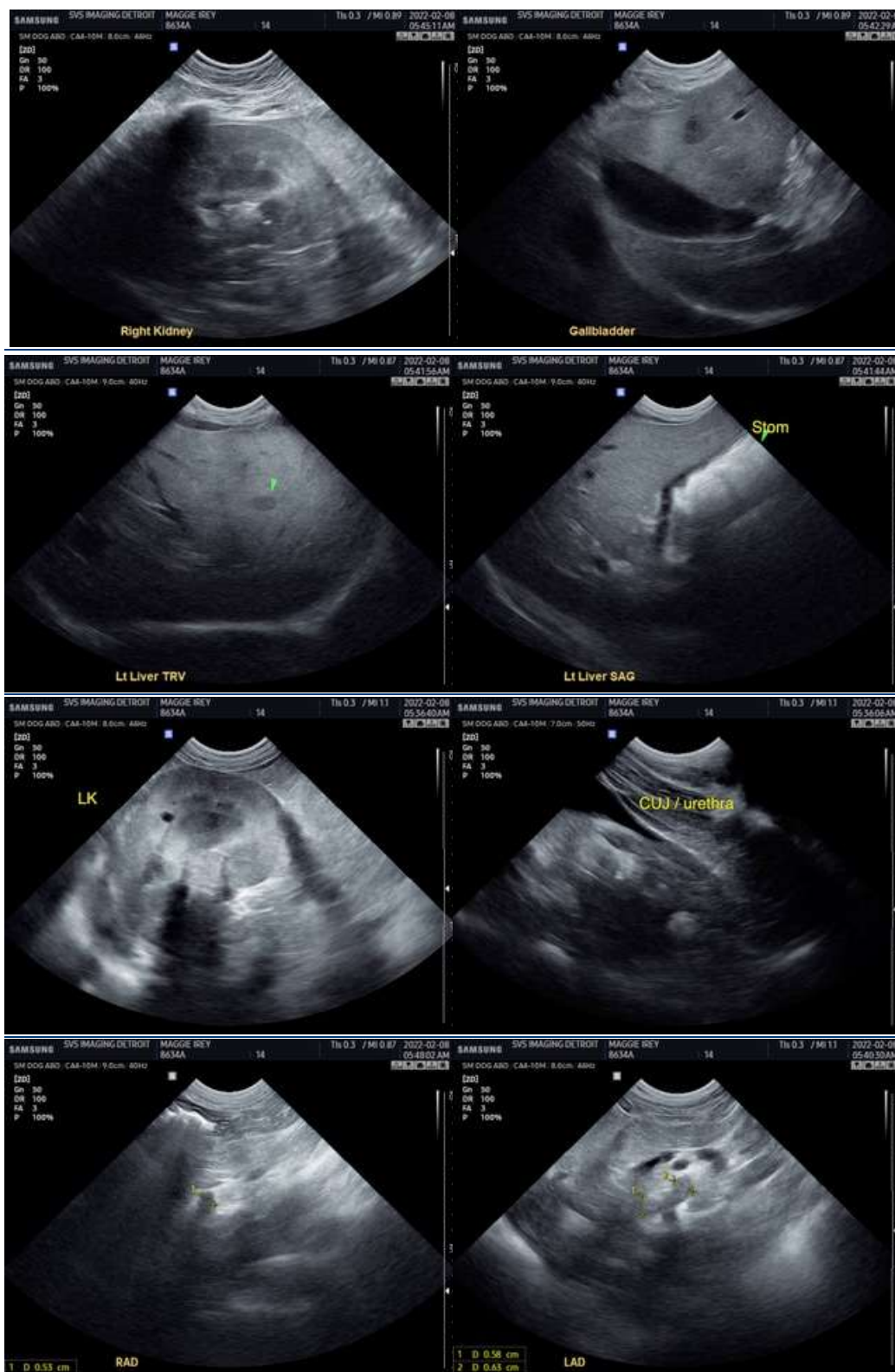
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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