



PATIENT

Campanita Venegas-Trujillo

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

SF

AGE

10 years

WEIGHT

15.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios
SDEP Attendee

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Travis Gibson

INVOICE

13288

DATE

2/9/22

PRESENTING CLINICAL SIGNS

Bloody urine over the last 2 months. Owner thinks pet might be going to the bathroom more frequent. Blood noted by the groomer. Upon ultrasound observation of urinary bladder, pet had very small bladder with thickened walls and a suspected mass. No sample was tried and no luck on free catch.

Abnormal PE/Chem/CBC/UA Results: See attached UA: Free catch urinalysis- Opaque, spg 1.044, pH 8.0, wbc >50/hpf, rbc >50/hpf, non-squamous epi 6-10/hpf, unclassified crystals 1-5/hpf, struvite 21-50/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary was normal in size and tone with regional ventral to ventroapical wall thickening with mild asymmetrical luminal surface extending somewhat into the apical to dorsoapical urinary bladder. The ventroapical urinary bladder wall measured 0.60 cm width. Wall echogenicity was primarily homogeneous without evidence of mural mineralization. Moderate dependent to non-dependent particulate sediment to mineral was present, along with adhered mineral and likely mucus to the ventral to ventroapical luminal surface. Non-obstructive concurrent mineral was noted within the area of the cystourethral junction and mildly within the proximal urethral lumen. No evidence of peripheral urinary bladder effusion or overt inflammation.

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 pyelectasia was present. Pinpoint areas of medullary mineral were present. The left kidney measured 4.0 cm in length. The right kidney measured 4.6 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Chronic ventral / ventroapical cystitis pattern with moderate dependent to non-dependent likely adhered mineral and mucus
- Nonobstructive concurrent cystourethral junction and proximal urethral mineral
- Mild chronic renal changes exhibiting pinpoint medullary mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity ideally on a sterile urine sample is recommended to assess for or rule out underlying infection. If an infection is documented, a higher dose / shorter frequency antibiotic protocol based on urine culture and sensitivity results such as Clavamox or Enrofloxacin 20 mg/kg PO SID for 5-7 days, given the potential for bacterial cystitis, may be considered. Potential for neoplastic criteria which may present in a similar sonographic manner as cystitis cannot be definitively excluded. Screening BRAF Assay could be considered. Ultimately, cystotomy with urinary bladder flush, wall biopsies for histopathology, as well as tissue culture and sensitivity may be indicated.



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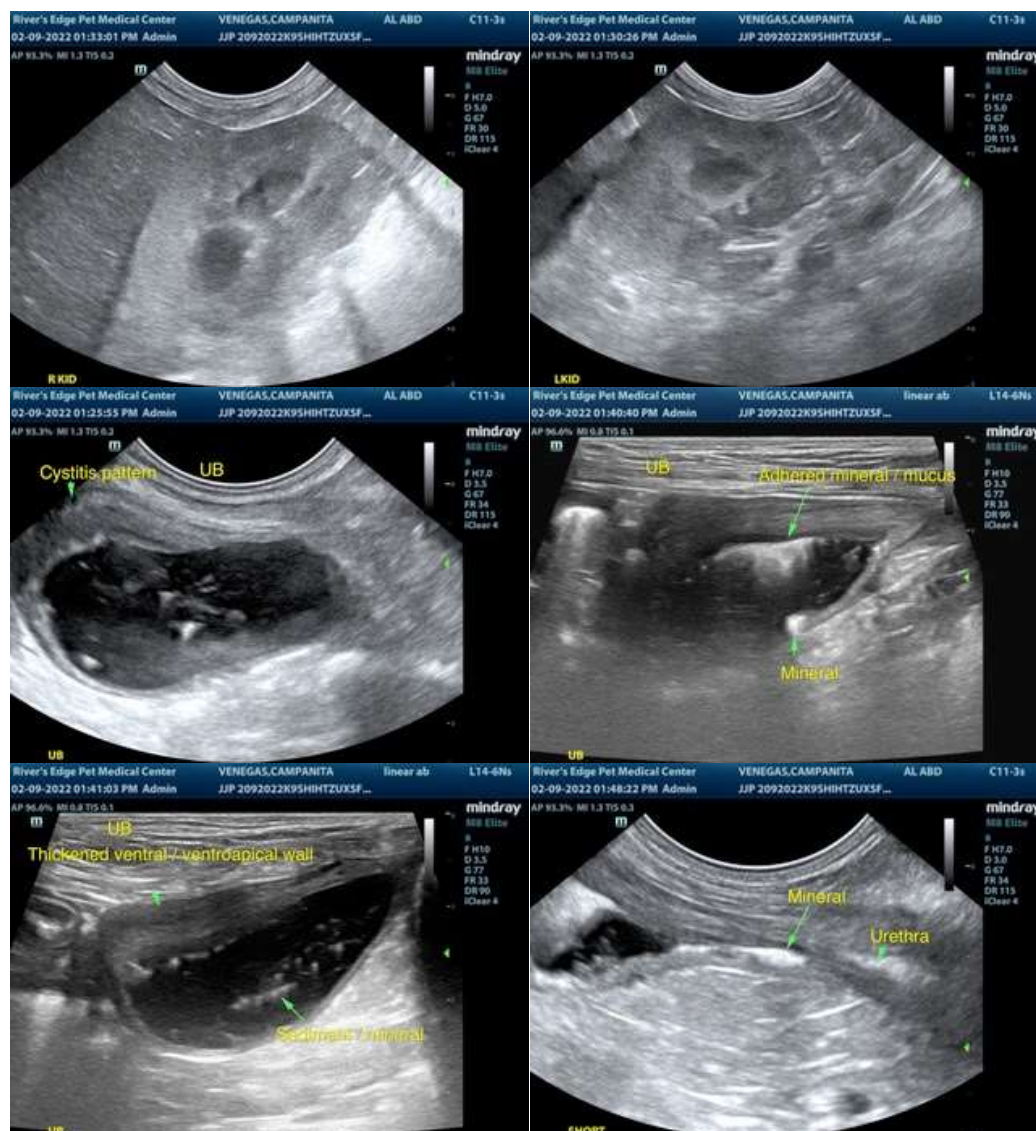
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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