



PATIENT

Sochi Hinkle

SPECIES

Canine

BREED

Shih Tzu

SEX

Female

AGE

8

WEIGHT

15.6

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sammy Brumeister

HOSPITAL NAME

Faith AC

REFERRING VET

Dr. Faith

INVOICE

13287

DATE

2/9/22

PRESENTING CLINICAL SIGNS

Cystotomy was performed on 12/2/21 and a single irregular brown stone was removed from a thickened bladder. Bladder was closed with 2.0 MSA. Sochi has continued to strain to urinate off and on since the surgery. No blood has been noted again but she is straining so much she will defecate now. A urine was checked on 1/11/22 and it showed an elevated pH and lots of CaOx crystals, all else was within normal limits. A urine was checked again on 2/9/22 and it showed a lower pH but still many CaOx crystals and occasional granular casts. Currently feeding c/d food. She is on Enalapril and Apoquel daily. She acts normal otherwise and is not having accidents in the house or drinking excessively. No improvement noted on NSAIDS

Abnormal PE/Chem/CBC/UA Results: See UA results Attached are also the radiographs taken pre and post cystotomy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was mildly subnormal in size owing to a lack of urine distention with overt normal tone. Sonographic assessment of the urinary bladder walls was limited owing to a lack of urine distention yet without overt evidence of significant urinary bladder mural pathology or thickening. Multiple areas of primarily dependent, variably sized yet primarily small mineral to small calculi were present in the urinary bladder lumen, as well as in the area of the cystourethral junction and potentially in the proximal urethra. The areas of mineral to small calculi did not appear to be obstructive to urinary outflow.

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 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 pyelectasia. Areas of nonobstructive medullary and lateral diverticuli mineral were present. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

The spleen exhibited mildly expansive nonhomogeneous to hypoechoic nodule to small mass subjectively in the mid to caudal spleen. Mild associated medial capsule distortion associated with the nodule to small mass was present without evidence of parenchymal escape or rupture. The expansive nodule to small mass measured approximately 2.3 cm in diameter.

Liver/ Gallbladder

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.



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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

- Multiple small cystic calculi to potential accumulated mineral
- Nonobstructive bilateral renal medullary mineral to small renoliths
- Nonspecific yet mildly expansive nonhomogeneously hypoechoic splenic nodule to small mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The multifocal areas of cystic mineral to small calculi may indicate recurrent calculi formation with the potential of the passage of mineral from the kidneys into the urinary bladder. This mineral to small calculi may be causing Irritation to the urinary bladder and / or mild cystitis while the possibility of occasional partial obstruction to the urinary outflow cannot be ruled out.

The splenic nodule to small mass may indicate benign etiologies such as lymphoid hyperplasia, hematopoiesis, hematoma, infection, infarction, or neoplasia. Assuming normal clotting status, ultrasound-guided FNA of the splenic nodule to small mass using a 25-gauge needle could be considered for screening cytology. However, given the appearance of the splenic nodule to small mass, splenectomy with a reassessment of the urinary bladder and / or cystotomy with urinary bladder flush should be strongly considered.





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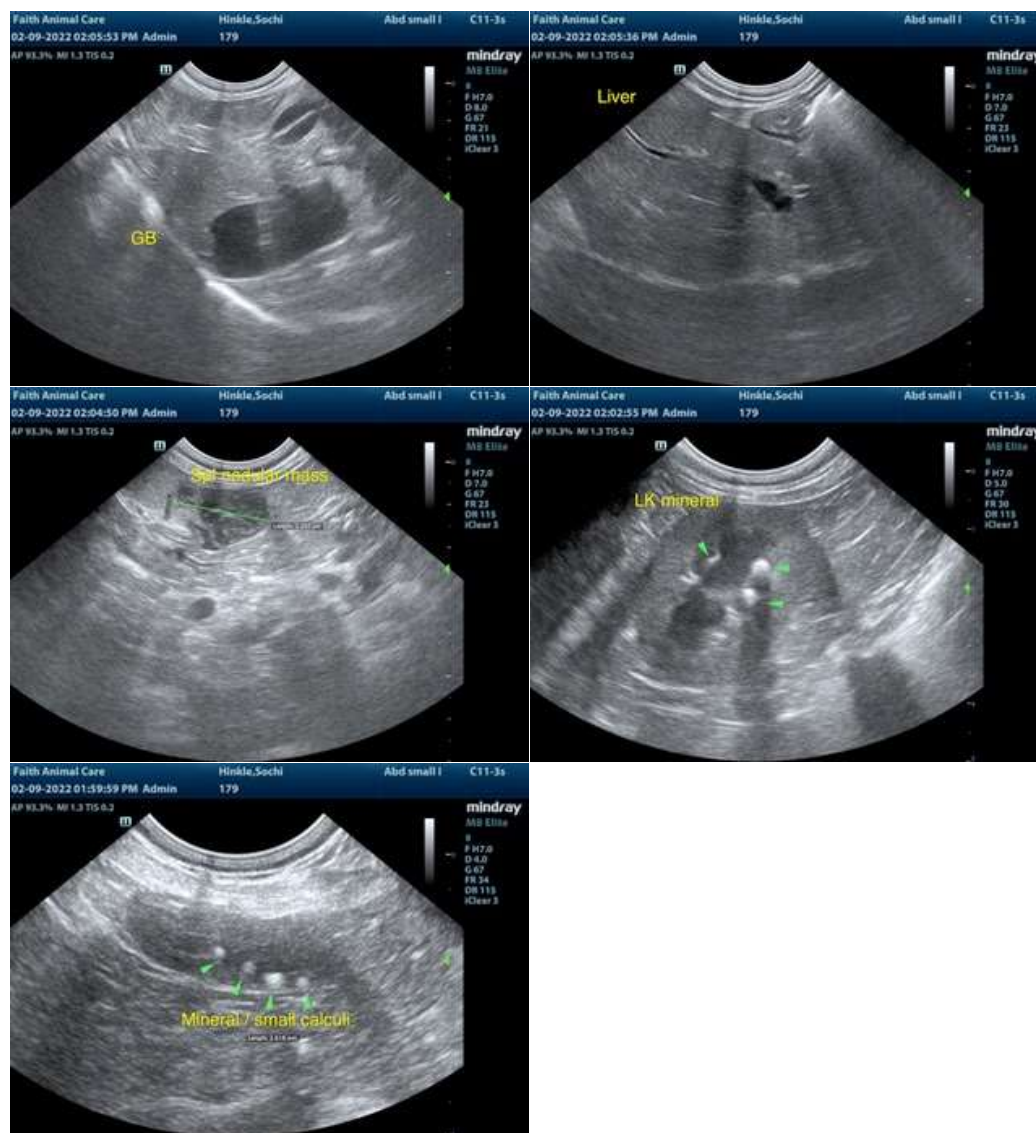
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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