

PATIENT PRESENTING CLINICAL SIGNS

Zoe Tischler CHRONIC UTI'S FOR 10 MONTHS, JANUARY - PU/PD, HEMATURIA, CLINICAL SIGNS RETURN POST ABX TX SIMPLICEF

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Beagle

The urinary bladder revealed a small dorsal apical mass exhibiting non-homogeneous parenchyma with evidence of mineralization measuring approximately 2.5 cm x 1.5 cm. The mass appeared to mildly extend into the urinary bladder lumen with asymmetrical luminal contour. Concurrent mildly thickened apical and ventral urinary bladder walls exhibiting focal minor polypoid component. Ventral urinary bladder wall measured 0.36 cm in width. The trigone, cystourethral junction and visible proximal urethra were sonographically unremarkable.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy. No evidence of regional metastasis.

AGE

2009

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. The left kidney measured 5.5 cm. The right kidney measured 6.1 cm.

WEIGHT

35.7 Pounds

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm at the cranial pole and 0.78 cm at the caudal pole. The right adrenal gland measured 0.95 cm at the cranial pole and 0.75 cm at the caudal

INTERPRETED BY

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 DVM, DABVP
 (Canine and Feline)

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild non-dependent particulate debris. The cystic duct and common bile ducts were normal without evidence of dilation.

HOSPITAL NAME

Brodheads ville VC

REFERRING VET

Dr. Goldstein

Gastrointestinal

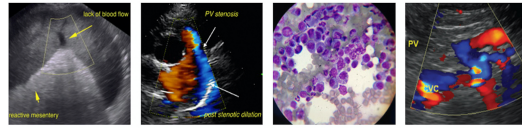
The stomach exhibited moderate to marked distention with retained fluid and luminal gas. The retained fluid appeared to extend into the area of the pyloric outflow without overt evidence of pyloric outflow mechanical obstruction. Pylorus wall measured 0.65 cm.

INVOICE

35782

DATE

3/1/22



PATIENT

Zoe Tischler

Minor concurrent upper to mid duodenal fluid retention was present without overt evidence of mechanical obstruction. Minor segmental jejunal ileus was noted without evidence of jejunal mechanical obstruction or overt gastrointestinal foreign material.

SPECIES

Canine

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 was evident.

BREED

Beagle

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Dorsal apical urinary bladder mass exhibiting evidence of mineralization, concurrent suspected apical and ventral mild to focal polypoid cystitis pattern.
- Mild chronic renal changes
- Vacuolar hepatopathy pattern, minor gallbladder debris (non-mucocele)
- Moderate to marked gastric distention with retained fluid extending into the upper duodenum – non-specific.

AGE

2009

WEIGHT

35.7 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the dorsal apical urinary bladder mass is suggestive of neoplastic criteria such as transitional cell carcinoma, given the presence of mineralization. Potential for additional areas of emerging neoplasia versus cystitis. Screening BRAF assay is warranted. The mass may potentially be serving as a nidus for recurrent infection (i.e., concurrent bacterial cystitis). Biopsy or potential resection of the mass is required for definitive diagnosis.

Empirically, a higher dose, shorter frequency antibiotic protocol (i.e., Enrofloxacin or Clavamox, ideally based on culture and sensitivity results) may be prove more effective at eliminating infection if recurrent positive culture/sensitivity. The clinical significance of the gastric and upper duodenal fluid retention is unclear, given the lack of reported gastrointestinal signs. This may potentially suggest metabolic upper gastrointestinal stasis (i.e., mild gastroduodenitis or similar). Overt evidence of mechanical obstruction was not noted, yet given the degree of gastric fluid retention, monitoring for normal gastric emptying or persistent retained gastric fluid is recommended.

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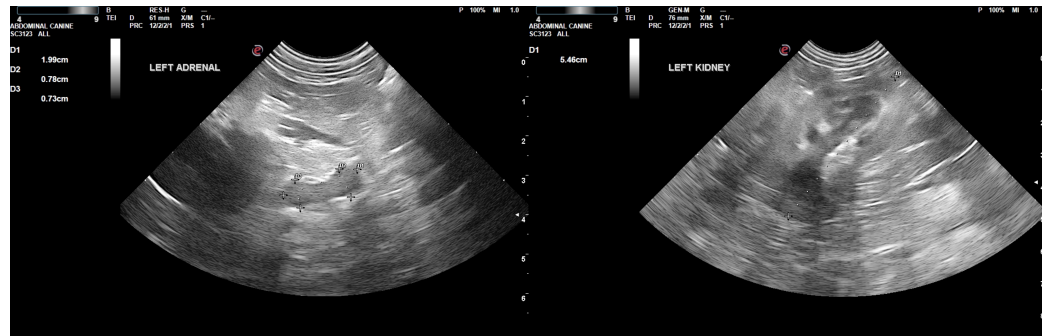
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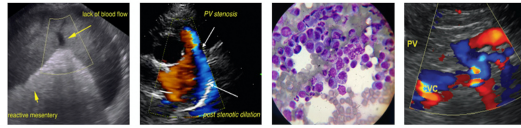
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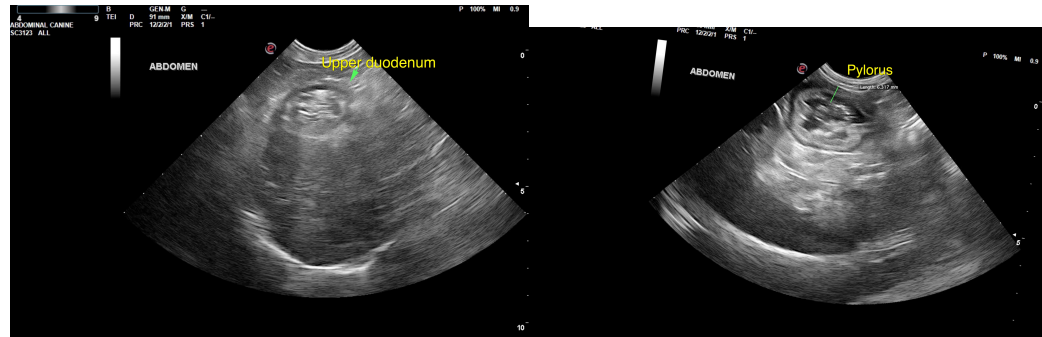
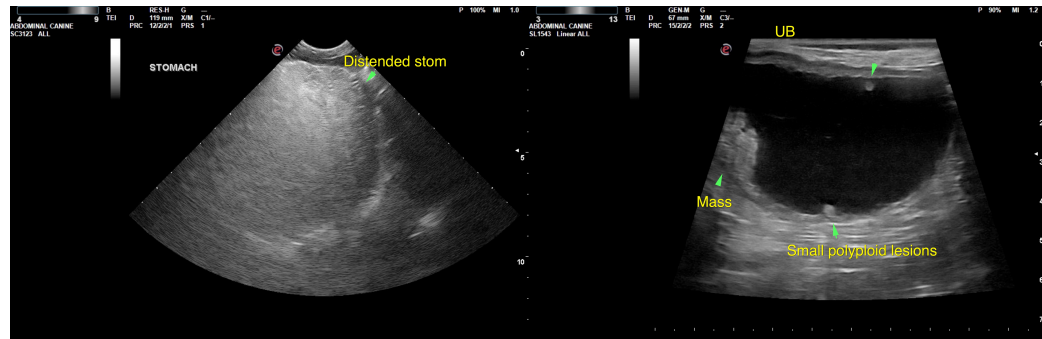
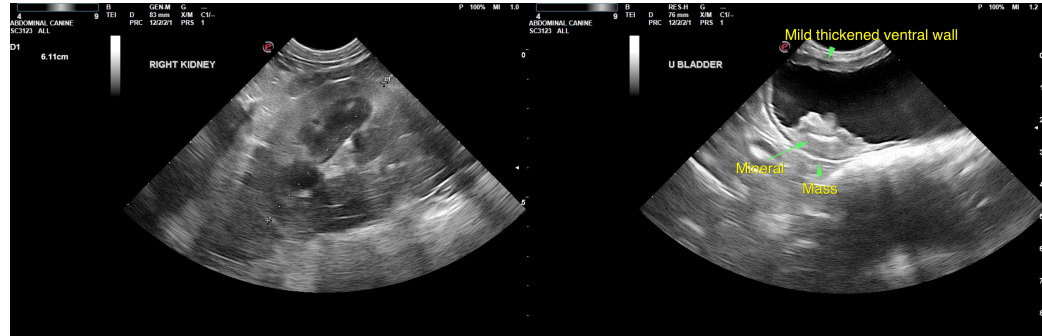
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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