



PATIENT

Happy Kwon

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.9 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

21362

DATE

3/1/23

PRESENTING CLINICAL SIGNS

History: Patient came to the hospital having frequent urination and the owner stated that she arches her back when she pees like she is in pain for about a week, and the owner said today that the urine was a pinkish color today only,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Regional variably thickened ventroapical urinary bladder wall was noted, exhibiting mild asymmetrical luminal surface contour and suspect concurrent minor polyps. Focal adhered to possible mural mineralization within the area of the thickened ventroapical urinary bladder wall was noted. The thickened urinary bladder wall measured approximately 2.1 cm x 0.87 cm. Anechoic urine was present with no evidence of macrocalculi. The urethra was overtly normal in structure and tone to a depth of 1.0 cm.

No evidence of medial iliac or sublumbar lymphadenopathy.

The area of the uterine remnant was free of pathology.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A moderately sized thinly walled caudal left kidney cyst was noted, containing anechoic fluid, measuring 3.2 cm in diameter. The left kidney measured 4.9 cm in length.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small medial cortical cyst was noted in the right kidney, measuring 1.0 cm in diameter. Focal areas of medullary mineral were present.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 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 0.50 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

The liver exhibited subjective mild enlargement. 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.



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The gallbladder was non-distended in size with anechoic content with moderate inspissated yet nonorganized hyperechoic gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained ingesta without signs of obstruction or foreign material. This change is sonographically consistent with food, suspect postprandial presentation.

BREED

Chihuahua

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental ingesta/chyme was present in the small intestine.

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. This change is consistent with age-related pancreatic changes and incidental.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

9.9 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Variably thickened ventroapical urinary bladder, exhibiting focal adhered vs mural mineralization and concurrent mild polyps
- Mild chronic renal changes with bilateral cysts
- Inspissated gallbladder debris (non-mucocele)

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Secondary Findings

- Mild benign hepatomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the thickened ventroapical urinary bladder wall with concurrent adhered luminal to potential mural mineralization may include chronic regional ventroapical cystitis/polypoid cystitis or neoplastic criteria, i.e., transitional cell carcinoma. Given the lack of evidence of macrocalculi, which may predispose to chronic ventroapical irritation, neoplastic criteria may be favored, although not definitive.

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Screening BRAF assay, as well as urine culture and sensitivity, ideally on sterile urine sample, is suggested. Biopsy of the thickened urinary bladder wall for histopathology +/- tissue culture and sensitivity are likely required for a definitive diagnosis. Pending additional urinary work up, piroxicam trial, assuming normal renal function with serial sonographic monitoring of the urinary bladder would be a more conservative approach.

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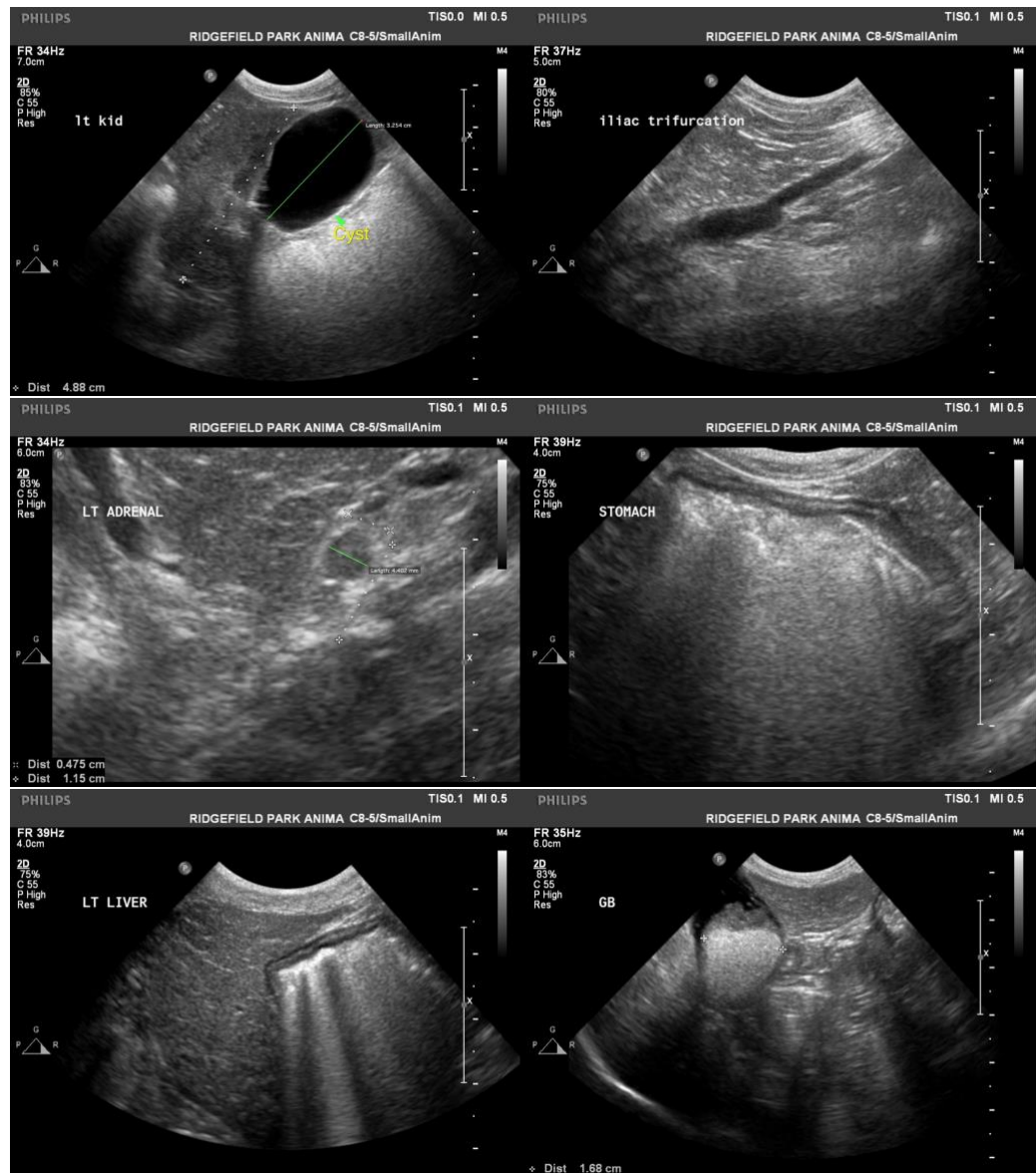
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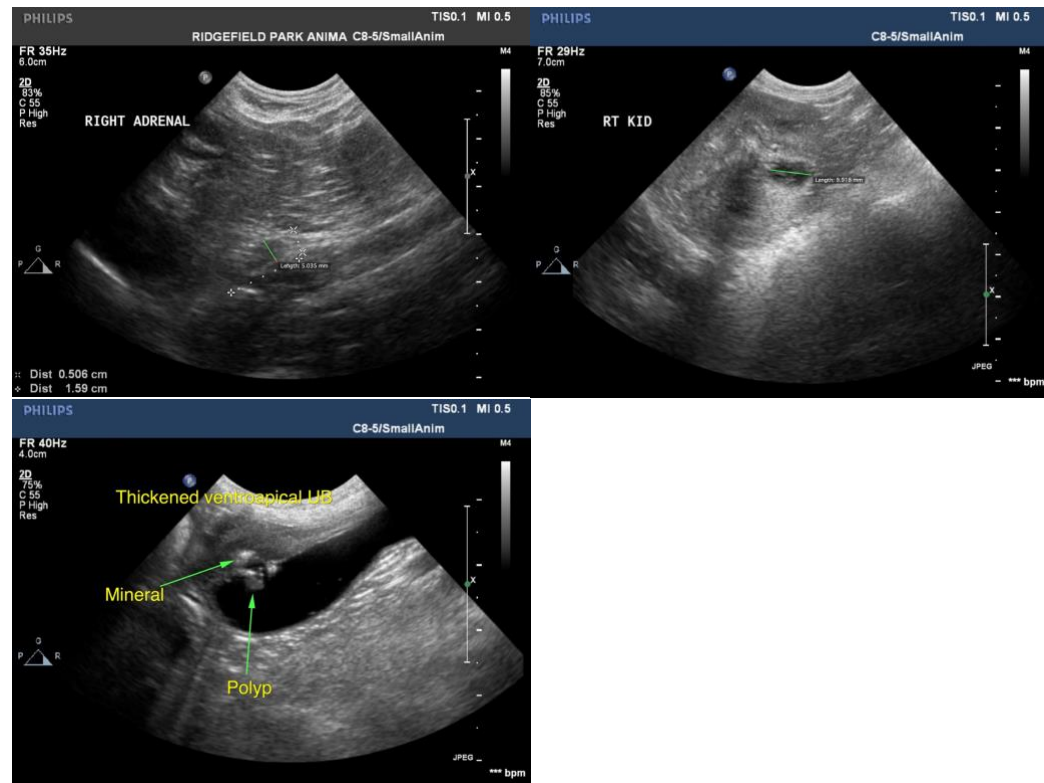
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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