



**PATIENT PRESENTING CLINICAL SIGNS**

Molly Barboza Patient has a controlled hypothyroid on Thyro-tabs. Recent history of elevated UPC R/O primary proteinuria vs 2nd to chronic vulvar inflammation. Patient had frequent urination and vulvar dermatitis 1/5/23. Some improvement in symptoms with treatment with antibiotics but UPC remains elevated (1.25).

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Chesapeake Bay Retriever

The urinary bladder was normal in size and tone. Overall sonographically normal bladder walls were present with mild non-specific wall thickening in the area of the cystourethral junction, measuring 0.49 cm in wall width. The trigone and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

FS

**AGE**

10yr

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 pelvic dilation was present. Discrete pinpoint medullary mineral was present. The left kidney measured 6.1 cm in length. The right kidney measured 5.9 cm in length.

**WEIGHT**

62lb

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole and 0.63 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 0.78 cm width at the caudal pole and 0.68 cm width at the cranial pole.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**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.

**HOSPITAL NAME**

Anchor Animal Hospital

**Liver/Gallbladder**

**REFERRING VET**

Dr. Pietsch

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 with mild to moderate non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**INVOICE**

13269ag

**Gastrointestinal**

**DATE**

03/23/2023

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.



**PATIENT**

Molly Barboza

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mildly prominent to hyperechoic jejunal submucosa layer was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

Normal visible colon wall layers were present with primarily empty 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**

Chesapeake Bay Retriever

**Free Abdomen**

No omental masses or peritoneal effusion was present.

**SEX**

FS

Solitary mildly prominent to enlarged medial iliac lymph node was present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.9 cm x 0.53 cm. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

**AGE**

10yr

**ULTRASONOGRAPHIC FINDINGS**

- Mildly thickened cystourethral junction.
- Non-specific chronic renal changes.
- Minor benign incidental medial iliac lymph node.

**WEIGHT**

62lb

**Secondary**

- Subjective segmental mildly prominent jejunal submucosa layer-nonspecific.
- Gallbladder debris (non-mucocele).

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mildly thickened cystourethral junction wall is non-specific and may indicate patient/age-related variant with potential for minor cystourethral junction cystitis. The possibility of emerging neoplastic criteria is considered less likely. Given no reported azotemia with UPC <2.0, continued monitoring of UPC ideally based on clean cystocentesis urine sample is recommended. A screening BRAF assay is warranted. Sonographic monitoring of the cystourethral junction with initial recheck in 6 weeks is suggested.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

The subjective mildly prominent jejunal submucosa layer may indicate patient variant although this subjective finding has at times been associated with underlying inflammatory intestinal criteria. Given the lack of reported GI signs, the intestinal appearance is likely incidental. Ursodiol therapy is suggested if there is evidence of cholestasis.

**HOSPITAL NAME**

Anchor Animal Hospital

**REFERRING VET**

Dr. Pietsch

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**PATIENT**

Molly Barboza

**SPECIES**

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**BREED**

Chesapeake Bay Retriever

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 DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

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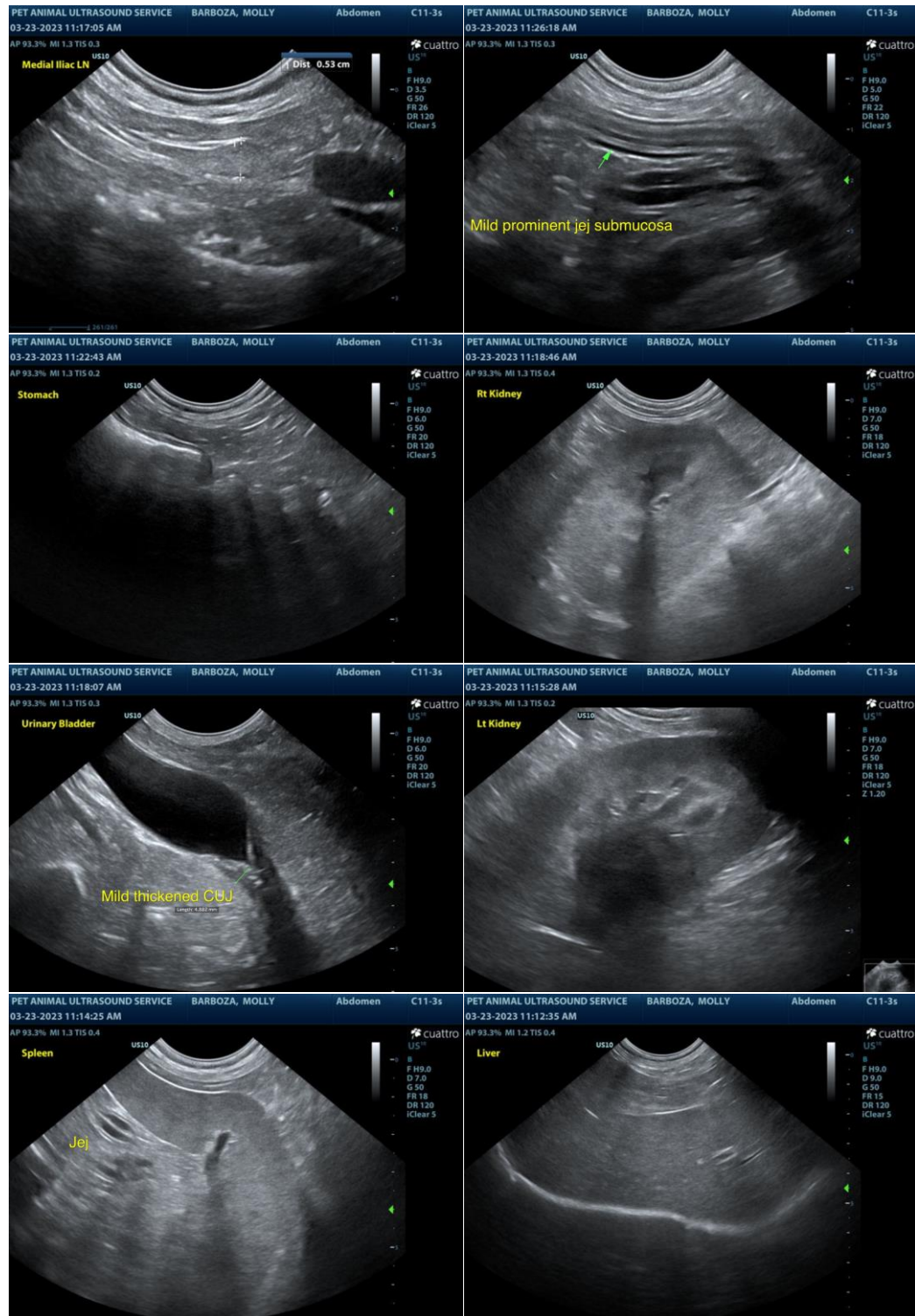
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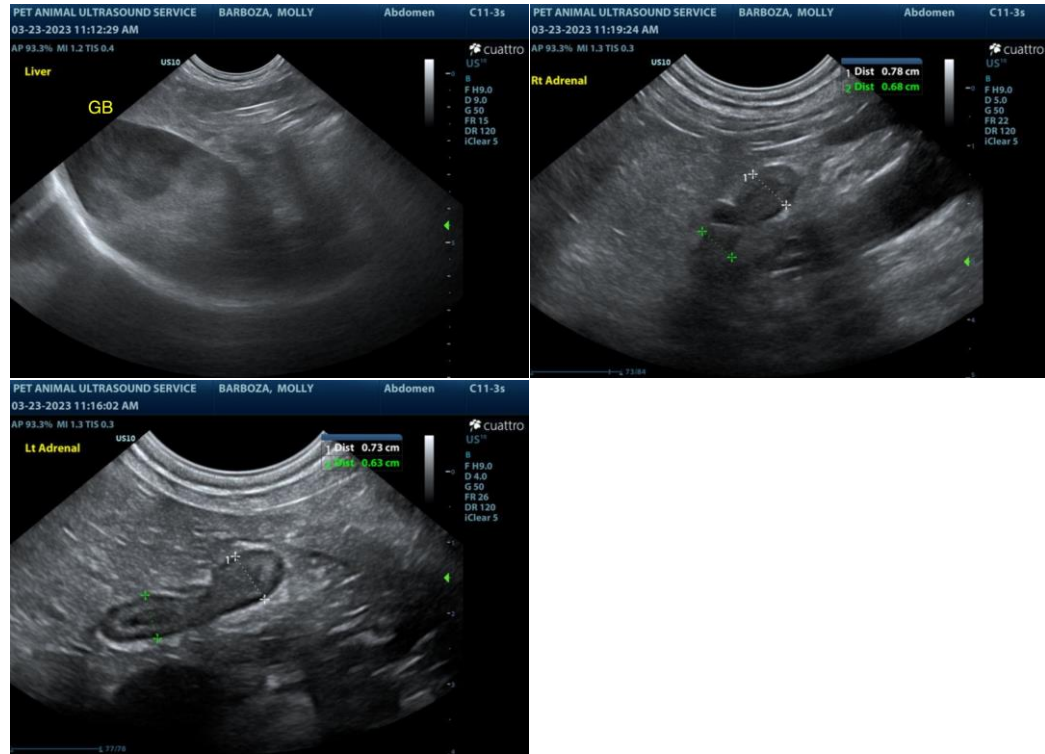
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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