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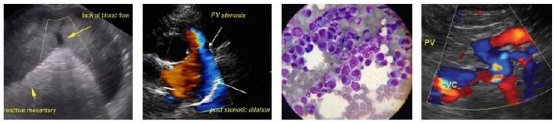

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Cheeko Macera

SPECIES

Canine

BREED

Yorkie X

SEX

Neutered male

AGE

14 years

WEIGHT

10.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

South Side Pet Hospital

REFERRING VET

Dr. Hughes

INVOICE

10127ag

DATE

03/04/2022

PRESENTING CLINICAL SIGNS

History: Diarrhea with blood and mild vomiting for past few days. Hematuria started approx. 2 d ago. Had hematuria 8 months ago as well. Was not treated with antibiotics then and seemingly resolved well on own. Previous issues with chronic cough, possible tracheal concerns, heart murmur, picky appetite. No weight loss. Mild lethargy noted.

Abnormal PE/Chem/CBC/UA Results: Increased SDMA, suspect may be due to mild dehydration from diarrhea. U/A confirms hematuria. Please see attached labs and rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented normal in overall size and tone. The trigone, cystourethral junction, and visible pelvic urethra was unremarkable. Focal to mild regional apical wall thickening exhibiting a focal atypical polyploid component measuring 1.0 cm in diameter was noted. Evidence of associated pinpoint mural mineralization was noted. Anechoic urine with minor particulate sediment/cellular debris was noted. No macro calculi noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices exhibited some moderately increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Several to multiple cortical cysts were not4ed in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

No overt pathology in the are of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.51 cm width in the cranial pole and 0.59 cm width in the caudal pole. The right adrenal gland measured 0.82 cm width in the cranial pole and 0.64 cm width in 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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild nondependent yet nonorganized gall bladder debris. The cystic and common bile ducts were normal.

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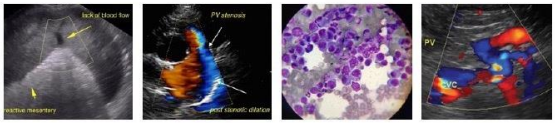

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Gastrointestinal

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 primarily maintained 1:3 muscularis/mucosa ratio. Subtle subjective propensity for mildly prominent to echogenic submucosal layer was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Sonographically normal visible colon wall layers were present with apparent semi formed to formed feces in lumen.

Pancreas

The pancreas presented mildly prominent in size with subjective mild asymmetrical contour. The pancreas presented heterogeneous to mixed echogenic parenchyma. Subtle evidence of peri pancreatic reactive mesentery was noted.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Focally thickened apical urinary bladder wall exhibiting polyploid component with evidence of pinpoint mural mineralization-focal chronic cystitis/bacterial cystitis, neoplasia such as transitional cell carcinoma is possible.
- Moderate chronic renal changes with cortical cysts.
- Heterogeneous to mixed echogenic pancreas-parenchymal remodeling with fibrosis potentially owing to previous inflammatory episode, low grade to chronic active pancreatitis possible.
- Mild gastroenterocolitis pattern.
- Mild gallbladder debris (non mucocele)-potentially owing to fasting or non clinical cholestasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytospin cytology on a free catch urine sample and or screening BRAF assay may be considered. Biopsy of the focally thickened apical urinary bladder wall is likely required for definitive diagnosis. Given normal renal function, NSAID trial such as piroxicam with sonographic monitoring of the focally thickened bladder wall would be a more conservative approach.

Dietary indiscretion/food intolerance, acute gastroenterocolic insult, structurally insignificant inflammatory bowel disease with some contribution to the diarrhea is potentially associated with low grade to chronic active pancreatitis.

Continued therapy for gastroenterocolitis/HGE would be appropriate. If persistent gastrointestinal signs a GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as fresh fecal analysis to rule out parasitic ova and giardia.

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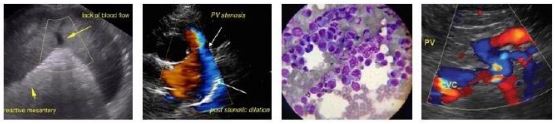

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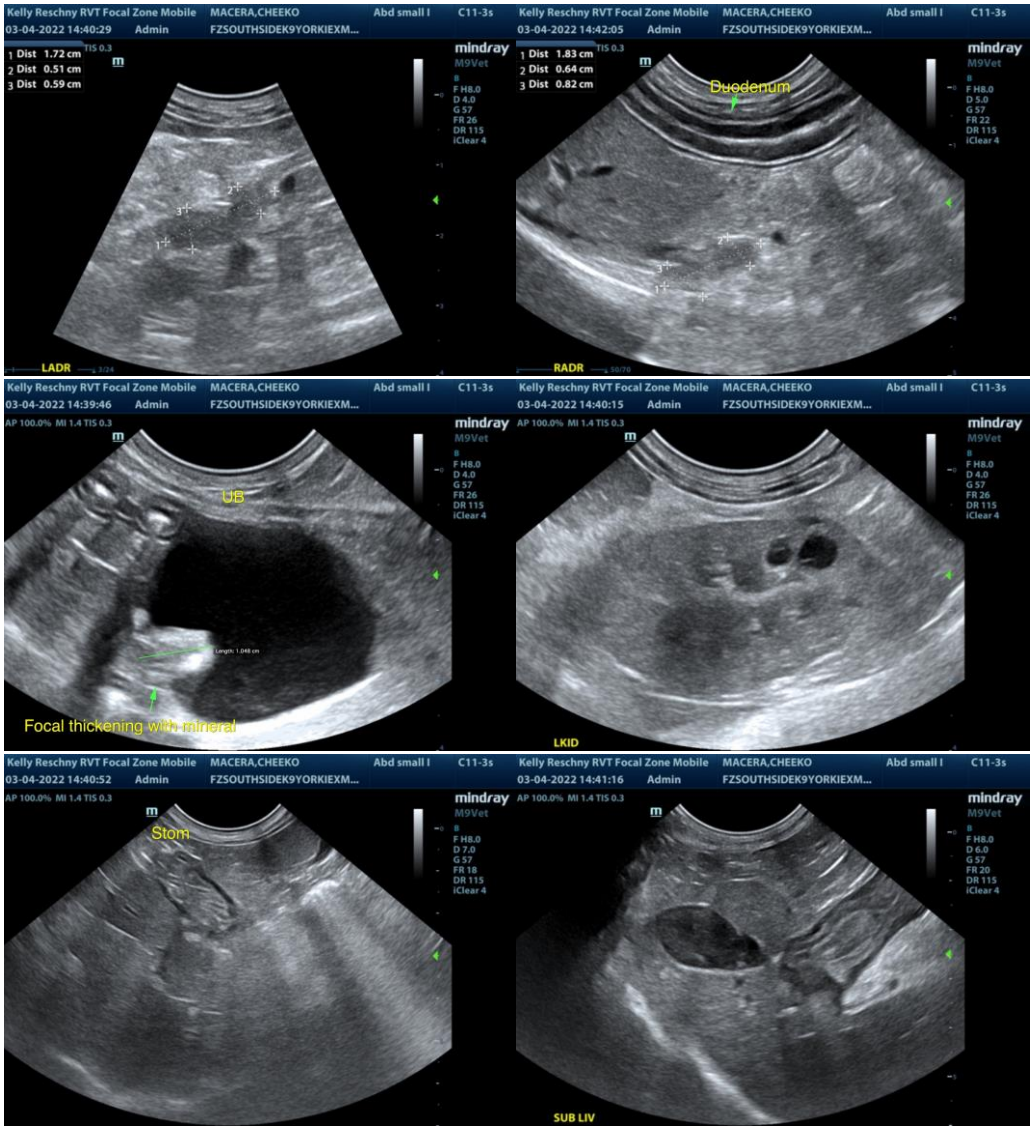

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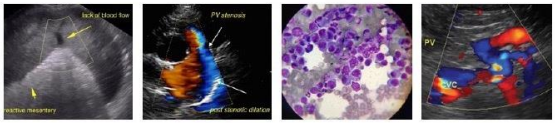

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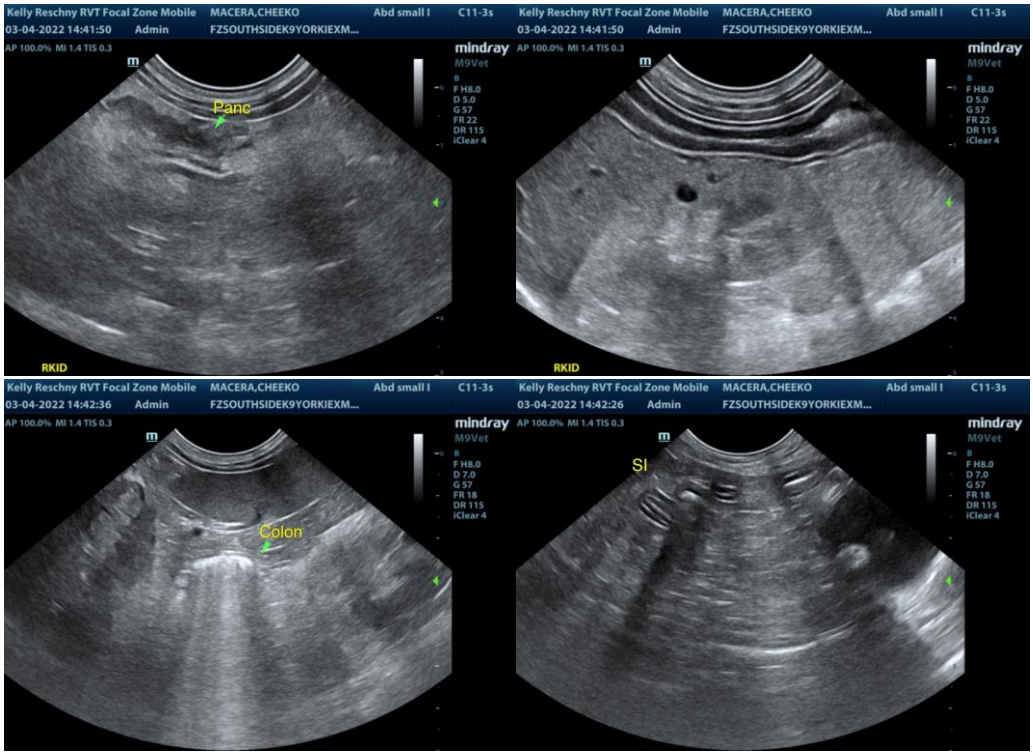

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com