



PATIENT

Missy Conrad

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female

AGE

12 years

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

13937

DATE

5/24/22

PRESENTING CLINICAL SIGNS

Patient has been having a lot of urinary accidents in the house. Patient was adopted recently as a stray. While has shown no obvious signs of estrous cycling, her spay status is unknown.

Abnormal PE/Chem/CBC/UA Results: UA showed many epithelial cells. Cytopathology shows well-differentiated epithelial cells and a few atypical transitional cells but stops short of calling them neoplastic. CBC, chems, and the remainder of the UA are wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Apical urinary bladder wall thickness measured 0.46 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall were not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Anechoic urine was present in the lumen with no uroliths, sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

The uterus was intact and visualized exhibiting variable prominent size most notable in the are of the uterine body. The uterine body measured approximately 1.2 cm in diameter. The uterine walls exhibited subtle nonhomogeneous echogenicity without evidence of mineralization. Possible minor luminal fluid accumulation in the left uterine horn was noted. The left ovary was indistinctly visualized, subjectively measuring 0.95 cm in diameter. A well-demarcated, thinly walled cystic structure was noted in the area of the right ovary measuring 1.4 cm in diameter. The cystic structure contained anechoic fluid.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 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/ 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



PATIENT	normal in appearance without signs of congestion. Moderate, nondependent to congealed yet nonorganized gallbladder debris was present. The gallbladder was otherwise normal without evidence of gallbladder or peripheral gallbladder inflammatory criteria.
Missy Conrad	
SPECIES	Gastrointestinal
Canine	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.
BREED	
Chihuahua Mix	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.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
Female	Pancreas
AGE	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.
12 years	
WEIGHT	Free Abdomen
7 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Mild cystitis pattern • Intact to variably prominent uterus exhibiting potential for mild uterine horn luminal fluid - Suspect potential endometritis or endometrial hyperplasia, potential for mild to emerging pyometra possible, neoplastic criteria is thought unlikely • Likely right ovary cyst • Bilateral mild chronic renal changes • Moderate gallbladder debris (non-mucocele)
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Trae Cutchin	No overt evidence of urinary bladder neoplastic criteria, which is thought unlikely based on the pattern of mild ventroapical to dorsoapical prominent wall. Screening BRAF Assay, as well as urine culture and sensitivity on a sterile urine sample if evidence of inflammatory cells or suspect infection is recommended.
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INVOICE	Ovariohysterectomy with submission of uterine tissue for histopathology if clinically indicated +/- apical urinary bladder wall biopsies for histopathology could be considered.
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DATE	Given the lack of cholestasis, continued monitoring of the gallbladder would be reasonable. Ursodiol therapy is recommended if evidence of cholestasis arises.
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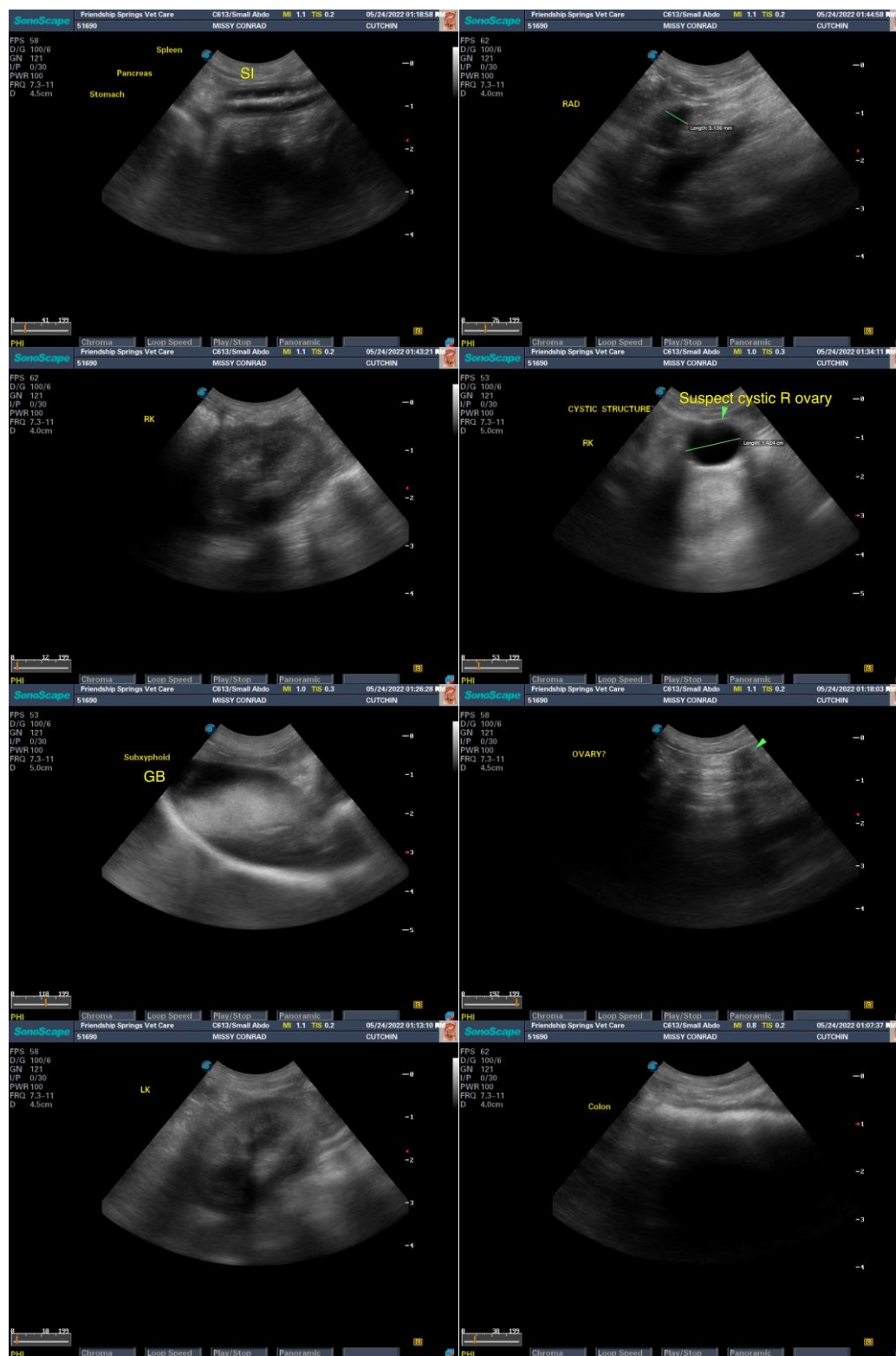
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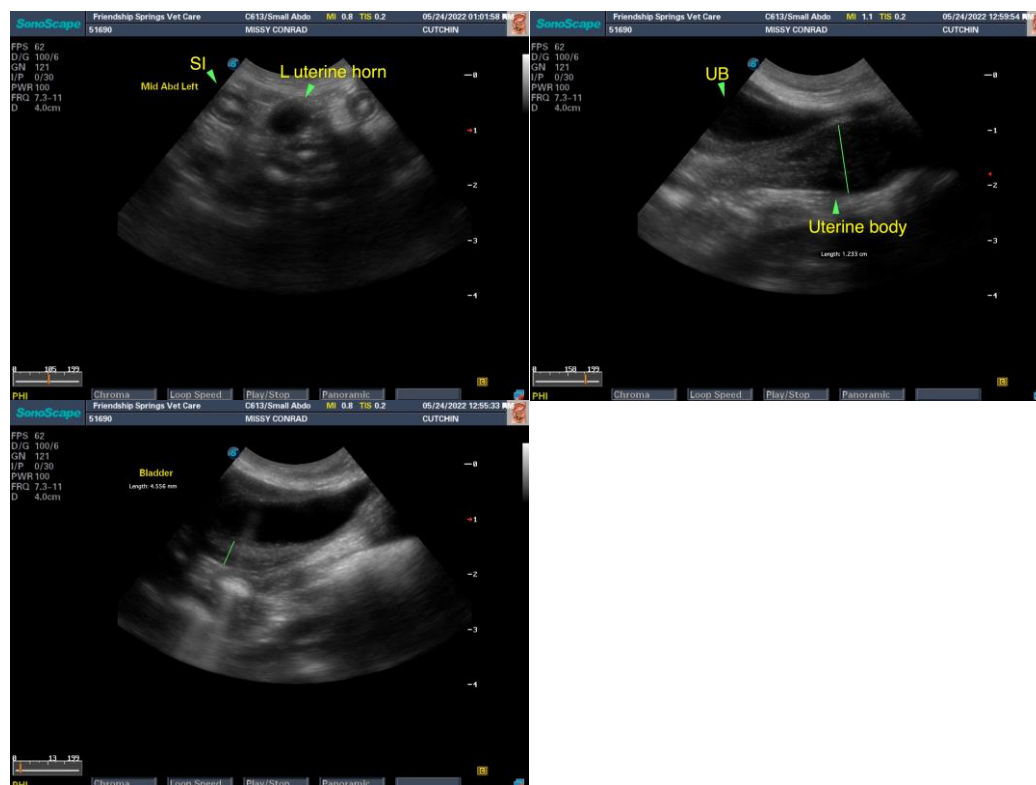
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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