

**PATIENT**

Maddie Flucke

SPECIES

Canine

BREED

Bichon

SEX

FS

AGE

11 years

WEIGHT

16.1 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Myers

INVOICE

13952

DATE

5/21/22

PRESENTING CLINICAL SIGNS

Reoccurring UTI with hematuria. Bladder looked abnormal on in house ultrasound. Possibly thickening of the bladder walls and possibly mass seen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was subnormal in size which prohibited full evaluation of the urinary bladder walls. Generalized variably thickened urinary bladder wall exhibiting primarily homogeneous mural echogenicity was present. The urinary bladder wall was primarily thickened in the ventral to apical urinary bladder wall. The urinary bladder wall width measured 0.71 cm. Mild anechoic urine was present with moderate nondependent to likely adhered sand / mineral. The urethra was normal in structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

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 pyelectasia was present. Pinpoint to focal areas of mild medullary mineral were noted. The left kidney measured 4.9 cm in length. The right kidney measured 5.0 cm in length.

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 2.0 cm length x 0.45 cm width in the caudal pole. The right adrenal gland measured 2.0 cm length x 0.80 cm width in the caudal pole.

Spleen

The spleen was normal in size and contour and primarily maintained a finely textured homogeneous parenchyma with intermittent subtle nondisruptive hypoechoic splenic nodules. An example measured 0.36 cm in diameter.

Liver/ Gallbladder

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 mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

**PATIENT**

Normal visible colon wall layers were present with apparent formed feces in lumen.

Maddie Flucke

Pancreas**SPECIES**

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.

Canine

Free Abdomen**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

Bichon

ULTRASONOGRAPHIC FINDINGS**SEX**

- Thickened urinary bladder with moderate dependent to likely adhered mineral / sand - suspect chronic cystitis, minor potential for emerging neoplastic criteria, i.e., transitional cell carcinoma

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- Bilateral mild chronic renal changes with pinpoint to focal medullary mineral
- Nonspecific yet likely benign subtle splenic nodules - suspect subtle areas of lymphoid hyperplasia, hematopoiesis, or similar neoplastic criteria thought unlikely

11 years

WEIGHT

- Mild gallbladder debris (non-mucocele) - incidental unless evidence of cholestasis

16.1 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity ideally on sterile urine sample is recommended to assess for underlying infection. Urinary bladder biopsies are likely required for a definitive diagnosis via histopathology, as well as tissue culture and sensitivity, due to potential chronic bacterial cystitis. Screening BRAF Assay recommended prior to consideration for potential biopsy.

If positive urine culture and sensitivity, higher dose/ shorter frequency antibiotic regimen i.e., Enrofloxacin 20 mg/kg PO SID for 5 days may prove more effective at eliminating embedded infection and in the face of suspected chronic cystitis. Sonographic monitoring of the urinary bladder for evidence of progressive thickening is likely ideal. Concurrent dissolution diet may be considered.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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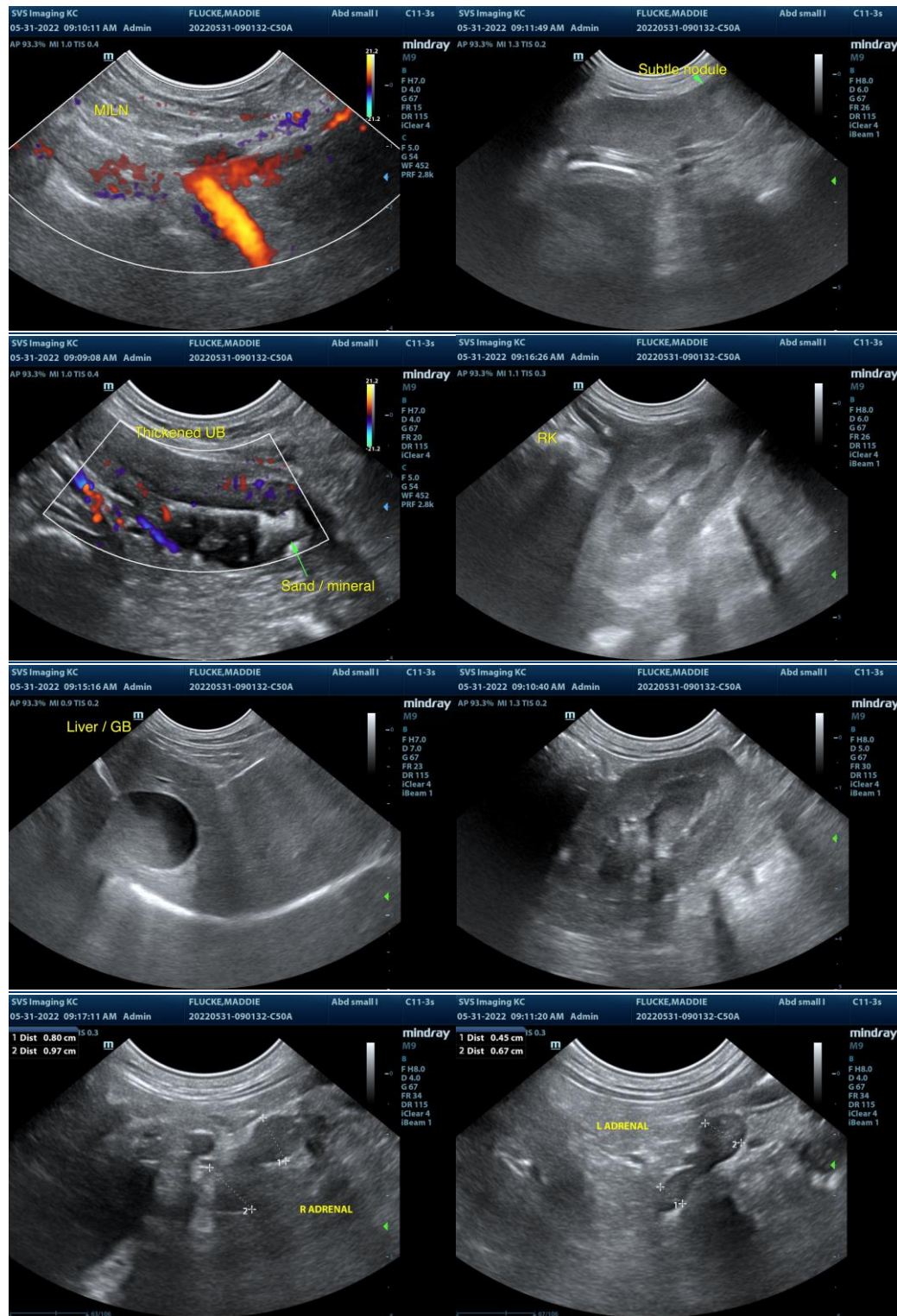
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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SVS Mobile Imaging KC 816-401-5010
svsimagingkc@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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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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