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| PATIENT | PRESENTING CLINICAL SIGNS |
| Nova Davidson | Recheck bladder-diffuse irregular wall. Current meds: Amox; Carprofen |
| SPECIES | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Canine | Urinary System |
| BREED | The urinary bladder was subnormal in size owing to a lack of urine distention secondary to micturition prior to ultrasound. Variable to moderate thickening of the ventral apical and dorsal urinary bladder wall exhibiting mild asymmetrical luminal surface contour and mild nonhomogeneous mural echogenicity was present. The ventral apical urinary bladder wall measured 0.87 cm width. No evidence of mural mineralization was noted. Mild anechoic urine was present with no evidence of sediment, mineral, or calculi. The area of the cystourethral junction was free of pathology. The urethra exhibited normal structure and tone to a depth of 5.0 cm. |
| Mix | |
| SEX | |
| MN | |
| AGE | The residual prostate was normal in sonographic appearance, measuring 1.2 cm in diameter. |
| 11y, 3mos | No evidence of medial Iliac or sublumbar lymphadenopathy. |
| WEIGHT | 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 or pyelectasia was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.1 cm in length. |
| 73 lbs | |
| INTERPRETED BY | Adrenal Glands |
| 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 2.5 cm length x 0.67 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 2.7 cm length x 0.78 cm width at the caudal pole. |
| IMAGING PERFORMED BY | Spleen |
| Shari Reffi, CVT | The spleen was normal in size and contour with subtle parenchyma heterogeneity and intermittent, previously noted, well-demarcated, hyperechoic splenic nodules consistent with benign myelolipomas primarily in the medial splenic parenchyma. No splenic masses were noted. |
| HOSPITAL NAME | Liver/ Gallbladder |
| VCA Blairstown AH | 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. The cystic and common bile ducts were normal. |
| REFERRING VET | Gastrointestinal |
| Dr. Clegg | 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. |
| INVOICE | |
| 16772 | 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. |
| DATE | |
| 5/9/23 | |



PATIENT

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

Nova Davidson

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

BREED

Free Abdomen

Mix

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

SEX

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

MN

ULTRASONOGRAPHIC FINDINGS

AGE

- Persistent irregularly thickened urinary bladder wall - Considerations continue to be chronic cystitis / bacterial cystitis with potential for underlying neoplasia, i.e., transitional cell carcinoma.
- Mild chronic renal changes - no evidence of pyelonephritis / pyelectasia
- Previously noted static benign splenic nodules - consistent with myelolipomas

11y, 3mos

WEIGHT

73 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The lack of urinary bladder distention prohibited full evaluation of the urinary bladder wall, however, a subjective similar presentation was noted compared to the previous study. The pattern of urinary bladder wall thickening is suggestive of cystitis criteria with potential for minor polyploid component. Urinary bladder wall biopsy would be required for a definitive diagnosis.

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

IMAGING PERFORMED BY

If an infection was previously documented, recheck urine C/S on a sterile urine sample 7 days post-completion of current antibiotics is recommended. If documented infection, a higher dose/shorter frequency antibiotic regime i.e., Enrofloxacin or Clavamox 20.0 mg/kg PO SID for 3-5 days may prove more effective at eliminating a potential embedded infection. Screening BRAF Assay could be considered.

Shari Reffi, CVT

HOSPITAL NAME

VCA Blirstown AH

REFERRING VET

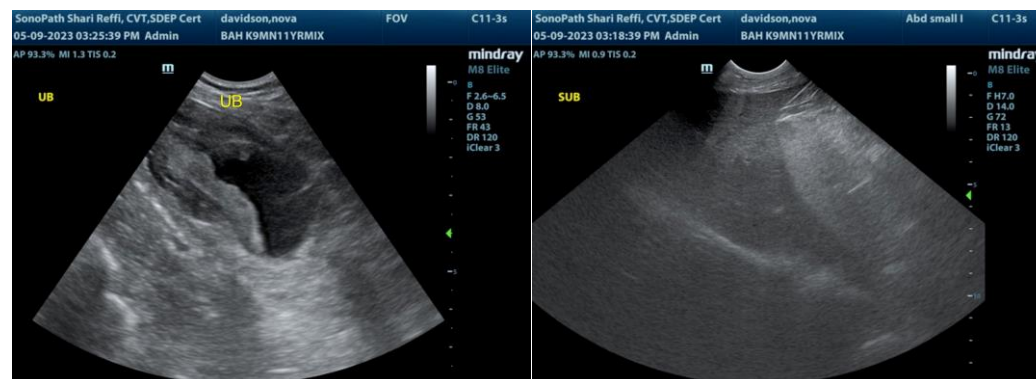
Dr. Clegg

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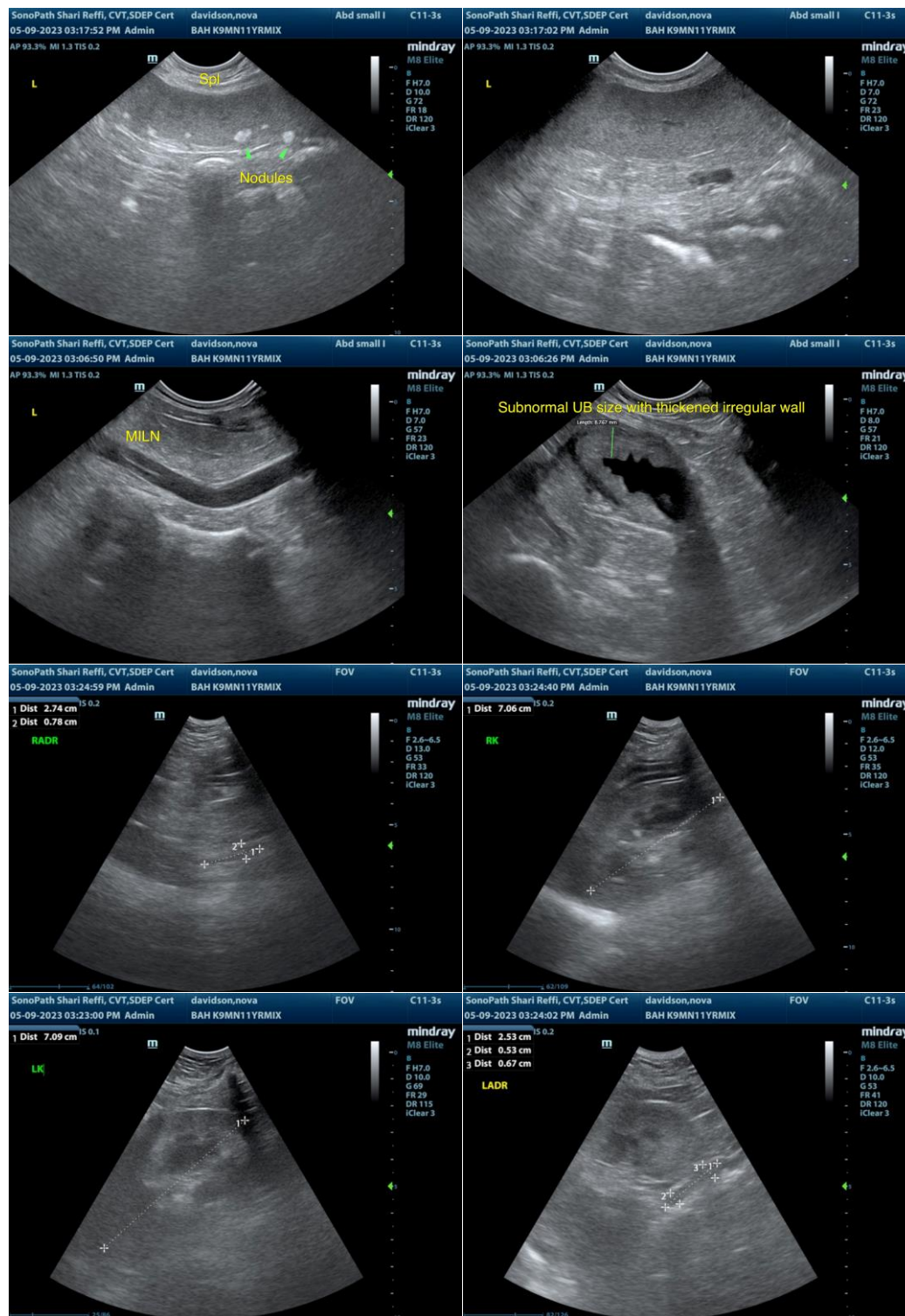
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

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