



PATIENT

Charlie Brown
Moscola

PRESENTING CLINICAL SIGNS

Concerned for bladder stones 2nd to cystitis vs bladder cancer?

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Poodle Mix

Urinary System

The urinary bladder, trigone, and cystourethral junction urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Multiple, variably sized yet primarily small hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. An example of an echogenicity measured 1.1 cm diameter. Several calculi were noted within the area of the urinary bladder neck and proximal urethra, yet no overt evidence of obstruction to urine outflow. Focal to several, small polyps were present, arising from the ventroapical urinary bladder and extending mildly into the urinary bladder lumen.

SEX

Male Neutered

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

AGE

9 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

24.34 lbs.

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. Pinpoint areas of medullary mineral were noted. No evidence of pyelectasia was noted. The left kidney measured 5.4 cm in length. The right kidney measured 6.1 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.44 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 0.52 cm width at the caudal pole and 0.52 cm width at the cranial pole.

IMAGING

PERFORMED BY

Dr. Mychajlonka

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

Craig Road AH

REFERRING VET

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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 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.

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

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

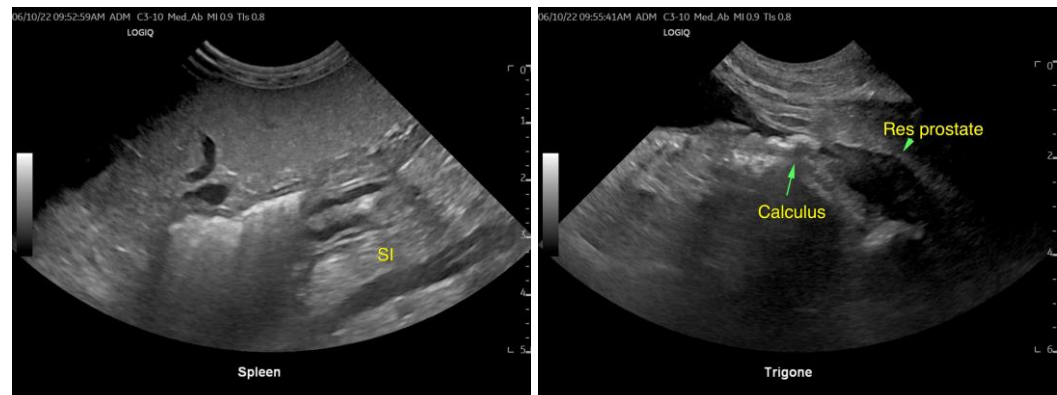
ULTRASONOGRAPHIC FINDINGS

- Multiple small cystic calculi with secondary mild to polyploid ventral to ventroapical cystitis pattern - no evidence of neoplastic criteria
- Mild nonspecific chronic renal changes with pinpoint medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild to polyploid cystitis pattern is likely in the area where the urinary bladder calculi sit the majority of the time when the patient is primarily sternal to upright in position. Neoplastic criteria considered unlikely.

Initial urine C/S on sterile urine sample is recommended. Dissolution diet and, if clinically indicated, conservative therapy for cystitis could be considered. Alternatively, cystotomy, given the potential for possible eventual obstruction to urine outflow with stone analysis +/- ventroapical urinary bladder biopsy and tissue culture and sensitivity is likely ideal.





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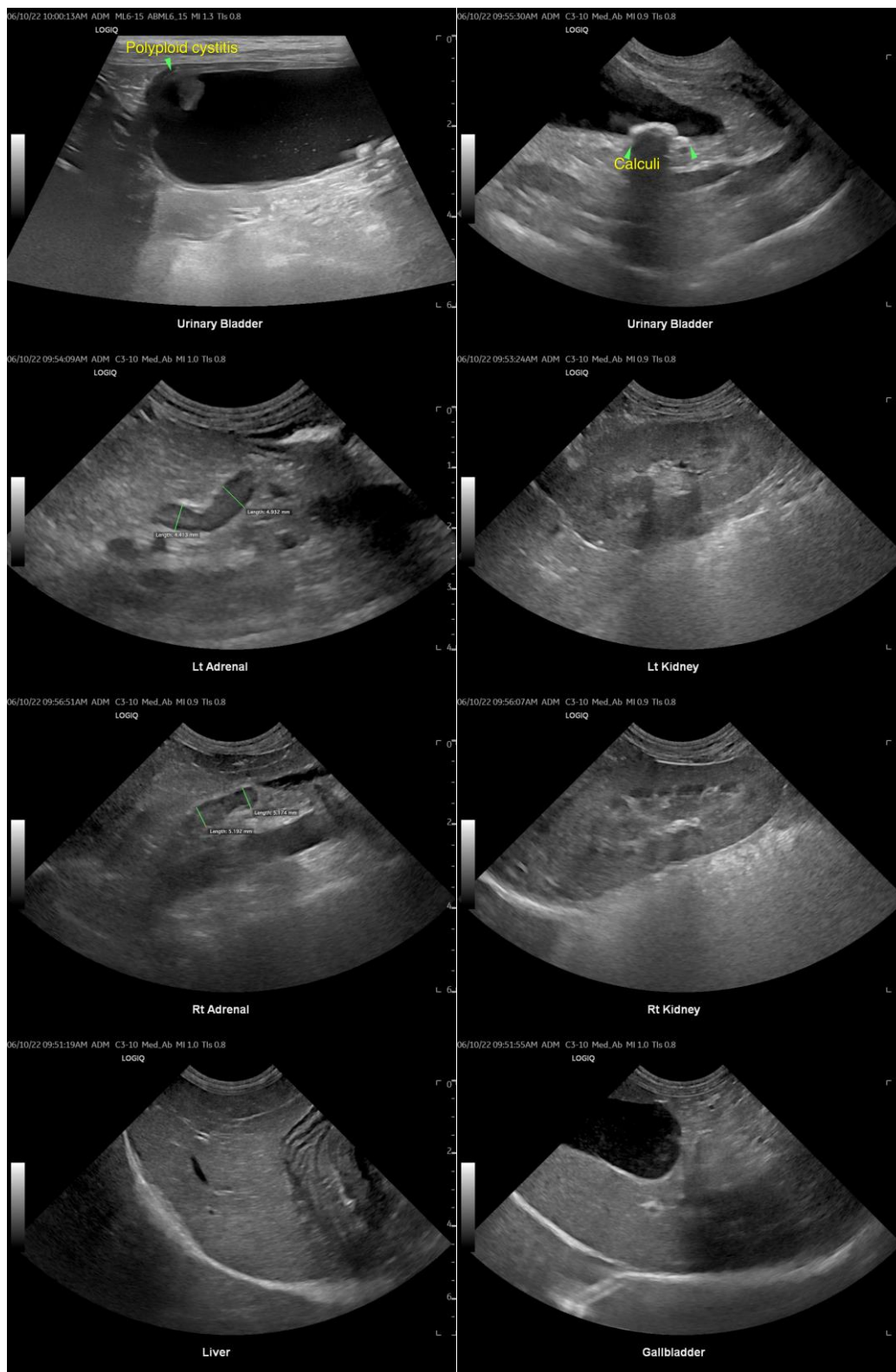
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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info@SonoPath.com

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