



PATIENT PRESENTING CLINICAL SIGNS

Bailey Amicucci History: UTI, hematuria, IMHA Pred

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder was normal in size and tone. Mild regional thickening if the ventral to ventral apical urinary bladder wall was noted, exhibiting mild asymmetrical luminal surface contours. The thickened wall exhibited homogeneous echotexture similar to adjacent non-thickened wall without evidence of mural mineralization. The ventral apical urinary bladder wall measured 0.87 cm. Primarily anechoic urine was present with probable mild dependent accumulated sediment to mineral. Pinpoint areas of focal nondependent suspended mineral were visualized. No overt evidence of distinct urinary bladder masses. The area of the trigone and urinary bladder neck were sonographically normal. The urethra was normal in structure and tone to a depth of 3.0 cm. Aortic trifurcation was normal.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 7.2 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm x 0.57 cm width at the caudal pole.

INTERPRETED BY No overt pathology in the area of the right adrenal gland.

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

Rebekah Jakum, CVT ARDMS/RVT Liver

HOSPITAL NAME The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET The gallbladder was non distended in size with mild dependent nonorganized mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

INVOICE Gastrointestinal

16248 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.

DATE 6/23/22 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.

Bailey Amicucci

Pancreas

SPECIES

Canine

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 was evident.

BREED

Lab Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

2015

- Ventral to ventral apical cystitis pattern with probable mild dependent to focally nondependent accumulated sediment/mineral
- Sonographically unremarkable bilateral kidneys
- Vacuolar hepatopathy pattern- benign, likely owing to prednisone therapy
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

71 Pounds

Overall, the urinary bladder presentation is most consistent with cystitis. No overt evidence of neoplastic criteria, which is considered unlikely. Screening BRAF assay, as well as urine culture and sensitivity on sterile urine sample are warranted. Pending urine culture and sensitivity results, UTI protocol may be indicated. This may be an ongoing issue in this patient, owing to assumed immunosuppressive dose of prednisone. Hepatosupportive medications could be considered if evidence of hepatic enzyme elevation. Sonographic monitoring of the urinary bladder may be considered if persistent/progressive clinical signs consistent with cystitis or if recurrent documented UTI.

INTERPRETED BY

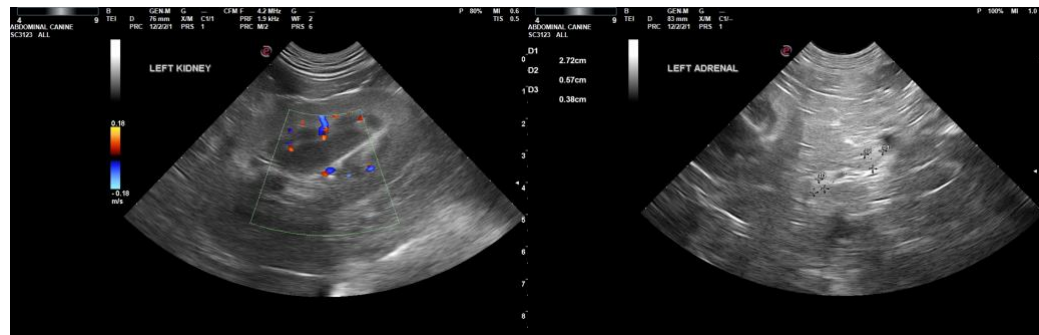
R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Simmonds VH



REFERRING VET

Dr. Cougar

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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)
mac.daniel@sonopath.com