



PATIENT

Shatoot Jazayeri

SPECIES

Canine

BREED

Bichon Shih X

SEX

Male Neuter

AGE

2 years

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Sanctuary VC

REFERRING VET

Dr.
Warnakulasooriya

INVOICE

14188

DATE

6/30/22

PRESENTING CLINICAL SIGNS

History of calcium oxalate crystals in urine. Stones seen on Ab x rays

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. The urinary bladder walls were overtly normal without evidence of inflammatory or neoplastic criteria. Primarily anechoic urine was present in the bladder with moderate dependent mineral to multifocal small calculi.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.55 cm in width. Nonobstructive to small calculi were present in the prostatic urethral lumen. Post prostatic urethra was normal in structure and tone to a depth of 2.0 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 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 or congenital dysplasia. Pinpoint medullary mineral were present in the kidneys. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 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 0.31cm width at the caudal pole and 0.21 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 0.26 cm width.

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 normal in appearance without signs of congestion. Normal hepatic volume was present. No indication of a portosystemic shunt was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with minor retained anechoic fluid and luminal gas. The ventral gastric body wall width measured 0.54 cm.



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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

Primary Findings

- Moderate dependent urinary bladder mineral
- Minor nonobstructive residual prostatic urethral mineral
- Overtly normal bilateral kidneys with pinpoint medullary mineral
- Normal liver - no Indication of a portosystemic shunt

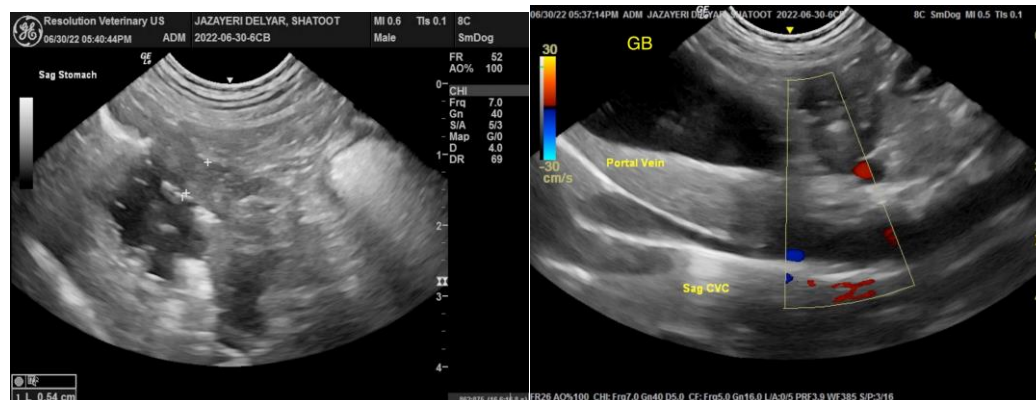
Secondary Findings

- Possible gastritis with potential mild gastric hypomotility

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on a sterile urine sample, if not done, is recommended to rule out underlying infection. Dissolution diet could be considered with assessment of clinical response and sonographic monitoring. However, given the reported calcium oxalate crystals, dissolution may be unsuccessful.

Continued monitoring going forward for clinical signs suggestive of urethral obstruction is warranted. An eventual cystotomy with urethral flush may be indicated. Gastroprotectant protocol is suggested if clinical signs of gastritis are present.





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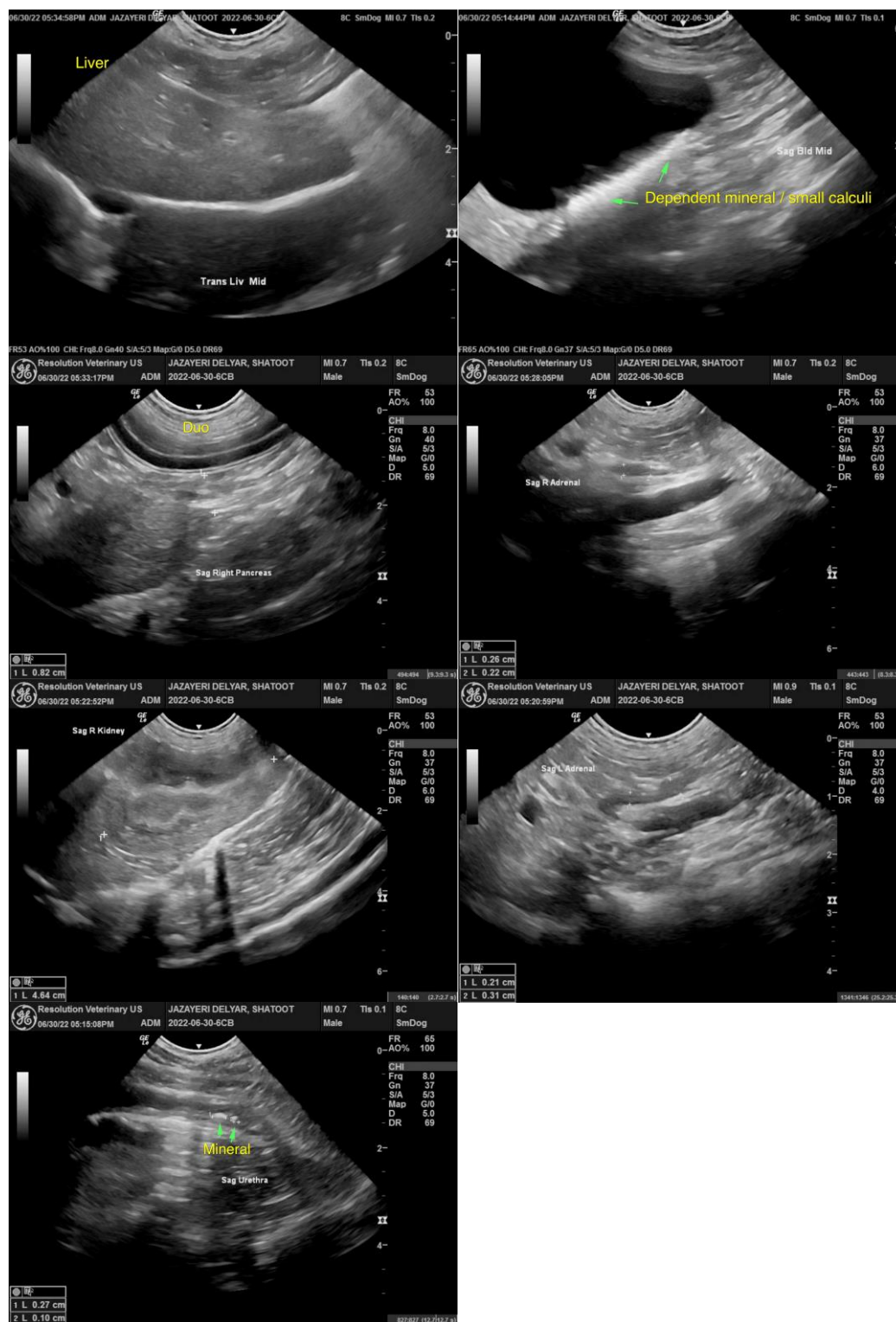
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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