



PATIENT PRESENTING CLINICAL SIGNS

Dixie Christou

Presented for intermittent stranguria over 24 hours. Has had PU/PD for quite some time. Had a emergency cystotomy 2 years ago with multiple cystolithiasis. Has had subsequent urinalysis several times since the original surgery. Has been eating and defecating normally. No coughing with reasonable energy levels. Diet: Urinary S/O

SPECIES

Canine

BREED

Bicho Frise x

Abnormal PE/Chem/CBC/UA Results: Relatively acute stranguria PU/PD Previous history of cystotomy and cystolithiasis Some discomfort on mid thoracic spinal palpation Moderate dental tartar and dental disease **Blood work:** Mild leukocytosis/neutrophilia Thrombocytosis [bone marrow up regulation] Mild hyperglycemia-stress Mild elevation in ALT **Urinalysis:** Isosthenuria Significant pyuria Bacterial UTI [rods] Hematuria

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

12

Urinary System

The urinary bladder was normal in size and tone. Mildly prominent ventral apical to dorsal apical urinary bladder wall. Primarily anechoic urine present with mild particulate non-dependent sediment as well as dependent luminal mineral to small calculi. Example of small calculus measured 0.37 cm in diameter.

WEIGHT

7.8 kg

The urethra was normal to a depth of 3.0 cm. Urinary bladder wall measured 0.27 cm. No tumors.

INTERPRETED BY

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

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild to moderate pyelectasia noted in the right kidney. The left kidney measured 4.4 cm. The right kidney measured 3.7 cm.

IMAGING PERFORMED BY

Dr. Alastair Westcott

Adrenal Glands

A well-defined, hyperechoic nodule was present in the left adrenal gland measuring 2.7 cm x 1.5 cm. The nodule did not exhibit signs of mineralization. The nodule distorted the splenic capsule yet left adrenal capsule integrity was maintained without evidence of parenchymal escape or overt vascular invasion. Overall the left adrenal gland was enlarged in size, measuring 3.2 cm length x 1.5 cm at the cranial pole and 0.27 cm at the caudal pole.

HOSPITAL NAME

Dr. Alastair Westcott

The right adrenal gland was subnormal in size with minor capsule asymmetry and maintained homogeneous parenchyma. The right adrenal gland measured 1.1 cm length x 0.21 cm at the caudal pole.

REFERRING VET

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Spleen

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The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well-defined, symmetrical, echogenic nodule was present in the medial parenchyma adjacent to the hilus, non-disruptive, consistent with benign myelolipoma. 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 or neoplastic changes were not noted. Echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

DATE

7/16/23



PATIENT *Liver*

Dixie Christou

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, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Canine

BREED

Gastrointestinal

Bicho Frise x

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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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.

AGE

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

Pancreas

WEIGHT

7.8 kg

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder luminal mineral/small calculi with mild cystitis pattern
- Mild to moderate chronic renal changes with right kidney pyelectasia
- Left adrenal nodular mass – general considerations may include functional/non-functional adenoma, benign hyperplasia, neoplasia such as pheochromocytoma.
- Subnormal right adrenal gland
- Heterogeneous liver – sonographically consistent with benign hepatopathy.
- Mild gallbladder sediment (non-mucocele)
- Pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample recommended if not already done. Full adrenal workup with LDDST warranted, given patient's clinical signs and thrombocytosis. Concurrent screening blood pressures recommended to assess for evidence of hypertension, which may allude to left adrenal pheochromocytoma. Assuming no evidence of pathology on 3-view chest radiographs, abdominal CT would be ideal for further assessment of the left adrenal nodular mass and potential surgical planning. Concurrent cystotomy with urinary bladder flush +/- urinary bladder biopsies and tissue culture and sensitivity may be considered if surgery is a potential in this patient.

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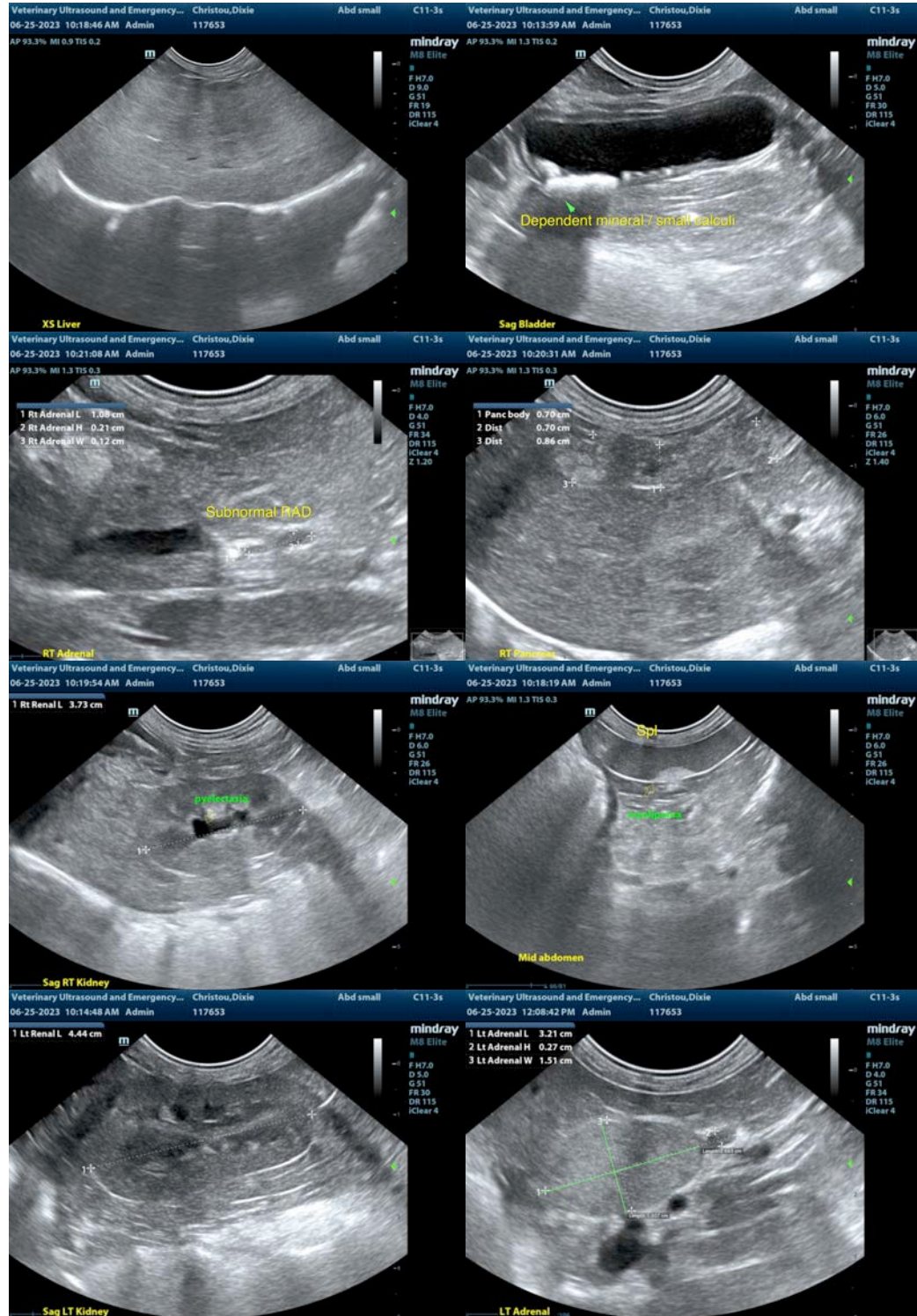
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PATIENT

Dixie Christou

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.

BREED

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