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Clinical Sonography & Telecytology
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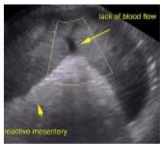
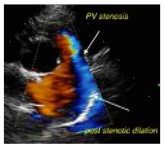
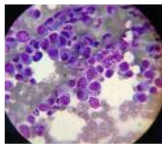
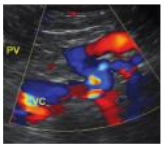




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Spike Ouimet

SPECIES

Canine

BREED

Yellow Lab

SEX

Male Neuter

AGE

10

WEIGHT

40.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Dewinton AC

REFERRING VET

Dr. Pazej

INVOICE

14427

DATE

7/27/22

PRESENTING CLINICAL SIGNS

History of recurrent UTIs and hematuria specifically hematuria at end of micturition. Responds to treatment but reoccurs after treatment is finished. 2 months duration Patient under short term GA for scan
Abnormal PE/Chem/CBC/UA Results: Sterile Catheterized sample taken today submitted for cytology.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly moderately thickened primarily ventral, ventroapical and apical urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The ventroapical urinary bladder wall thickness measured 0.64 cm width. The urinary bladder wall thickening was primarily homogeneous and symmetrical with subtle areas of mild asymmetrical luminal surface contour. Marked dependent to nondependent focally adhered sediment, mucus, and mineral were present and appeared to be subjectively mobile. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 4.0 cm. The ureteral papillae were normal. The ureters were not visible which is normal.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture without evidence of pathology measuring 1.3 cm in diameter.

A solitary medial iliac lymph node exhibited normal size, position, shape and echogenicity, measuring 0.48 cm. This lymph node is likely incidental and not consistent with inflammatory or neoplastic criteria.

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 medullary mineral noted In both kidneys. No evidence of pyelectasia or pyelonephritis was present. The left kidney measured 7.5 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

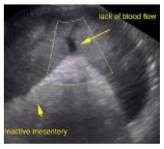
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.80 cm width at the caudal pole and 0.84 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole and 0.76 cm width at the cranial pole.

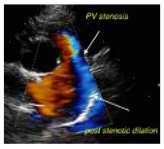
Spleen

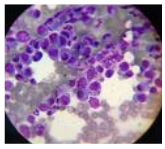
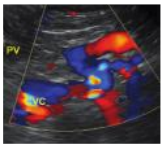
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to





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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Moderate nondependent to mildly congealed nonorganized gallbladder debris was present, with the gallbladder otherwise normal. The cystic and common bile ducts were normal.

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

- Moderate likely chronic cystitis pattern with moderate dependent to non-dependent focally adhered sediment, mineral, and mucus
- Mild chronic renal changes
- Mild hepatic parenchymal remodeling
- Moderate gallbladder debris (non mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neoplastic criteria associated with the urinary bladder Is considered a less likely differential diagnosis based on sonographic appearance and pattern of wall thickening, although this potential cannot be definitively excluded. Correlation with pending cytology +/- BRAF Assay is warranted.

Recheck urine C/S ideally on a sterile urine sample Is recommended. Given recurrent UTI, a higher dose / shorter frequency antibiotic regime ideally based on C/S results i.e., Enrofloxacin 20.0 mg/kg PO SID for 5 days may prove more effective at eliminating persistent infection. No evidence of upper urinary tract pathology or nidus was noted as a contributing factor to recurrent infection. Cystotomy with urinary bladder flush, as well as biopsy of the urinary bladder wall for histopathology and tissue C/S to assess for embedded infection may ultimately be indicated.

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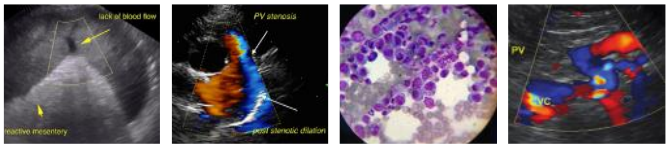

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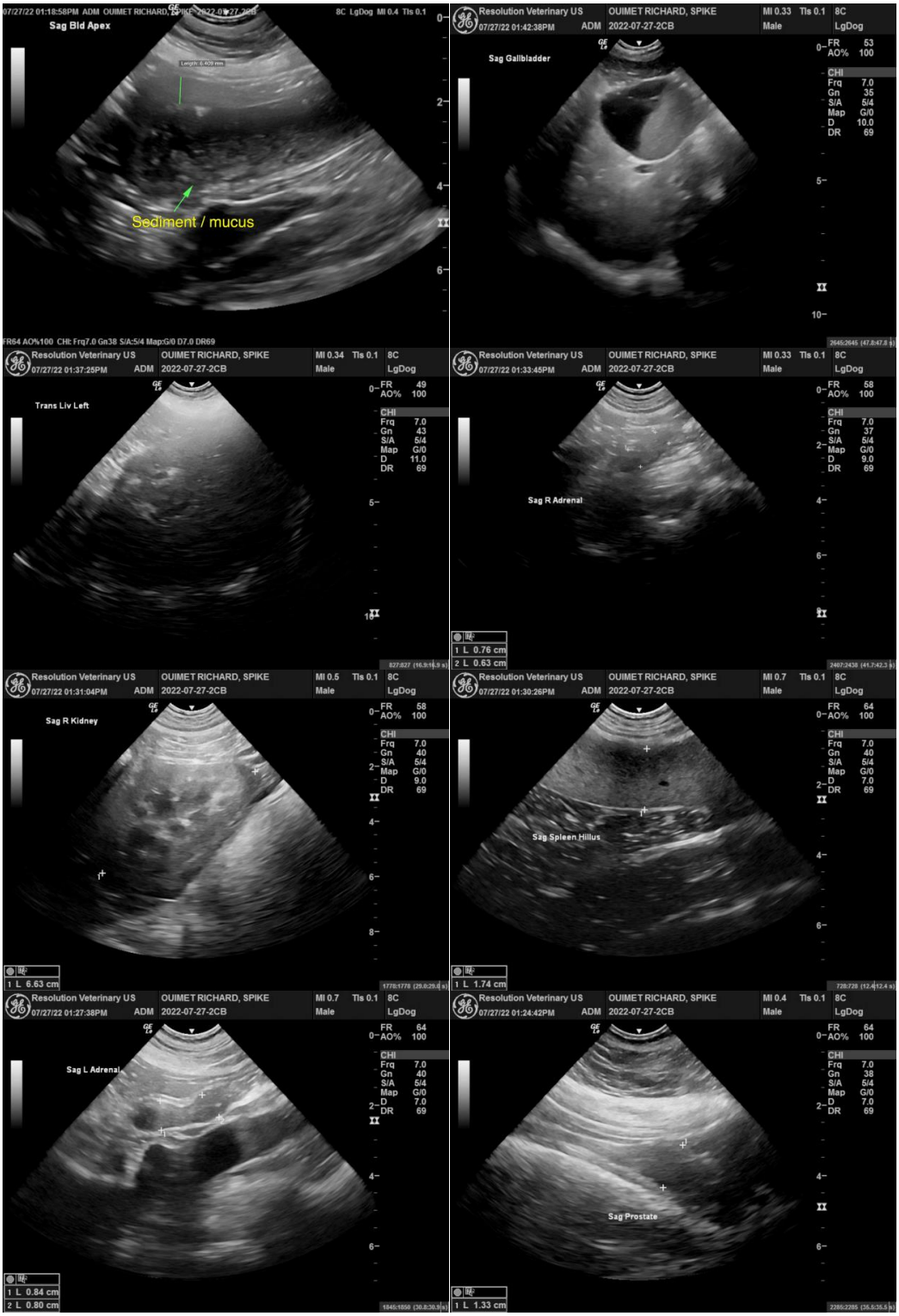

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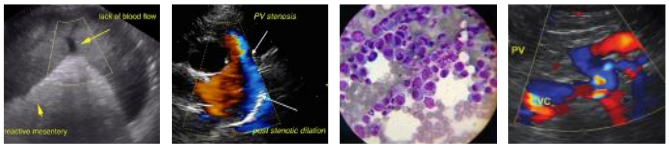

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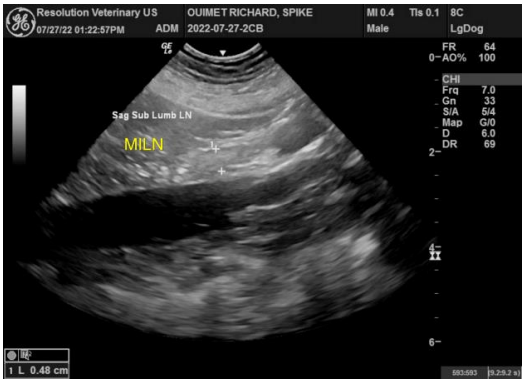

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com