**PATIENT**

Charles Dual

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

10 Years

WEIGHT

7 Pounds

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Gretchen Muhonen

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DATE

16515

PRESENTING CLINICAL SIGNS

History: Anal leakage for a few days, not feeling like herself.

Abnormal PE/Chem/CBC/UA Results: Radiograph reveals an abnormality that was suspected to be a fecal ball preventing patient from urinating (bladder is enlarged on radiograph). Rectal exam revealed soft stool, suspect a tumor or uterine issue (patient is intact) is causing the problems. History of constipation per owner.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was overall normal in size and tone. Anechoic urine was present with no sediment or calculi. No overt evidence of inflammatory or neoplastic urinary bladder mural changes. The proximal urethra exhibited potential for mild thickening to a depth of 1-2 cm with the proximal urethra potentially measuring 0.27 cm width. No overt evidence of proximal urethral urine retention.

The visualized uterus was sonographically normal without evidence of neoplastic criteria or pyometra. The uterine body dorsal to the urinary bladder, measured 0.6 cm width. Both the left and right ovaries were normal. The left ovary measured 1.1 cm. The right ovary, measured 1.2 cm in diameter.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 4.0 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 1.3 cm in length x 0.51 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.2 cm in length x 0.37 cm width at the caudal 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

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 mild congealed yet mobile gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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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.

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The colon, specifically the area of the descending colon and colorectum, exhibited subjectively intact and sonographically unremarkable wall layering with the distal descending colon wall measuring 0.21 cm, wall width.

Pancreas**BREED**

Chihuahua

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.

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

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A solitary, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.2 cm x 0.46 cm.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Sonographically unremarkable urinary bladder
- Possible mildly thickened proximal urethra
- Overtly normal colon/colorectum
- Overtly normal uterus, normal bilateral ovaries- no evidence of uterine or ovarian neoplastic criteria or pyometra

WEIGHT

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DABVP (Canine and Feline)**Secondary Findings**

- Mild age-related kidneys
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic evidence of definitive urinary bladder ovariouterine or colon/colorectal pathology was not obvious. Potential for mildly thickened proximal urethra, which may indicate potential urethritis yet without evidence of a definitive proximal urethral mass may be possible. Likewise, the potential for a non-visualized colon or colorectal luminal mass surrounding by shadowing fecal matter and gas could be possible, given the reported rectal palpation. No overt evidence or obstruction to urinary or colorectal outflow was definitively evident.

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Further assessment may include colorectal scoping if the reported suspected tumor was primarily luminal versus potential ovariohysterectomy with gross inspection of the distal colon and urethra. Continued therapy for constipation and/or colitis with monitoring would be reasonable.

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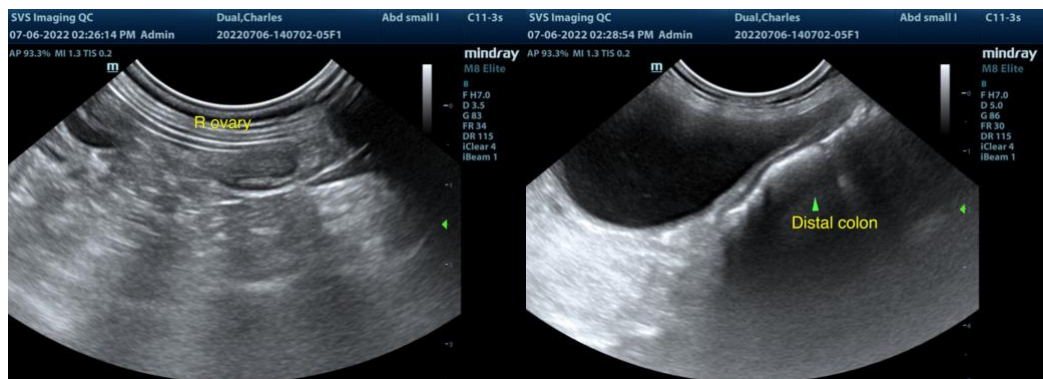
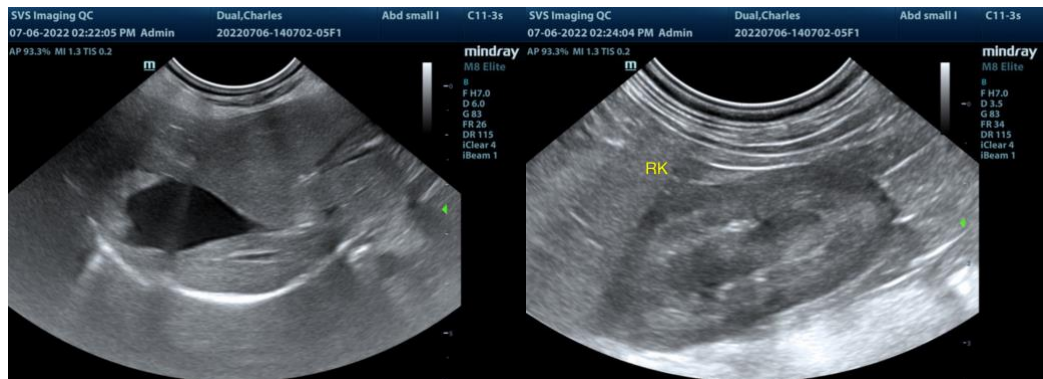
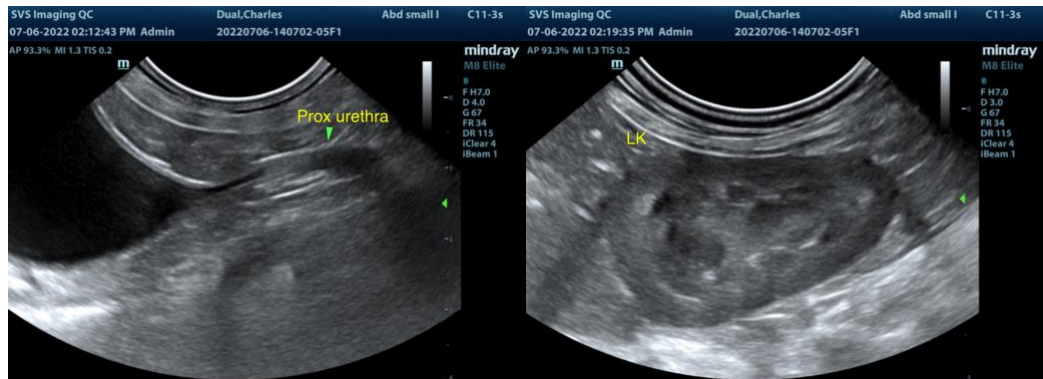
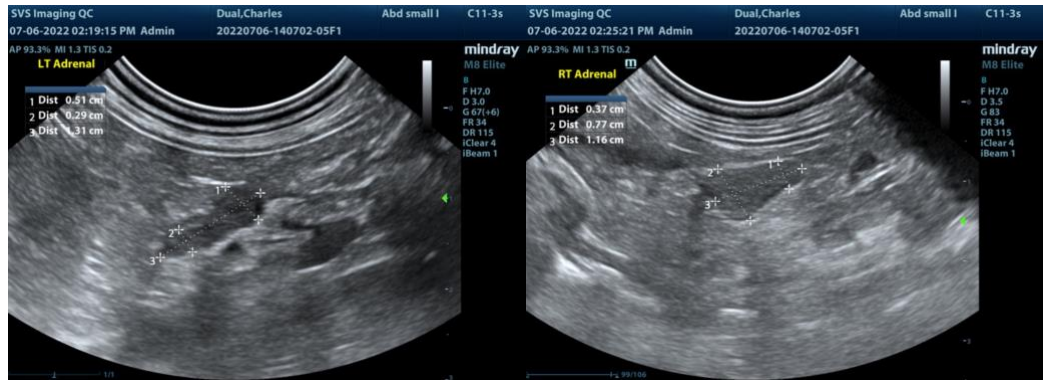
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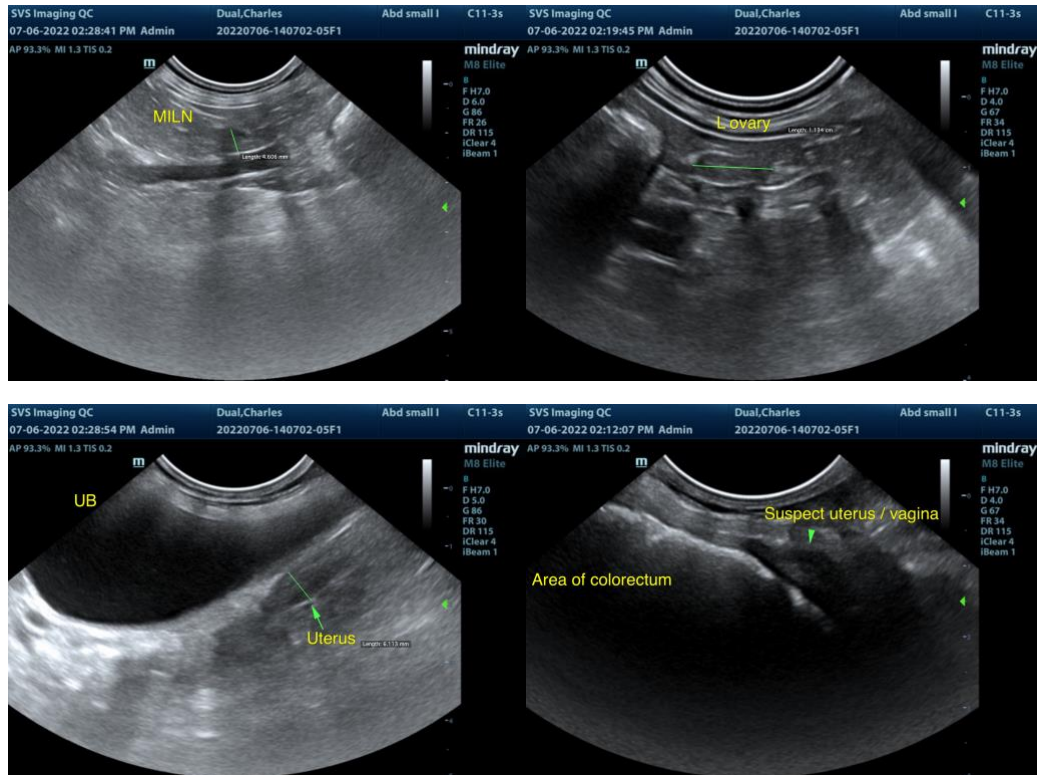
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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