

**PATIENT PRESENTING CLINICAL SIGNS**

Molly Anderson

Molly presented for hematuria on 8/31/21. She also has a history of urinary incontinence and is on incurin. Antibiotics were begun for UTI at that time. Molly had persistent hematuria about 10 days into the course, but that has stopped now. A recheck urinalysis was done which showed persistent hematuria/pyuria, as well as a large amount of transitional cells. Tylan powder, famotidine (for GI dz per O); 1/2 tab incurin M/W/F; recently finished course of Augmentin  
Abnormal PE/Chem/CBC/UA Results: initial UA (8/31/21): RBC (tntc), WBC (3+), cocci (2+), transitional cells (1+) Follow up UA (9/16/21) : 2+ RBCs, 2+ WBCs, 2+ struvite crystals, 2+ large, round transitional cells, large amt of amorphous debris

**SPECIES**

Canine

**BREED**

English Springer Spaniel

**SEX**

FS

**AGE**

8 Years

**WEIGHT**

34.4 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder exhibited nondistended size owing to lack of urine volume. Full evaluation of the urinary bladder walls was somewhat limited owing to lack of urine distension yet ventral apical and dorsal urinary bladder mural hypertrophy with asymmetrical luminal surface and possible focal ventral polypoid lesion was present. The apical urinary bladder wall measured 0.78 cm width. The urinary bladder walls exhibited subtle nonhomogeneous echogenicity yet without evidence of mineralization. The possible polypoid lesion measured 0.4 x 0.3 cm. The visible pelvic urethra was normal in structure and tone to a depth of 2.0 cm. Mild anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**INTERPRETED BY**

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

No evidence of pathology in the area of the aortic trifurcation.

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 or overt pyelonephritis. The left kidney measured 5.4 cm in length. The right kidney measured 5.9 cm in length.

**IMAGING PERFORMED BY**

Jenna Walsh

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.53 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 2.3 cm length x 0.51 cm width at the caudal pole.

**HOSPITAL NAME**

West Eugene Animal Hospital

*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.

**REFERRING VET**

Dr. Sundholm

**INVOICE**

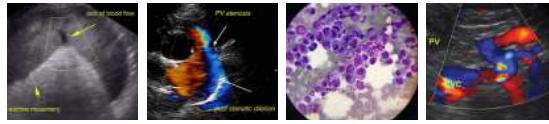
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*Liver*

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**DATE**

9-17-21



**PATIENT** *Gastrointestinal*

Molly Anderson The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate echogenic, non-shadowing ingesta and chyme without signs of obstruction or foreign material. The gastric body wall measured 0.41 cm width.

**SPECIES**

Canine The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental areas of chyme present in the small intestine. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.42 cm width.

**BREED**

English Springer Spaniel Normal visible colon wall layers were present with subjective semi-formed to soft feces.

**SEX**

FS

**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 was evident.

**AGE**

8 Years

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

34.4 lbs

**ULTRASONOGRAPHIC FINDINGS**

- Nondistended yet thickened urinary bladder with possible focal polyp.
- Sonographically unremarkable kidneys, no evidence of pyelonephritis.
- Sonographically unremarkable gastrointestinal tract with mild to moderate retained gastric ingesta and segmental intestinal chyme.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Primary considerations for thickened urinary bladder and focal polyp may include chronic cystitis with potential for embedded infection or neoplasia such as transitional cell carcinoma or other. Screening BRAF assay may be considered. Cytospin cytology of urine sample given the presence of transitional cells if not done is recommended. Urinary bladder biopsies for histopathology as well as tissue culture and sensitivity may be required for a definitive diagnosis.

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The presence of gastric ingesta and segmental intestinal chyme may indicate recent meal ingestion however, if document NPO, some degree of gastric and/or intestinal hypomotility may be possible.

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Assessment of serum, cobalamin, and folate levels may be considered if history of chronic gastrointestinal signs.

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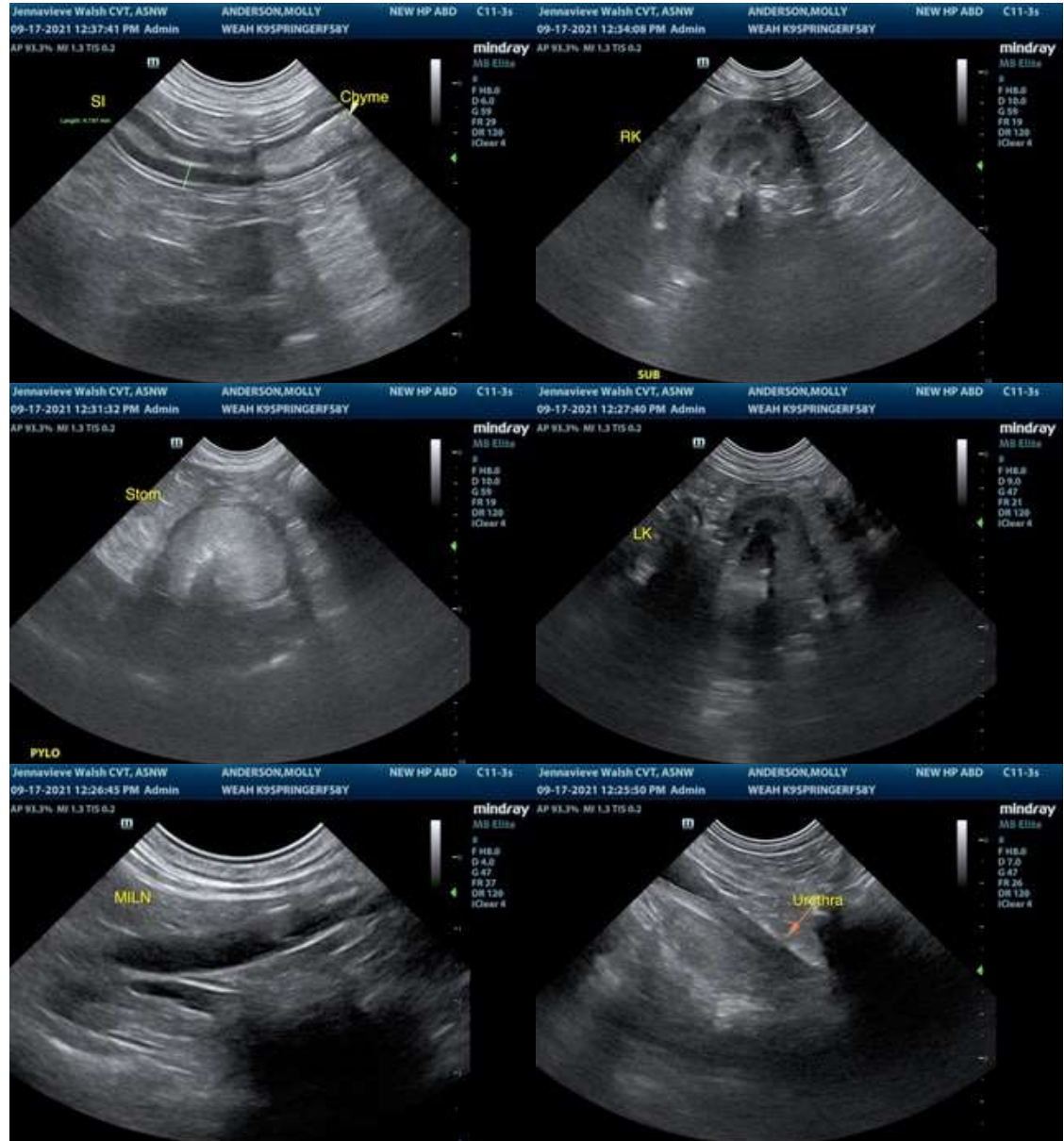
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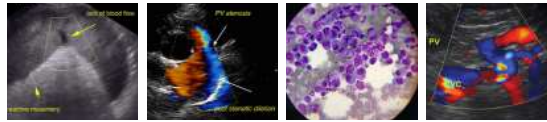
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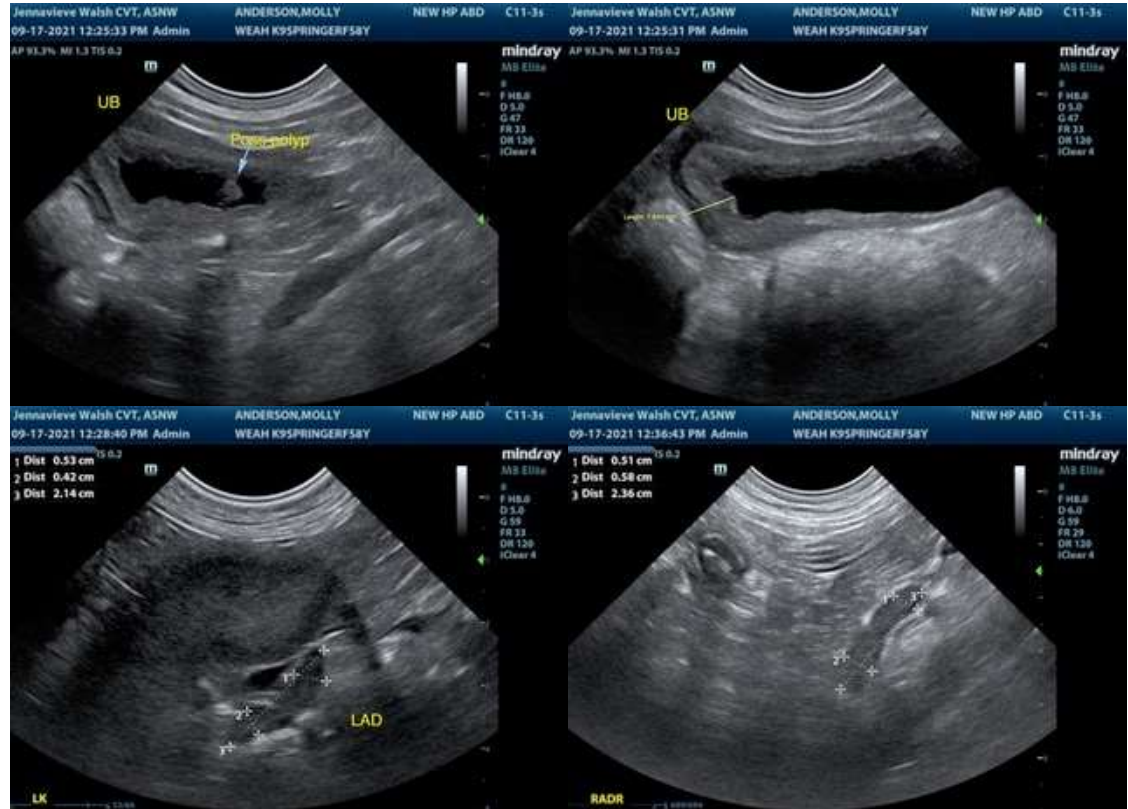
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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