



PATIENT

Cookie White

SPECIES

Canine

BREED

Boston Mix

SEX

FS

AGE

12yr

WEIGHT

10.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelemy

HOSPITAL NAME

Healthy Paws
Forward Vet Hospital

REFERRING VET

Dr. Hen Boisen

INVOICE

11661ag

DATE

09/19/2022

PRESENTING CLINICAL SIGNS

Sept 6 presented for pollakiuria. Labs performed. Progressed to stranguria on Sept 16. Distended urinary bladder, rads showed large bladder, otherwise NSF. Cysto performed and urine culture done. Started on baytril. Today having great difficulty urinating.

Abnormal PE/Chem/CBC/UA Results: Mild ALT elevation @ 177. U/A showed pyuria, hematuria, bacteria present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with areas of wall thickening primarily in the dorsal and ventral trigone and an area of the ureteral papilla. An example of thickened wall measured 2.0 cm x 0.8 cm. Concurrent mildly thickened ventroapical to dorsoapical bladder wall was present. The visible pelvic urethra to a depth of 2 cm exhibited concurrent moderate dilation without overt evidence of obstructive luminal pathology i.e. visualized proximal urethral mass, calculi etc. Anechoic urine was present in the lumen with no uroliths or sediment.

Normal size and margination were present in the kidneys with mild loss of corticomedullary border demarcation. Both kidneys exhibited mild hydronephrosis with fluid dilation extending into the lateral diverticuli. No evidence of renal mineralization was present. Subtle visualized dilation of the proximal bilateral ureters distal to the kidneys was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The visualized medial iliac lymph nodes were overtly normal in size, position and shape exhibiting normal width/length ratio of <0.5.

Adrenal Glands

The left adrenal gland was mildly enlarged. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.9 cm width in the cranial pole and 0.68 cm width in the caudal pole. The right adrenal gland measured 0.55 cm width in the cranial pole and 0.56 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

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. No overt pathology associated with the gallbladder or common bile duct.

Gastrointestinal



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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.

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

Pancreas

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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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FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

12yr

Primary

- Distended urinary bladder and visible proximal urethra with areas of bladder wall thickening
- Bilateral mild hydronephrosis with concurrent minor left and right hydroureter
- Low grade hepatopathy-subjectively benign
- Mildly enlarged left adrenal gland-nonspecific, patient variant, adenomatous change, benign hyperplasia, potential for emerging neoplasia cannot be definitively excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder lesions were not overtly obstructive to urine outflow with considerations including neoplasia, cystitis, atypical polyps or other. Neoplasia i.e. transitional cell carcinoma is strongly suspected. Concern for non-visualized urethral obstructive pathology i.e. luminal mass distal to 2 cm depth given the degree of proximal urethral and urinary bladder dilation is warranted.

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Further assessment may include attempted passage of a urinary catheter +/- traumatic catheterization, cystoscopy or advanced imaging such as CT. A screening BRAF assay could also be considered. Screening BP may be considered to assess for evidence of hypertension associated with the enlarged adrenal gland. A very guarded to unfavorable prognosis is indicated.

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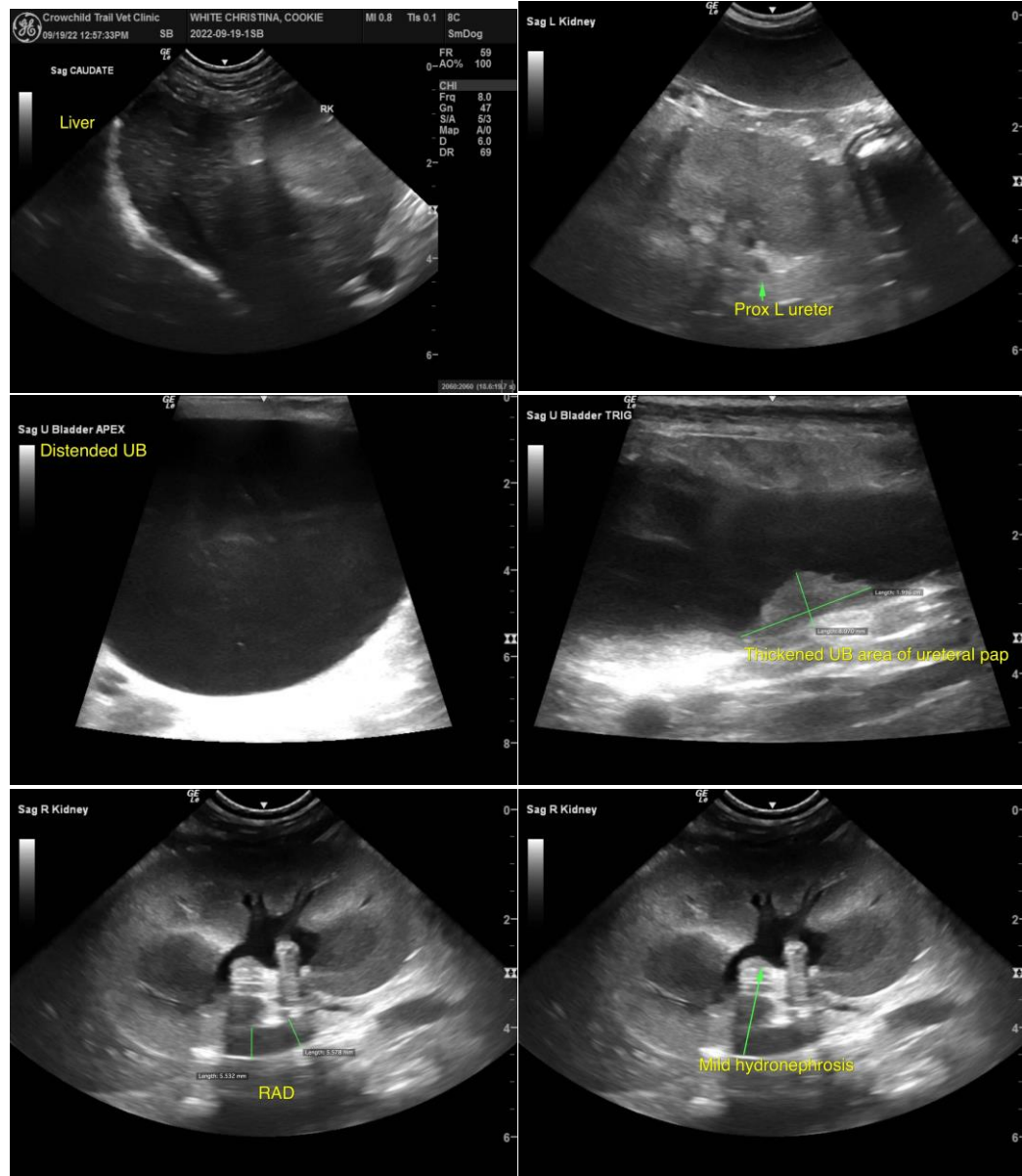
Dr. Hen Boisen

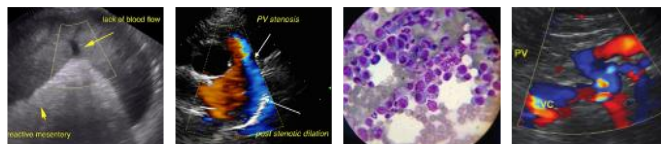
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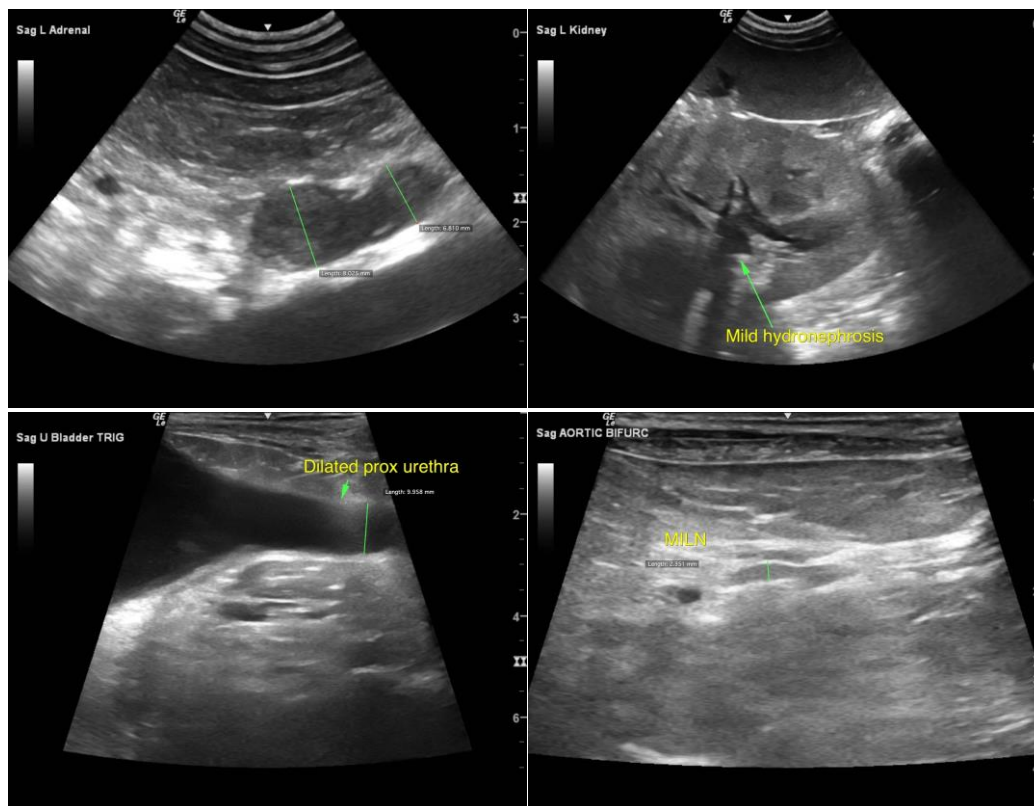
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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