



PATIENT PRESENTING CLINICAL SIGNS

Shania Brunton History: Straining to urinate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES *Urinary System*

Canine The urinary bladder was non-distended with anechoic content. No sediment or calculi. Sonographically unremarkable ventral, apical and dorsal urinary bladder walls into the area of the cystourethral junction. The cystourethral junction exhibited subjective mild mural hypertrophy including ill-defined possible hyperechoic mural foci. The proximal urethra exhibited subjective normal tone to a depth of 4.0 cm. Cystourethral junction wall measured up to 0.60 cm.

BREED

Yorkie

SEX

FS

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. No evidence of pyelonephritis. The left kidney measured 2.7 cm. The right kidney measured 3.2 cm.

AGE

12 years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 0.37 cm at the cranial pole and 0.43 cm at the caudal pole.

WEIGHT

4 Pounds

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.

INTERPRETED BY

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

Liver

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

The liver was subjectively normal in size, structure, and contour. Mild ventral parenchymal swelling with potential hepatoma type mass effect was present measuring 2.4 cm in diameter. Intermittent non-specific yet non-expansive, subtly hypoechoic parenchymal nodules were present in the mid to deep liver. Example measured 0.48 cm. These nodules, although non-specific, are suggestive of benign nodules such as areas of nodular to regenerative hyperplasia or hematopoiesis. Potential for hepatic neoplasia considered less likely, although cannot be definitively excluded. The hepatic and portal vasculature were normal in appearance without signs of congestion. Moderate non-dependent, mildly inspissated gallbladder debris was present. The common bile duct was normal.

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Bandekar

Gastrointestinal

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

INVOICE

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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.

DATE

9.22.2021

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



PATIENT *Pancreas*

Shania Brunton

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.

SPECIES

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PRIMARY FINDINGS

- Mildly thickened cystourethral junction wall with possible pinpoint mural hyperechoic foci
- Mild age related kidneys
- Mild hepatomegaly, primarily owing to ventral lobar swelling and hepatoma type mass with intermittent, non-specific parenchymal nodules.

SECONDARY FINDINGS

- Gastric ingesta – suspect post-prandial presentation

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 years

The mildly thickened cystourethral junction is suspected to be the cause of the patient's clinical signs and may indicate inflammation/cystitis, while concern for potential emerging neoplasia such as transitional cell carcinoma (although not definitive) is warranted. Screening BRAF assay may be considered. However, if negative, cystoscopy with potential for biopsy is likely indicated. Urine culture and sensitivity suggested. Assuming normal clotting status, hepatic FNA could be considered for screening cytology.

WEIGHT

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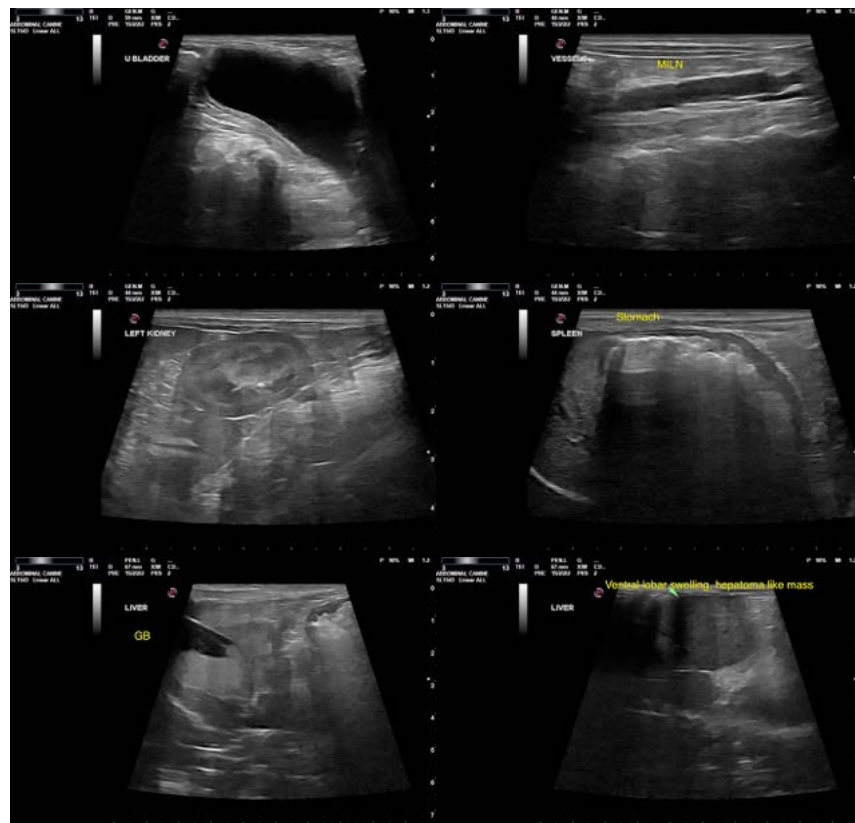
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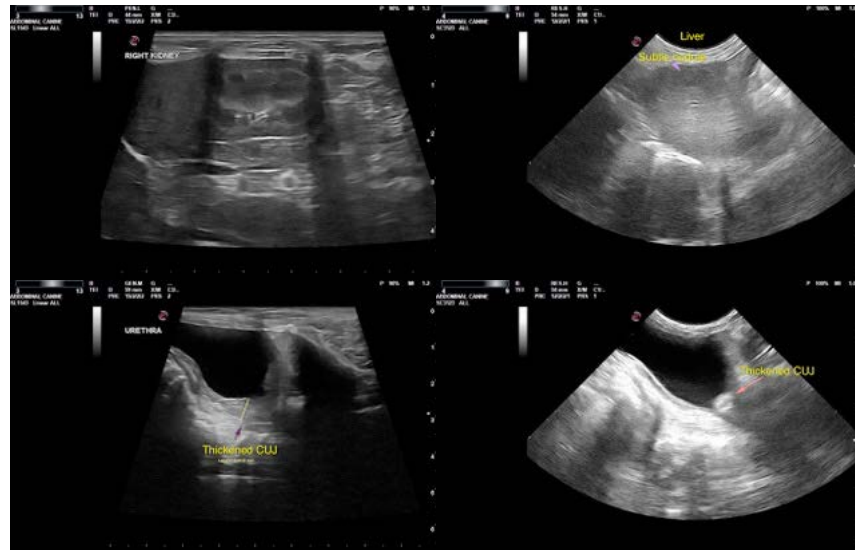
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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