



**PATIENT PRESENTING CLINICAL SIGNS**

**Ciara Foundation Brownie Blondie** History: Referred for abdominal ultrasound for vulvar hemorrhage. Previous history of azotemia and bacterial cystitis, the latter responding to therapy.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

Pit bull terrier Mix Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**SEX**

Female

**AGE**

7 years

**WEIGHT**

51.4 #

**INTERPRETED BY**

Remo Lobetti, BVSc,  
MMedVet (Med), PhD,  
Dipl. ECVIM

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Small urinary bladder with an irregular thickening (0.8 cm) and hyperechogenic appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes (left 0.5 cm, right 0.5 cm). Ureters not visualized.

Normal renal size (left 6.6 cm, right 6.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and irregular capsule. Bilateral pyelectasia – left 0.8 cm, right 0.7 cm.

**Reproductive System**

Fluid-filled uterus (1.4 cm) with a hyperechogenic appearance of the surrounding mesentery.

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.59 cm, right 0.67 cm.

**Spleen**

Normal size with a diffuse hyperechogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing small amount of non-adherent hyperechogenic sediment. Normal thickness (0.2 cm) and echogenic appearance of the gall bladder wall. Normal bile duct.

**IMAGING PERFORMED BY**

Dr Gabriel Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary Center

**REFERRING VET**

Dr Michelle Biello

**INVOICE**

302981

**DATE**

5/24/22



**PATIENT**

Ciara Foundation  
Brownie Blondie

**SPECIES**

Canine

**BREED**

Pit bull terrier Mix

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***Gastrointestinal***

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.5 cm, duodenum 0.49 cm, jejunum 0.29 cm, colon 0.14 cm) and peristaltic activity and no distension of the lumen.

***Pancreas***

Normal size (right 1.4 cm, left 1.3 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

***Free Abdomen***

Normal mesenteric lymph nodes (0.5 cm).  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Renal disease.
- Cystitis.
- Uterine pathology.
- Splenic pathology.

Secondary Findings:

- Gall bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the kidneys would be chronic kidney disease, bacterial nephritis, pyelonephritis, and acute kidney injury.

The most likely etiology for the urinary bladder would be chronic cystitis with granulomatous reaction and neoplasia, less likely diagnoses.

Etiologies for the uterus would be pyometra, mucometra, and cystic endometrial hyperplasia complex.

The most likely etiology for the spleen would be reactive with splenitis and infiltrative neoplasia differential diagnoses.

Further assessment would be urinalysis, urine culture, urine sediment cytology, CBC, renal function testing, and FNA cytology of the spleen.

Specific therapy would be dependent on an etiological diagnosis, with an ovariohysterectomy being indicated.



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Brownie Blondie

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**IMAGES**

**Spleen**



**Left kidney**



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**PATIENT Uterus**

Ciara Foundation  
Brownie Blondie

**SPECIES**

Canine

**BREED**

Pit bull terrier Mix

**SEX**

Female

**AGE**

7 years

**WEIGHT**

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**Urinary bladder**



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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