

PATIENT

Nina Guzman (Cruz Vazquez)

SPECIES

Canine

BREED

American Bully

SEX

Female Spayed

AGE

4 Years

WEIGHT

54 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dra. Ileana Rivera

INVOICE

49185

DATE

12-21-21

PRESENTING CLINICAL SIGNS

Nina presented today as a referral for an abdominal ultrasound to evaluate hematuria. Patient on October 21st went to their regular vet because she had blood in her urine and a strong smell. Labs were done including cbc, chemistry, urinalysis and radiographs. The treatment consisted on Rimadyl, Clavamox and urinary diet. Owner stopped giving urinary food and patient came back December 14th with same symptoms and the doctor recommended an abdominal ultrasound.

Abnormal PE/Chem/CBC/UA Results: U/A: 10-23-21 Collection FREECATCH Color DARK YELLOW Clarity TURBID Specific Gravity 1.046 pH \geq 9.0 Urine Protein 4+ Glucose 1+ (250 mg/dL) Ketones TRACE Blood / 3+ Hemoglobin Bilirubin 1+ Urobilinogen NORMAL White Blood 30-50 Cells 0 - 5 HPF Red Blood Cells 2-5 HPF Bacteria RARE <9/HPF, RODS AND COCCI PRESENT Epithelial Cells RARE (0-1) Mucus NONE SEEN Casts NONE SEEN Crystals 3+ CALCIUM OXALATE DIHYDRATE (21-50)/HPF Blood work: 10-21-21 Glucose 141 (74 - 143 mg/dL IDEXX SDMA 15 (0 - 14 μ g/dL H Creatinine 2.1 0.5 - 1.8 mg/dL H BUN 17 7 - 27 mg/dL Total Protein 6.9 5.2 - 8.2 g/dL Albumin 3.5 2.3 - 4.0 g/dL Globulin 3.4 2.5 - 4.5 g/dL Albumin: Globulin Ratio 1.0 0.8 0.7 ALT 38 10 - 125 U/L ALP 22 23 - 212 U/L CBC: unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder presents a mildly and diffusely thickened wall. A small amount of hyperechoic sediment with distal acoustic shadowing is recognized. The larger calculi measure approximately 0.42 cm. The trigone and pelvic urethra present normal findings. Wall layering is intact on all views.

Ureters are not visualized and considered to be normal.

No evidence of an inflammatory or neoplastic process is noted.

Both kidneys show an irregular, undulating surface with a coarse renal cortex, a fuzzy corticomedullary junction and mildly hyperechoic renal medulla. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

Both adrenal glands are normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.65 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

The gallbladder shows a small amount of sludge which is considered as normal. The gallbladder wall is unremarkable.

Gastrointestinal

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. Mesenteric lymph nodes are mildly enlarged but inconspicuous in shape and periphery.



PATIENT

Pancreas

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All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

SPECIES

Free Abdomen

Canine

There is no evidence of peritoneal or retroperitoneal effusion noted. The medial iliac lymph nodes are mildly enlarged. The abdominal fat and great vessels show no pathological findings.

BREED

ULTRASONOGRAPHIC FINDINGS

American Bully

- Significant irregular renal surface with a coarse renal cortex and mild loss of corticomedullary detail
- Small, hyperechoic cystic calculi with a mildly and diffusely thickened bladder wall

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Female Spayed

Findings of the kidneys are unspecific but indicate relevant structural changes as seen with chronic renal disease, residuals of infections/inflammation or congenital disorders. Active nephritis/renal infection cannot be fully excluded but seem unlikely since renal periphery and pelvises are inconspicuous (local pain, episodic hyperthermia?).

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Ultrasonographic findings of the bladder do reflect the reported hematuria. There is mild thickening of the bladder wall recognized as it is typically seen with cystitis. The hyperechoic sediment may partially explain the hemorrhage causing mechanical irritation.

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(Postrenal) proteinuria may be explained by hematuria. However, regarding the sonographic appearance of both kidneys renal proteinuria is possible as well.

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Monitoring of blood pressure, serum protein (albumin and globulin) levels with electrophoresis, SDMA, serum urea, creatine and UPC is recommended as well as repeated cystocentesis or even flushing via catheter for urine culture and sediment. R/O leptospirosis.

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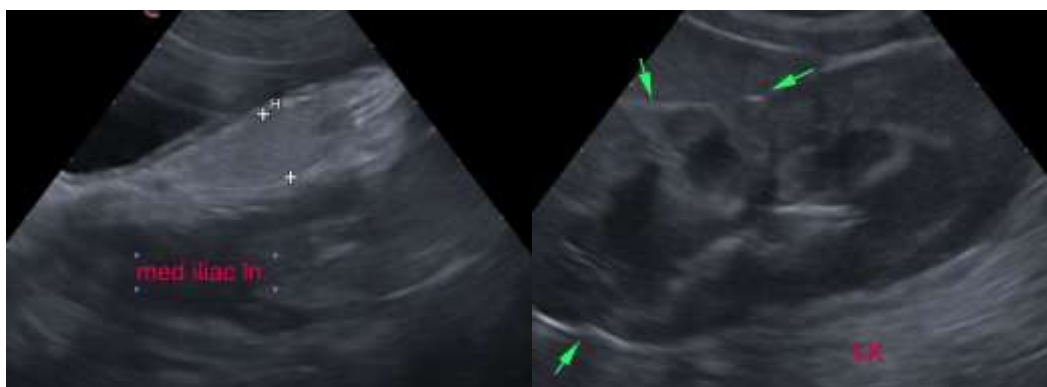
Dra. Ileana Rivera

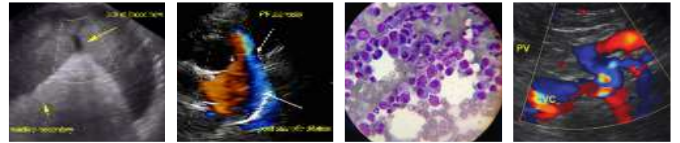
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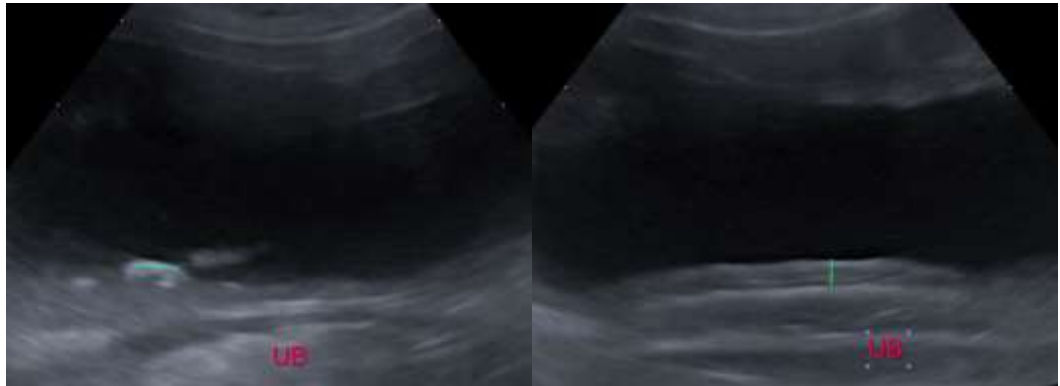
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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