



PATIENT

Etaira Montes Carrillo

SPECIES

Canine

BREED

Pug

SEX

SF

AGE

15 Years

WEIGHT

15.2 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. G. Ferrer, DVM

INVOICE

47354

DATE

9-14-21

PRESENTING CLINICAL SIGNS

Patient presented for evaluation of hematuria and urinating urine clots. PT had history of previous UTIs. Pt doing well otherwise, eating and drinking ok. Urine was collected WITHOUT cystocentesis for evaluation.

Abnormal PE/Chem/CBC/UA Results: BW was done: CBC mild anemia HCT 36% (37-61), Hemoglobin 12 (13-20), Normal platelets Chem: BUN 34 (7-27), the rest wnl Urine: SG: 1.037, blood 3+, PH 5.5, no obvious bacteria was seen Urine culture: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder presents marked and even thickening of the ventral wall with transverse diameters up to 0.74 cm. Wall layering in this area appears intact. The cranial and dorsal wall, trigone und pelvic urethra present normal findings. There is a small amount of sediment with an indicated distal shadowing.

Left kidney measures 4.15 cm length, right kidney 4.82 cm. There is a clear corticomedullary definition.

The pelvic recesses show small calculi, but renal pelvis and exit to the ureters are bilaterally unremarkable.

Adrenal glands

Both adrenal glands are considered as normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.95 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes are noted.

Liver/Gallbladder

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

The gallbladder presents a mildly thickened and irregular wall, is highly filled and contains hyperechoic fast sedimenting sludge. There is no overt evidence of cholestasis.

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. No overt evidence of ileus and again, no signs of a florid or neoplastic process. Mesenteric lymph nodes are considered to normal.

Pancreas

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

Free Abdomen

No peritoneal or retroperitoneal effusion. Abdominal fat and great vessels show no pathological findings.



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ULTRASONOGRAPHIC FINDINGS

Primary

- Significant and even thickening of the ventral urinary bladder wall with intact layering
- Small amount of sediment urinary bladder

Secondary

- Thickened and irregular gallbladder wall with hyperechoic sludge
- Small renal pelvic calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the bladder do reflect the reported hematuria. The significant and even thickening of the wall could represent chronic cystitis. Chronic increased resistance due to obstructive disease (urethra?) is possible but should involve all parts of the wall. Ultrasound cannot fully exclude early-stage neoplasia such as transitional cell carcinoma. I do not suspect the latter since the wall layering seems to be intact. Diffuse thickening can occur locally with deep infection of the wall layers and local mechanical stimulus due to cystic calculi which are indicated. Cystocentesis for urine culture/cytology as well as a follow-up ultrasound in 3 weeks after initial/empiric therapy could be the next diagnostic steps.

The small pelvic calculi I assume are an incidental and age-appropriate finding. Clinical relevance is questionable.

Changes of the gallbladder represent mild and chronic cholecystitis without signs of a cholestasis. This finding must be correlated with the clinical presentation (murphy sign?) and with the time of the last meal.

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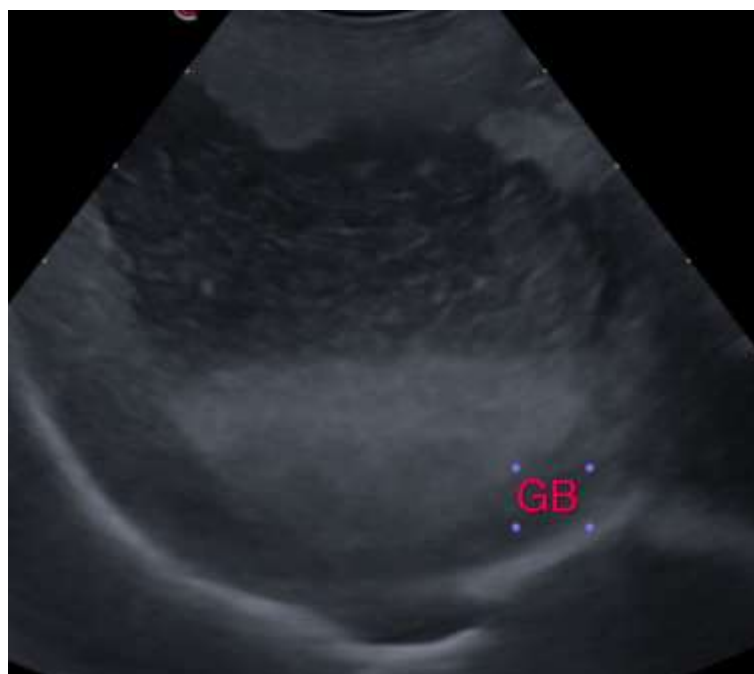
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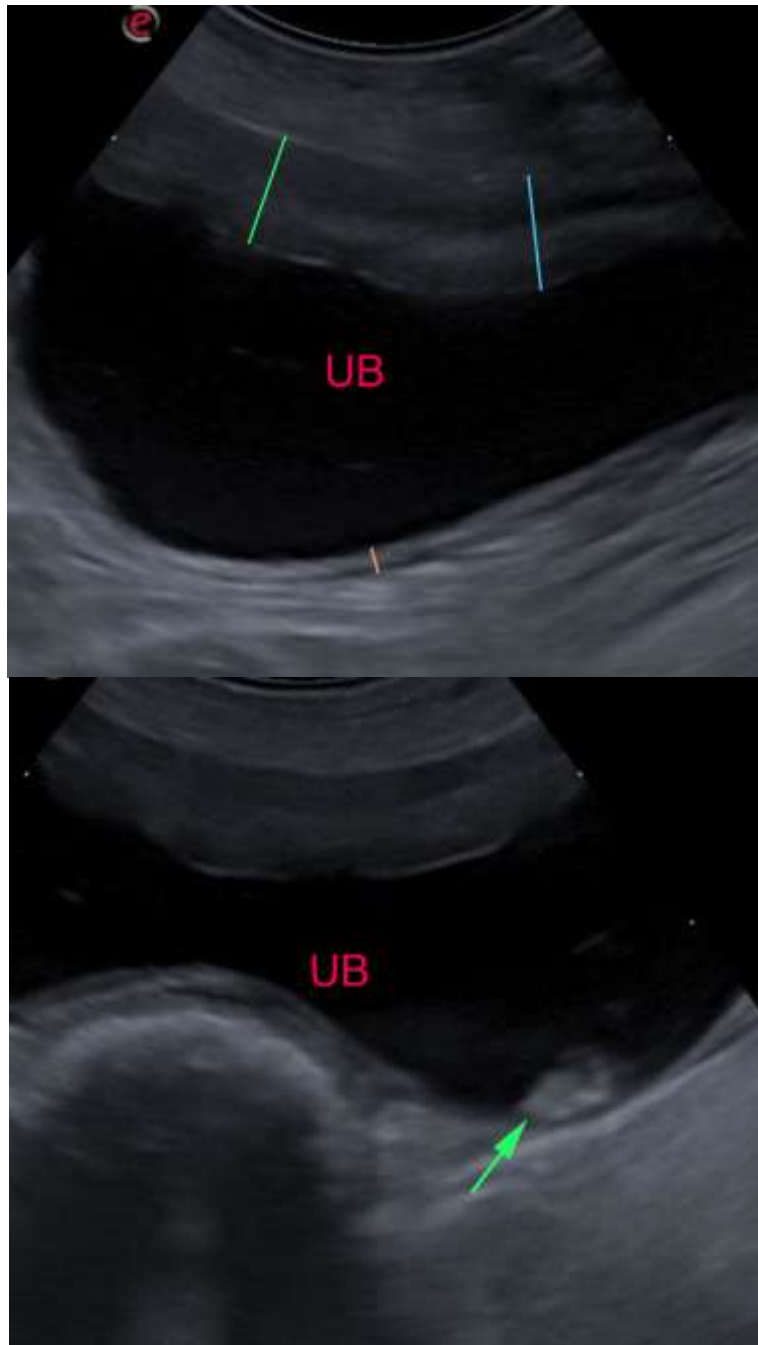
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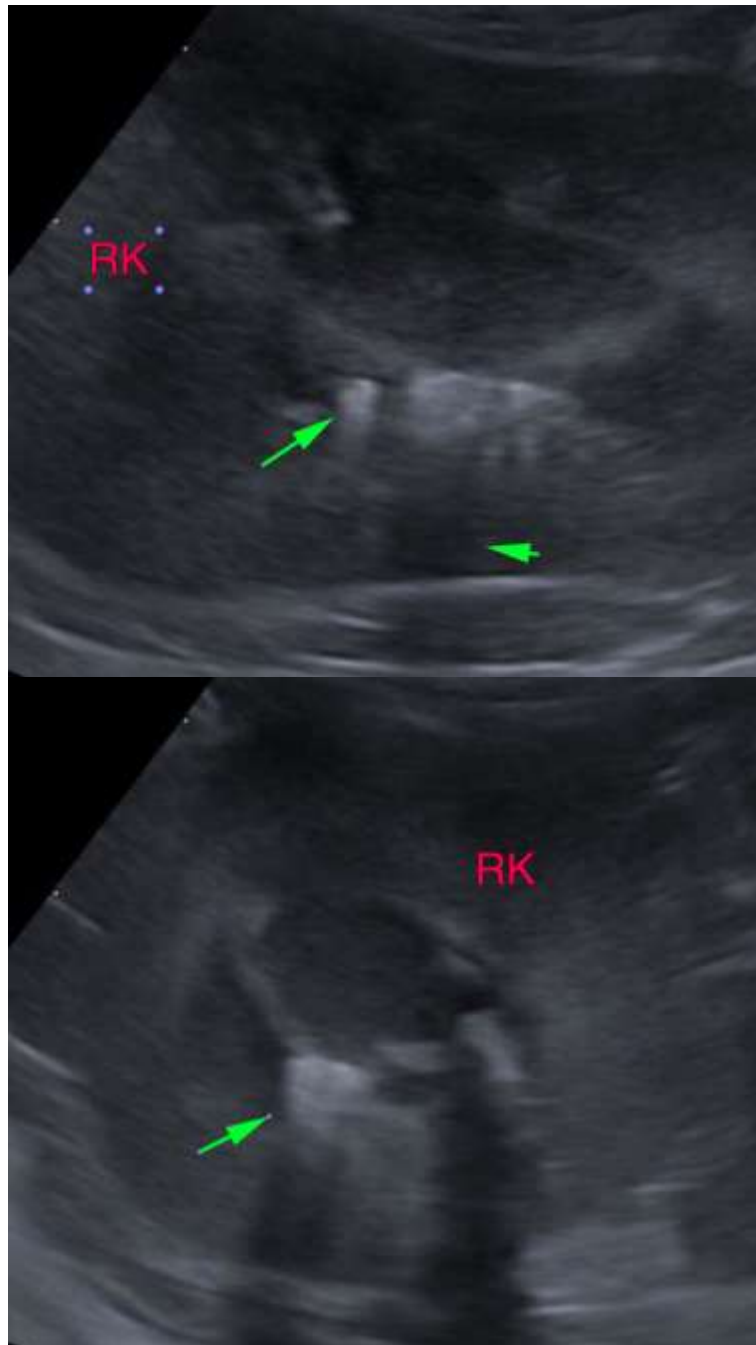
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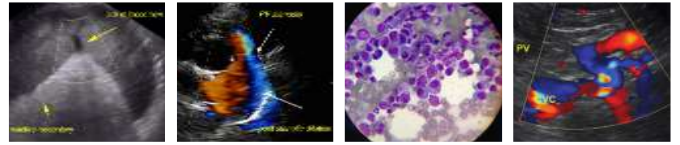
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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