

PATIENT

Winston Vargas

SPECIES

Canine

BREED

Swiss Shepherd

SEX

Male Neuter

AGE

24 Months

WEIGHT

65.2 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Ferrer DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Juan P. Amieiro

INVOICE

47506

DATE

9-23-21

PRESENTING CLINICAL SIGNS

Presented for an abdominal ultrasound for evaluation of hematuria. Pt had hematuria and went to a referring veterinarian on 9-19-21 and on presentation there was scan blood dripping from the penis. Pt went to another veterinarian on 9-18-21 with same complain and was prescribed Cephalexin and Deramaxx. Pt has history of eating and bottle of Ibuprofen and developed renal disease 1 yr ago. Pt is on renal support diet. Pt is currently on Prednisone 10mg SID and Trimethoprim sulfa 480mg BID. Abnormal PE/Chem/CBC/UA Results: The u/a done recently showed hyposthenuria, blood and trace protein with mild microalbuminuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The dorsal bladder wall presents a small mass of 0.50 x 0.36 cm which is at least attached to the wall and indicates involvement of all wall layers. The bladder wall appears mildly irregular, trigone und pelvic urethra present normal findings apart from that. There is no evidence of uroliths or sediment. Ureters are not visualized and considered to be normal. The medial iliac lymph nodes are in expected limits. The prostate measures 1.15 x 1.98 cm and is inconspicuous.

Left kidney measures 5.69 cm length and reveals a fuzzy corticomedullary transition. A distended renal pelvis is recognized with maximum distension up to 0.41 cm with an indicated double layering of the inner outline. The exit to the ureter is inconspicuous without signs of dilation. Renal periphery on the left is unremarkable.

The right kidney measures 6.08 cm and again presents a mildly fuzzy corticomedullary definition. Signs of a pelvic distension are missing. Renal periphery on the right is inconspicuous.

The renal cortex appears hypo/hyperechoic and coarse. The renal medulla appears hyperechoic.

Adrenal glands

Both adrenal glands are normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.71 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

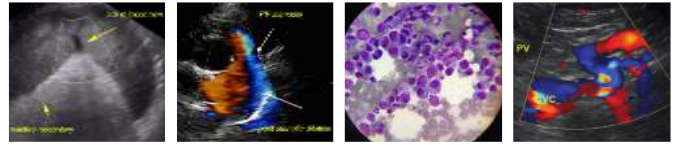
Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes are not visible.

Gallbladder shows small amounts of sludge but is unremarkable without signs of relevant inflammation or 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, no signs of a florid or neoplastic process. Mesenteric lymph nodes are considered to normal.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

BREED

Swiss Shepherd

Primary

- Distension of the left renal pelvis with signs of a pyelonephritis
- Signs of a bilateral mild and chronic nephropathy

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Secondary

- Small invasive mass of the urinary bladder wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

24 Months

Sonographic findings of both kidneys represent structural changes which are not expected in a young dog. Possible differentials include congenital and acquired disease and must be correlated to other clinical findings. Acquired disease could be caused by infection, poisoning and chronic inflammation. Especially the unilateral distension and the indicated double layering of the left pelvis are likely of clinical relevance.

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I would favor an active pyelonephritis. Urinary testing (cystocentesis/pyelocentesis for microbiological testing and cytology, sediment and UPC) is recommended. Ibuprofen usually causes severe GI bleeding and ulceration. Renal damage is not commonly reported but cannot be excluded.

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Ultrasonographic findings of the bladder wall seem too small to cause dripping of blood. Inflammation of the urethra due to infection and/or foreign material is more likely. However, the involvement of all layers indicates an aggressive lesion that should be monitored, if possible, with as much resolution as possible (linear probe with a high frequency, follow-up in 2 weeks). If urinary testing is inconclusive ultrasound-guided traumatic catheterization is an alternative.

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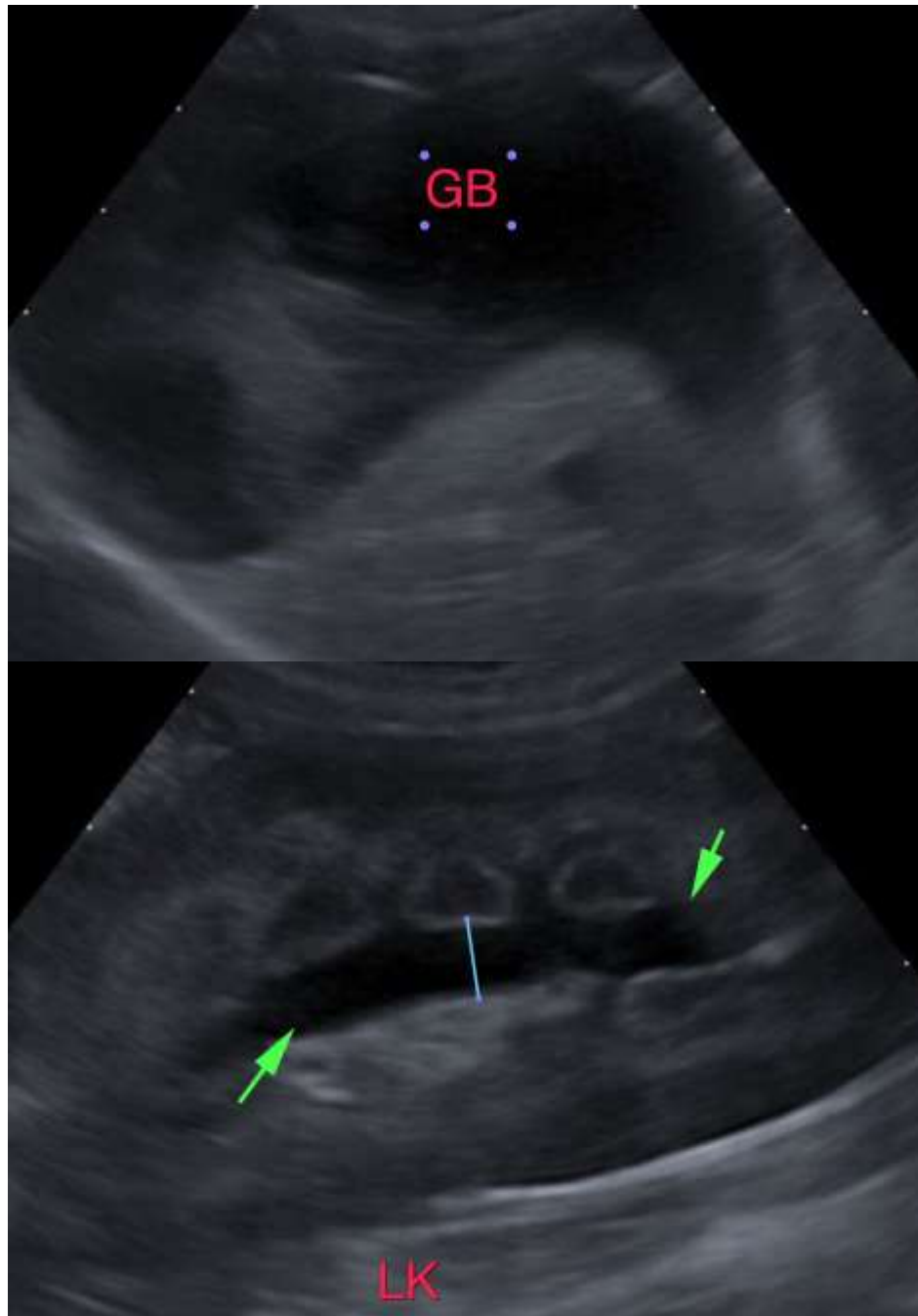
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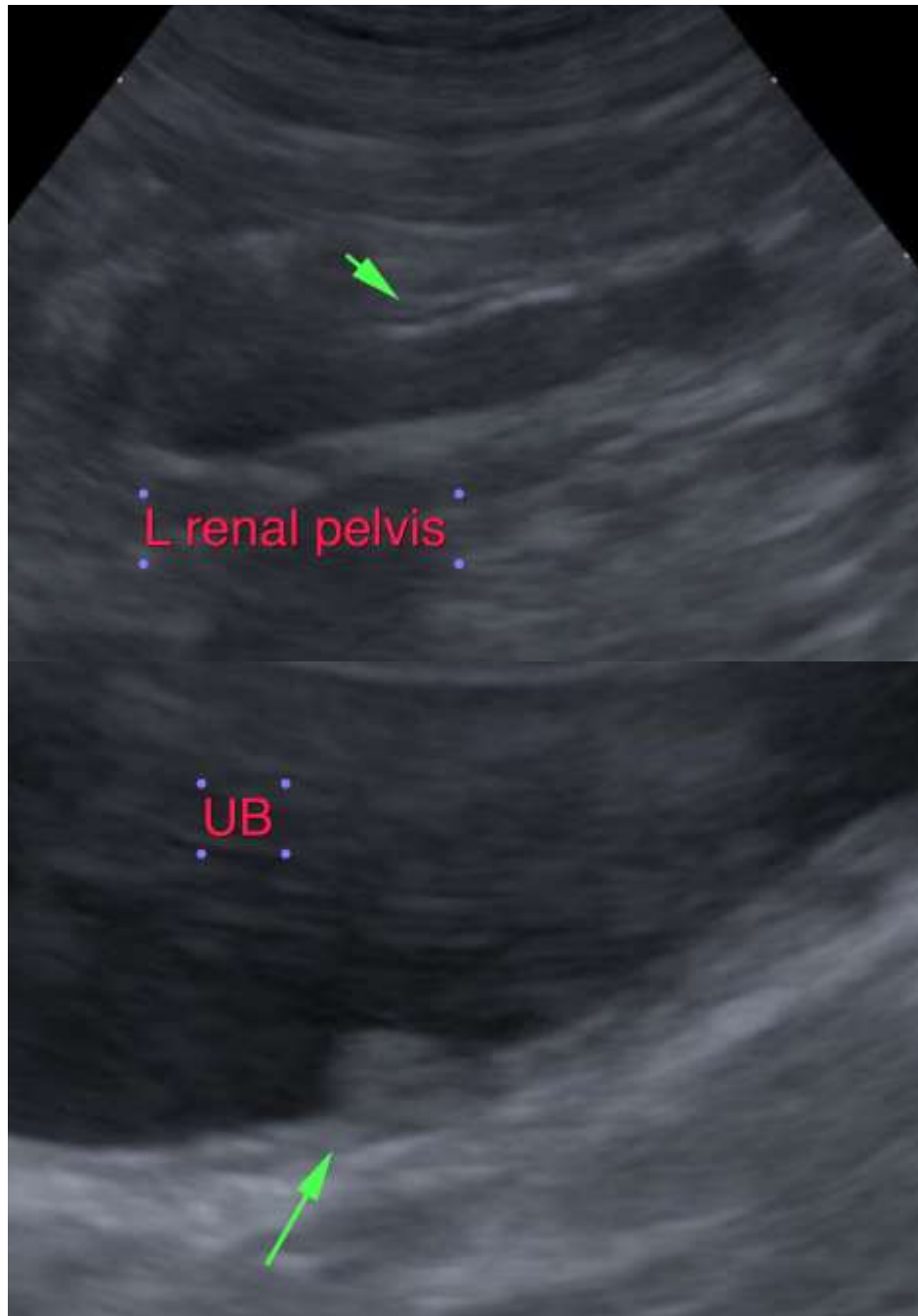
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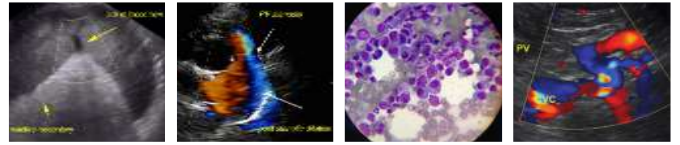
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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