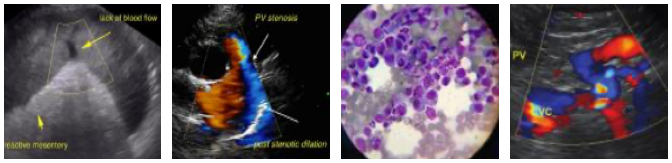


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Angie Hutter

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

48 lb

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Denville AH

REFERRING VET

Dr Reddy

INVOICE

12394

DATE

3.10.23

PRESENTING CLINICAL SIGNS

History: Abnormal urinating in the house
Abnormal PE/Chem/CBC/UA Results: CBC/chem wnl 10/2022; UA: high bacteria coccobacili; USPG 1.028

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine and a large amount of suspended echogenic luminal sediment. The ureteral papillae and trigone are of normal appearance and the ureters are not visible (normal). The proximal urethra appears mildly thickened (measuring up to 9.0 mm in diameter). No masses, calculi or mucosal irregularities are noted. Pelvic and urethra visible to 4.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 5.8 cm in length. The right kidney is 5.3 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.0 mm at the cranial pole and 5.1 mm at the caudal pole. The right adrenal gland height is 1.2 mm at the cranial pole and 4.5 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

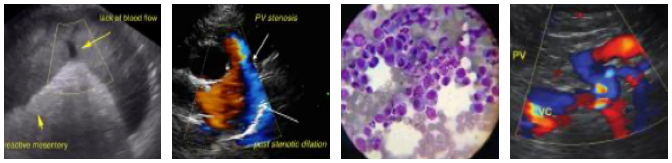
The stomach is moderately distended with gas. The gastric wall is 2.8 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 3.8 mm. The jejunal wall measures up to 2.9 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.



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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Findings

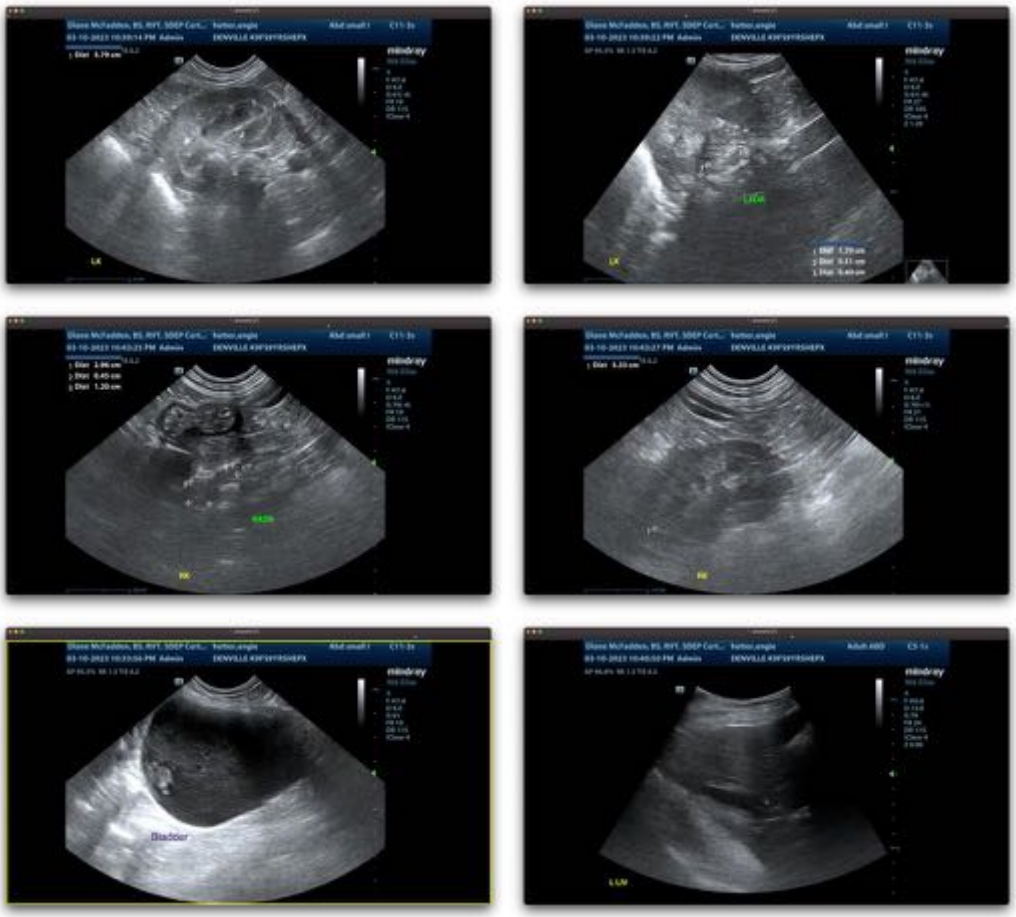
- Large amount of bladder sediment with a mildly thickened urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the bladder and proximal urethra are most consistent with bacterial cystitis. However, if the problem does not resolve with culture dictated antimicrobial therapy, then less likely differentials, such as proliferative urethritis, or neoplasia, should be considered.

Additional recommendations include:

- Urine culture and sensitivity
- A urine BRAF test could be considered to fully rule out the possibility of urothelial neoplasia (though it is considered unlikely).
- Urethroscopy examination would be recommended if the problem persists.



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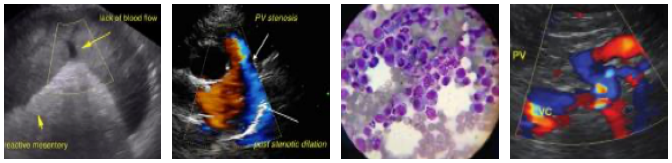

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com