


PATIENT PRESENTING CLINICAL SIGNS

Dixie Cupaiuolo History: Presented to ER 1 month ago with hematuria & high fever, suspected cystitis (we don't have records), treated with 2 weeks amox-clav - appeared resolved, but marked hematuria recurred as soon as antibiotics finished, and then resolved again on Zenequin. Dog has currently been on Zenequin for 12 days. CBC / Chem - mild incr ALP, else unremarkable

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

11 years

WEIGHT

109 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

West Chester VMC

REFERRING VET

Dr. Mowday

INVOICE

13845

DATE

7.26.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The bladder wall is diffusely thickened (up to 1.70 cm) with scalloped margins and mineralization of the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 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 7.6 cm in length. The right kidney is 8.7 cm in length.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left gland height is 6.2 mm at the cranial pole and 7.2 mm at the caudal pole. The right is not distinctly visualized, but the region appears unremarkable.

Spleen

A 1.3 x 1.3 cm hypoechoic nodule is noted in the body of the spleen, which slightly expands the splenic capsule. The surrounding omentum is normal. 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 normal ingesta. The gastric wall is 3.8 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 4.6 mm. The jejunal wall measures up to 4.0 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



PATIENT *Pancreas*

Dixie Cupaiuolo

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.

SPECIES *Free Abdomen*

Canine

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.

BREED

Mixed

ULTRASONOGRAPHIC FINDINGS

SEX **Primary Findings**

Spayed Female

- Diffusely thickened, mineralized bladder wall, suggestive of encrusting cystitis

AGE

11 years

Secondary Findings

- Hypoechoic splenic nodule

WEIGHT

109 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The appearance of the bladder is most consistent with encrusting cystitis, although the possibility of neoplastic disease cannot be ruled out. A urine BRAF test would be recommended to definitively rule out the possibility of urothelial carcinoma. Additional recommendations include:

- Treatment for 4-6 weeks with an appropriate anti-microbial, along with feeding a urinary dissolution diet, to help resolve the mineralization of the bladder wall.

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The splenic nodule could be consistent with either extramedullary hematopoiesis, a benign regenerative nodule, or less likely, neoplasia.

- A fine-needle aspirate would be recommended for definitive diagnosis.
- Alternatively, a focal ultrasound of the spleen could be considered in 2-3 months to assess for progression.

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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