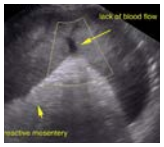
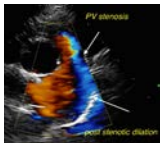
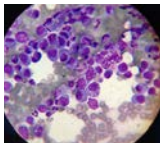
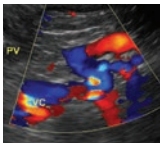
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Luna Steip

SPECIES
Canine

BREED
Mix

SEX
Spayed Female

AGE
10 Years

WEIGHT
69 Pounds

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Andover AH

REFERRING VET
Dr. Hummel

INVOICE
40822

DATE
8/29/22

PRESENTING CLINICAL SIGNS

chronic hematuria, no response to antibiotics; pollakiuria. Not currently on any meds.
Abnormal PE/Chem/CBC/UA Results: UA 8/14/22: blood 3+, USPG 1.048

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended. The lumen is diffusely filled with echogenic material that is isoechoic to the bladder wall. No luminal sediment is visible. The pelvic urethra is not visible.

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 measures 6.1 cm. The right kidney measures 6.5 cm.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 4.7 mm at the cranial pole and 6.6 mm at the caudal pole.

The right adrenal gland is identified in its normal locations. There is a small isoechoic nodule arising from the cranial pole of the right adrenal gland, measuring 1.5 cm. It is otherwise normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The caudal pole measures 6.1 mm.

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. 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 anechoic fluid and hyperechoic ingesta. The gastric wall is 5.2 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. Duodenum wall measures 5.2 mm. Jejunum wall measures 4.8 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is visualized and is normal.

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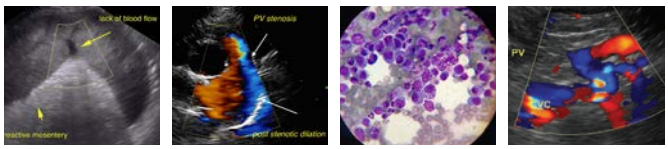

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Pancreas

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.

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.

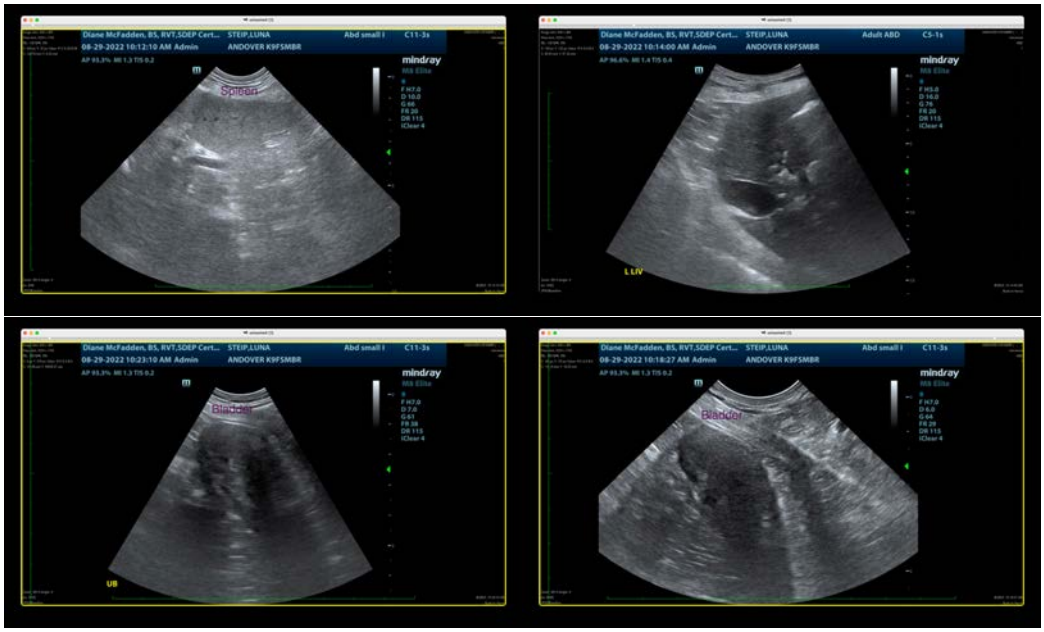
ULTRASONOGRAPHIC FINDINGS

- Soft tissue opacity throughout the bladder lumen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The material within the bladder lumen could represent either neoplasia or a blood clot. To further investigate, the following steps can be taken:

- Submission of a urinalysis for cytologic examination. Ideally, a sample would be obtained via urinary catheterization to assist in exfoliating sells if a mass is present.
- A urine culture obtained via free catch after careful cleaning of the vulva. A customer centesis should be avoided in this patient, due to concerns for tracking neoplastic cells.
- The urine BRAF test from Antech may be helpful in identifying bladder neoplasia, though it cannot definitively rule it in or out.
- Cystoscopic examination of the urethra and bladder would be a final alternative to obtain a definitive diagnosis
- Cystoscopy could also be considered to obtain biopsies for definitive diagnosis.



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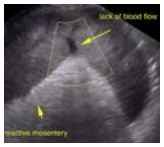
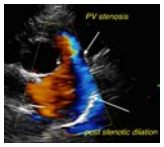
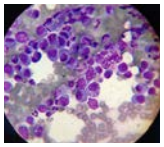
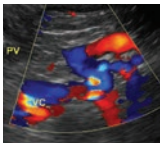

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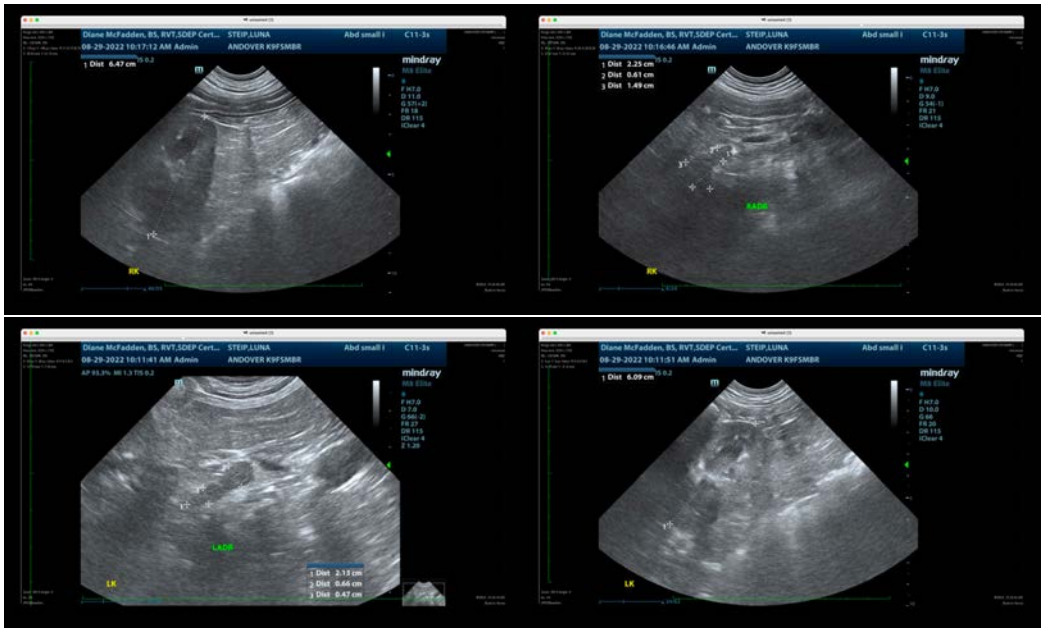

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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