SonoPath
Clinical Sonography & Telecytology
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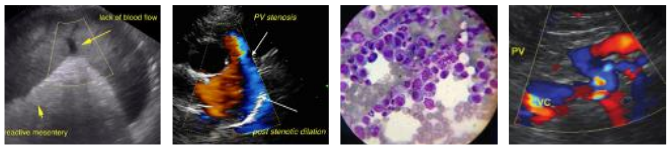

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Daisy Tornquist

SPECIES

Canine

BREED

Yellow Lab

SEX

Spayed Female

AGE

2 Years

WEIGHT

81 Pounds

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Elaine Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Elaine Petrone

INVOICE

14030

DATE

10/27/21

PRESENTING CLINICAL SIGNS

History: 2 yo FS Yellow lab. Presented for pollakiuria, stranguria, and hematuria on 10/14-was treated with amoxicillin and carprofen. History of gastroesophageal reflux and chronic skin issues. Abnormal PE/Chem/CBC/UA Results: 10/14 UA: USG. 1009, 1+ protein, >50 RBC/HP, 2-3 WBCS/HPF, no bacteria or crystals seen. pH 7.0 Repeat UA post amoxicillin 10/25: USG: 1.035, 1+ protein, no RBCs, WBCs, struvite crystals: 4-10/HPF, pH: 8.5 Clinical signs recurred-pollakiuria. Anxious dog.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (6.92 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (5.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

No images provided/The adrenal glands are not definitively visualized.

Spleen

The spleen is subjectively elongated (2.42 cm at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely homogeneous in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is not visualized in its' entirety due to patient conformation. In the visualized portion, the size is subjectively normal with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with fluid and gas. The gastric wall is normal to mildly thickened (up to 0.65 cm) with retention of the normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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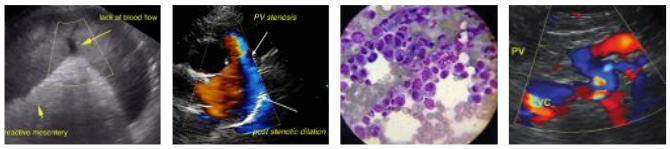

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

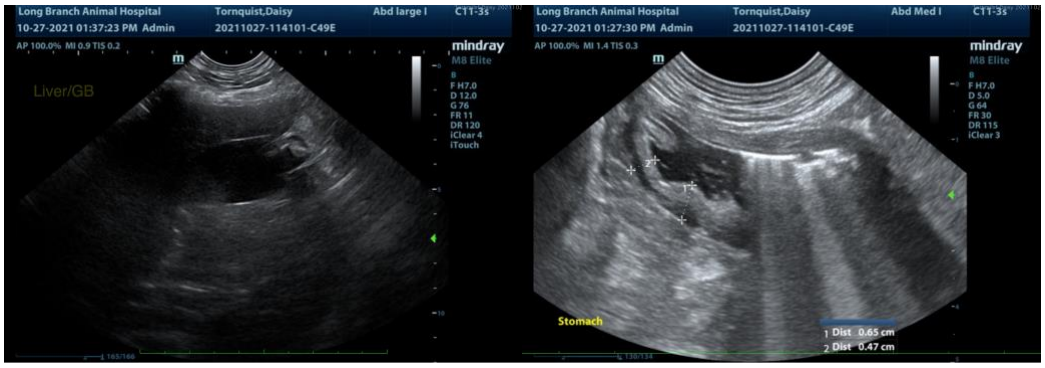
Primary Findings

- Urinary bladder debris
- The gastric wall changes may be a normal variant for this patient or may represent an inflammatory process. Infiltrative neoplasia is possible but considered unlikely given the lack of GI signs.

*An obvious cause for the patients' lower urinary tract signs is not identified in the study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended, preferably obtained 5-7 days after the last dose of antibiotics. If an infection is confirmed, a prolonged antibiotic course (i.e., 3-4 weeks) based on urine culture and sensitivity results is recommended with a repeat culture 5-7 days after the last dose of medication.
- A thorough evaluation of the external genitalia is also recommended to assess for conformational defects (i.e., recessed vulva) as well as vaginal foreign bodies/masses.
- Baseline lab work including a CBC/Chemistry panel and T4 should be considered to assess for underlying metabolic issues that may be predisposing the patient to urinary tract infections.



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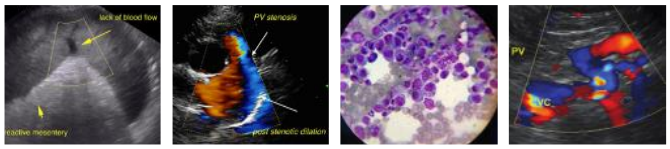

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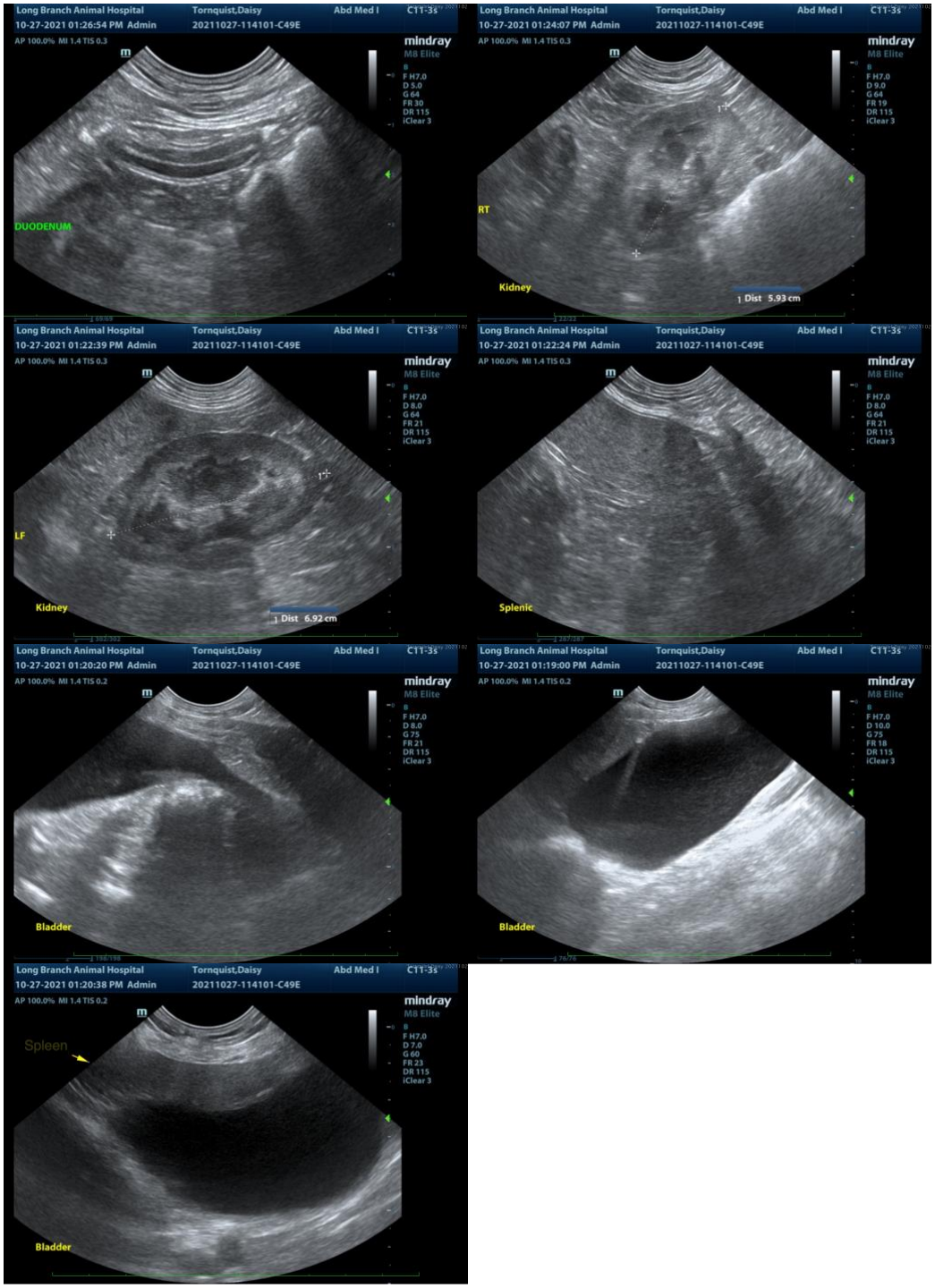

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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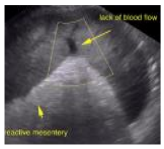

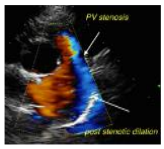

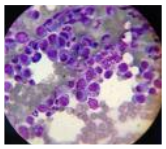
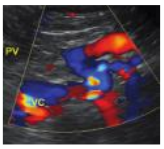

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com