



**PATIENT**

Gunner Sheffer

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

37.5 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

19020

**DATE**

12/6/22

**PRESENTING CLINICAL SIGNS**

History: pt has a hx of chronic UTIS, Teri noticed some blood on the pad they wipe his penis, Teri brought him in and we did a Urinalysis IH and sent it out to Idexx. Patient has green discharge always at tip of penis.

Abnormal PE/Chem/CBC/UA Results: UA (Free catch): TNTC Rods Urine Culture (cystocentesis) pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident pathology.

Left kidney is normal is size (6.26 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (7.1 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

Left adrenal gland is examined and the caudal pole is normal, measuring 0.76 cm wide. The cranial pole is not well visualized.

Right adrenal gland is not well visualized.

**Spleen**

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

**BREED**

Boxer

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**Free Abdomen**

**SEX**

Neutered Male

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

8 Years

- This is a relatively unremarkable/normal abdomen without a visible cause to explain this patients reportedly recurrent urinary tract infections.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

37.5 kg

Given the chronic history of urinary tract infections, recommendations are to treat this one as a complicated infection to assure full clearance and be sure that the recurrent infections are not actually a persistent infection. Urinalysis and culture are reportedly pending. Based on culture and sensitivity results, recommendations are to start antibiotics with plans to continue for 4-6 weeks, including a second culture a week to 10 days after beginning therapy to assure no change in resistance pattern and/or secondary bacteria are present, followed by a 3<sup>rd</sup> and final culture a week to 10 days after finishing antibiotics to assure full clearance.

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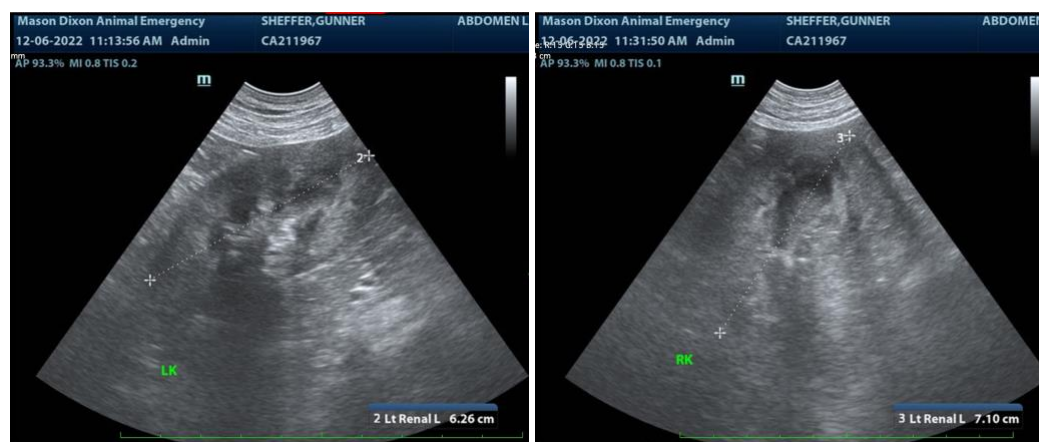
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM DACVIM**

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