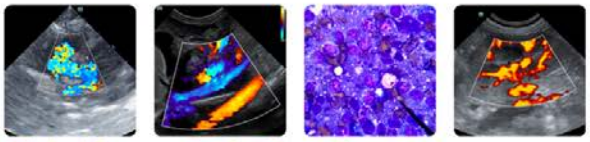

PATIENT

Dutchess Duquet

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

18 Weeks

WEIGHT

28.8

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Sandra Jimenez

HOSPITAL NAME

Bramer Animal Hospital

REFERRING VET

Dr. Sandra Jimenez

INVOICE

74995

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Increased thirst and urination with urinary accidents observed as frequently as every 15 minutes despite taking outside every 4 hours. Owner notes a strange smell to urine almost like iron smell. Presented originally on April 21st where diagnostics performed and convenia injection administered.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem (4/21): HCT 36.6% (41-60), Hgb 11.9 g/dL (14.6-21.7), lymphoocytes 5.5 K/uL (0.98-4.2), Mono 1.47 K/uL (0.145-0.736), TP 5.2 (5.5-7.5), Phos 9.4 ,g/dL (2.5-6.1), Glob 2.2 g/dL (2.4-4) Urinalysis with reflex culture (free -catch, 4/21): cystatin B 233ng/mL (0-99), protein 2+, WBC 30-50, crystals ammonium mg phosphate, mixed flora culture with no predominant organism isolated. UA with reflex culture (cystocentesis, 5/6): pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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 right kidney is normal is size (6.2 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.

The left kidney is normal is size (5.8 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

The areas of the adrenal glands are examined without evident adrenal gland pathology.

Spleen

The 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

The 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.

The 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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed 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

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

There are some bright echogenic densities dorsal to the urinary bladder in what I believe is the area of the uterine stump that may represent suture or staples versus other. I don't believe these findings are urinary tract pathology.

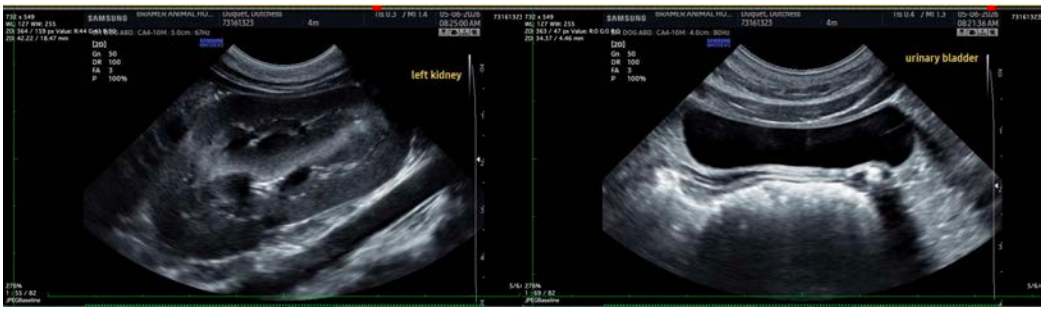
ULTRASONOGRAPHIC FINDINGS

- This is a largely unremarkable/normal structural abdomen without a definitive ultrasonographically visible intraabdominal explanation for patient's reported clinical signs. Having said that, a largely unremarkable ultrasound in a puppy doesn't definitively rule out ectopic ureters.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, via cystocentesis if possible, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

If a urinary tract infection or other explanation is not diagnosed and clinical signs persist without a diagnosis, additional or advanced imaging including potentially cystoscopy could be considered.



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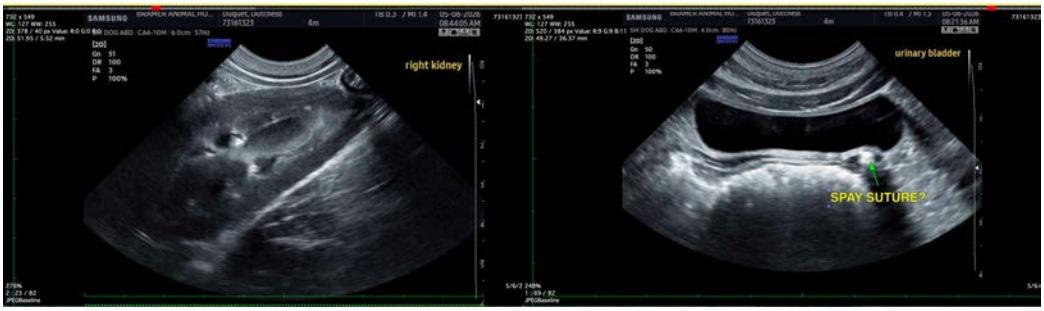

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com