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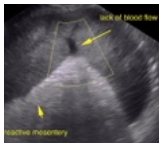
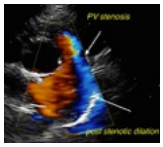
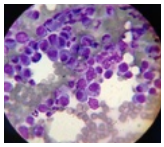
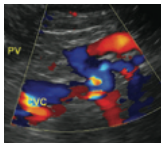

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PATIENT
Dallas Siegel

SPECIES
Canine

BREED
English Bulldog

SEX
Spayed Female

AGE
8-year-old

WEIGHT
59 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Livingston Animal Hospital

REFERRING VET
Dr. Messina

INVOICE
10280

DATE
6/27/2023

PRESENTING CLINICAL SIGNS

Doctor: Beth Johnson, DVM, DACVIM (SAIM)
Patient presents SDMA. Urinating inside of the house. PU/PD since 1/2023. Aggressive behavior increasing since 3/2023. Current meds: Galliprant 60 mgs - 1 tab SID, Gabapentin 300 mgs - 1 cap q 12 hrs.

Abnormal PE/Chem/CBC/UA Results: SDMA 18, creatinine 1.2. U/A: Elevated RBCs, trace blood - checked 6/13/23 (first morning sample) USG 1.019. Urine culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous, and/or small blood clots. Additionally, there is a large amount of brightly echogenic mineral/sand debris both suspended and gravity dependent. Both sterile inflammations, as well as urinary tract infection, can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (5.74 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, or infarcts observed. A large amount of mineral/sand debris and punctate small nephroliths resulting in acoustic shadowing are present bilaterally.

The left kidney is normal in size (5.65 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, or infarcts observed.

Adrenal Glands
The right adrenal gland is normal in size (cranial 1.0 cm, caudal 0.62 cm), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (cranial 0.55 cm, caudal 0.55 cm), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction or foreign material.
Pyloric outflow tract appears patent.

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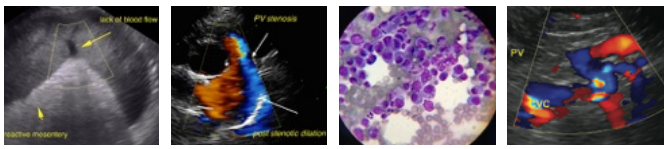

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

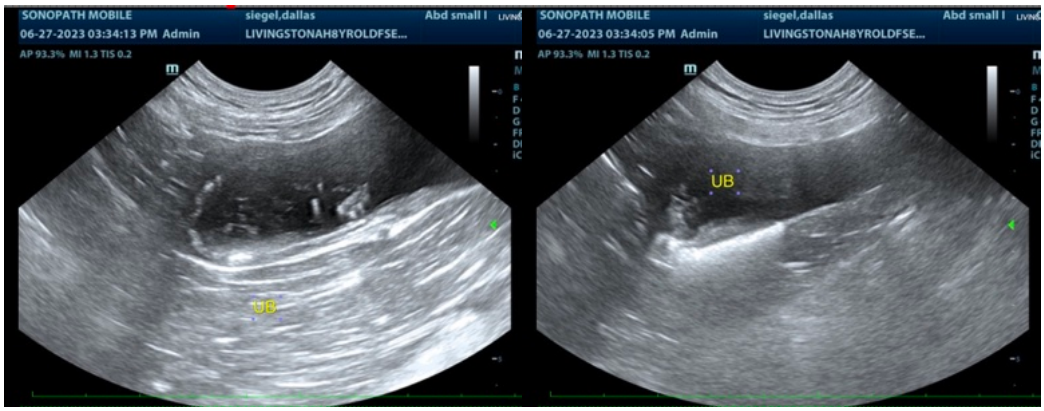
ULTRASONOGRAPHIC FINDINGS

- Bilateral nonobstructive nephrolithiasis and a large amount of urinary bladder debris including mineral/sand debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending 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.

In the meantime, or in the face of a negative culture, if tolerated consideration could be given to transition to a urinary health diet such as Royal Canine Urinary SO or similar.



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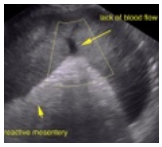
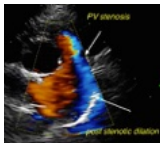
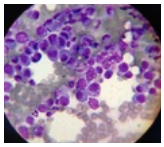
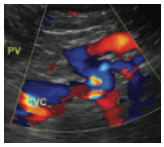

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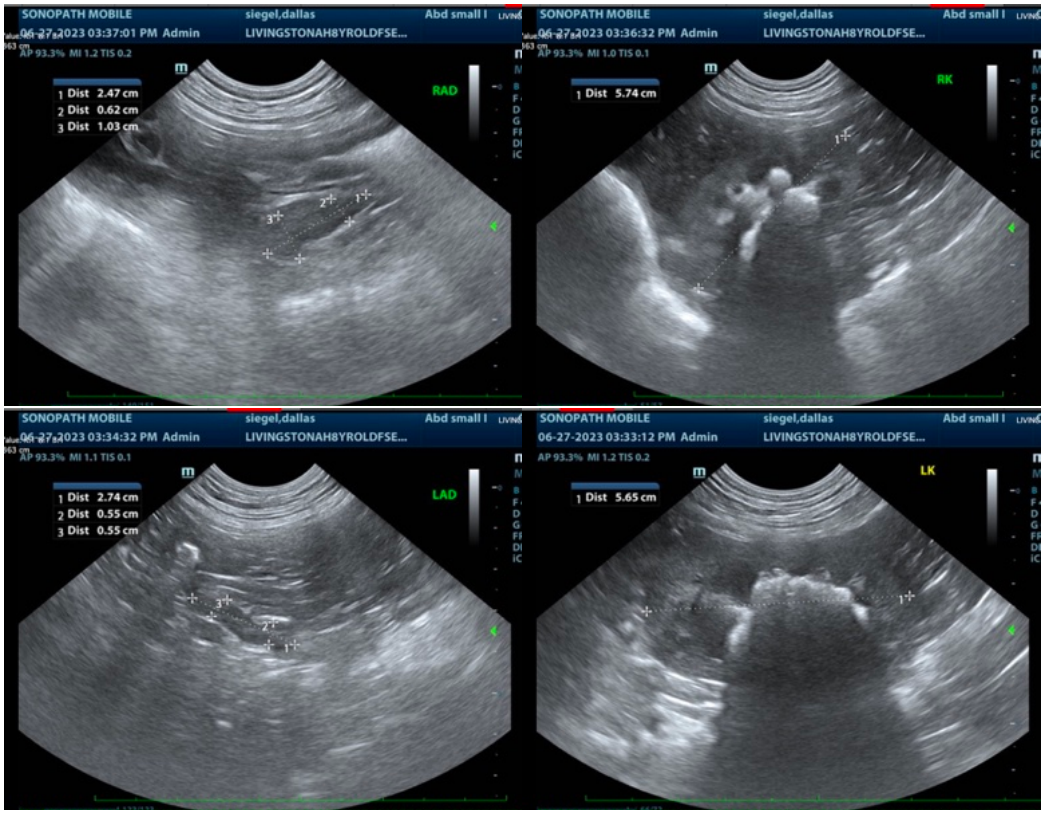

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com