



PATIENT

Laci Moehle

SPECIES

Canine

BREED

Cattle Dog Mix

SEX

Spayed Female

AGE

4 Years 9 Months

WEIGHT

91 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake VH

INVOICE

16579

DATE

7/11/22

PRESENTING CLINICAL SIGNS

History: Possible UTI. licking vulva, owner noticed blood.

Abnormal PE/Chem/CBC/UA Results: No UTI detected, USG low even on first morning urine sample.

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.

Left kidney is normal is size (6.75 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 (6.71 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 normal in size (0.77 cm at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.52 cm at cranial pole and 0.78 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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 small in size, however, it is difficult to evaluate completely due to patient conformation and gas artifact.

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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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.

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Pancreas

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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.

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Free Abdomen

Cattle Dog Mix

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

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Relatively unremarkable abdomen without definitive cause present for the patients reported clinical signs, except for possibly Microhepatica.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

4 Years 9 Months

1. If not already evaluated, a urine culture is recommended to rule out an occult urinary tract infection.
2. Given this patients reported hyposthenuria, it could be that polyuria/polydipsia has resulted in mild urinary incontinence contributing to the licking, and if so, recommendations are a workup of polyuria and polydipsia, beginning with bile acids, given the subjectively small liver, as well as testing for Leptospirosis.
3. Otherwise, if a urinary cause isn't identified, it could be that a focal pyoderma, vaginitis, pruritis from skin, food allergies, etc. could be contributing to the clinical signs.

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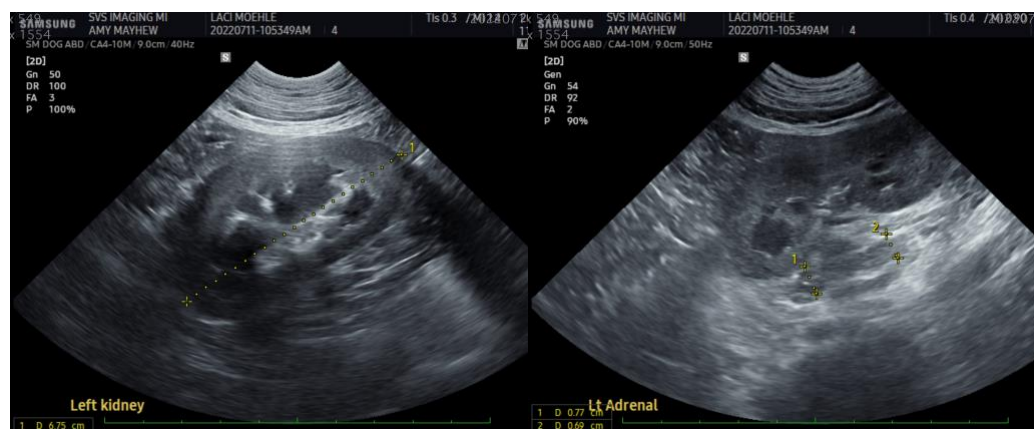
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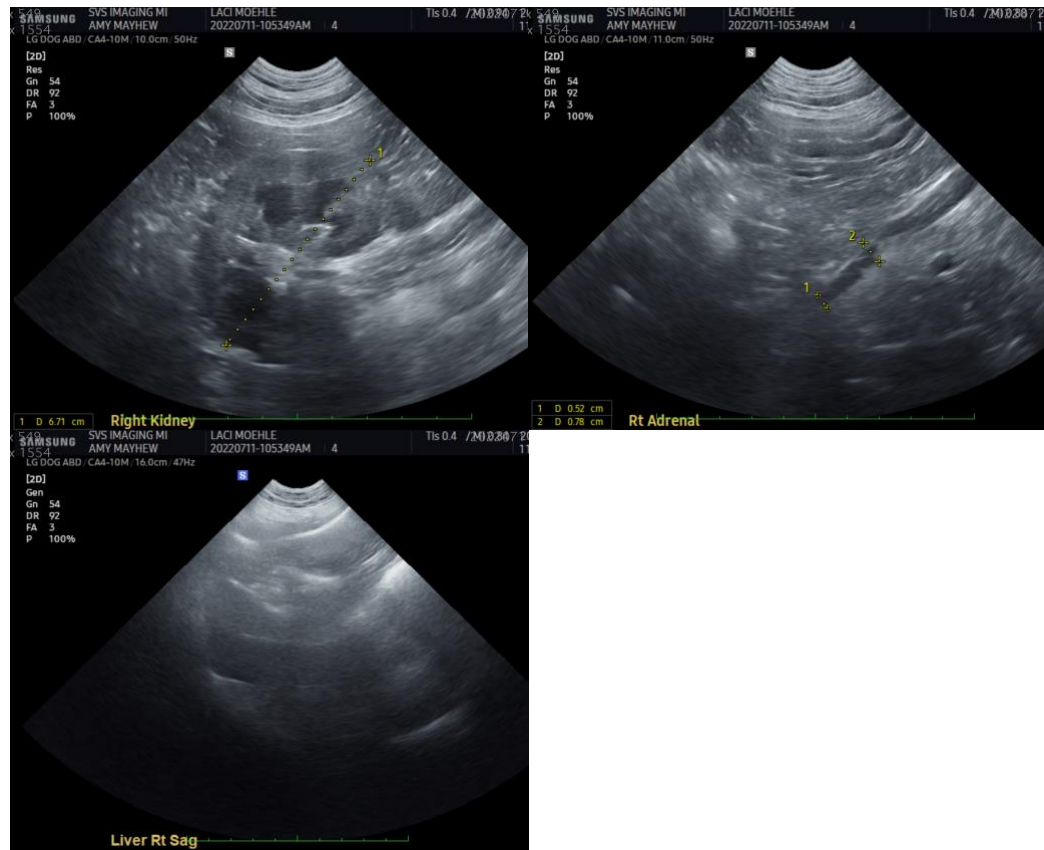
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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