



PATIENT

Brigid Zachok

PRESENTING CLINICAL SIGNS

Patient presents for recurring UTIs.
Abnormal PE/Chem/CBC/UA Results: Cysto pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

BREED

Golden Retriever

The right kidney is normal in size (7.42 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.

SEX

Spayed Female

The left kidney is normal in size (6.4 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.

AGE

8 Years 8 Months

Adrenal Glands

The right adrenal gland is normal in size (2.32 cm long x 1.73 cm at the cranial pole and 0.93 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

80 Pounds

The left adrenal gland is normal in size (1.95 cm long x 0.68 cm at the cranial pole and 0.60 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Jamie Despirito

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

INVOICE

39652

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, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

7/19/22

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, foreign material or infiltrative disease.



PATIENT

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

SPECIES

Pancreas

Canine

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.

BREED

Free Abdomen

Golden Retriever

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

SEX

There is no apparent lymphadenopathy noted in these images.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Unremarkable/normal abdomen

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

8 Years 8 Months

There are no ultrasonographically visible explanations for this patient's recurrent urinary tract infections. Therefore, recommendations are:

WEIGHT

- Treat the current urinary tract infection as a complicated urinary tract infection based on culture and sensitivity results, for 4-6 weeks, including a recheck culture a week to 10 days after starting antibiotics to ensure full susceptibility, in addition to a final culture a week to 10 days after finishing antibiotics to be sure the infection has fully cleared.

80 Pounds

INTERPRETED BY

- If after treating as a complicated UTI, the urinary tract infection returns, further investigation for possible immunosuppressive diseases, starting with CBC/chem panel and electrolytes, if not recently evaluated, etc., is recommended.

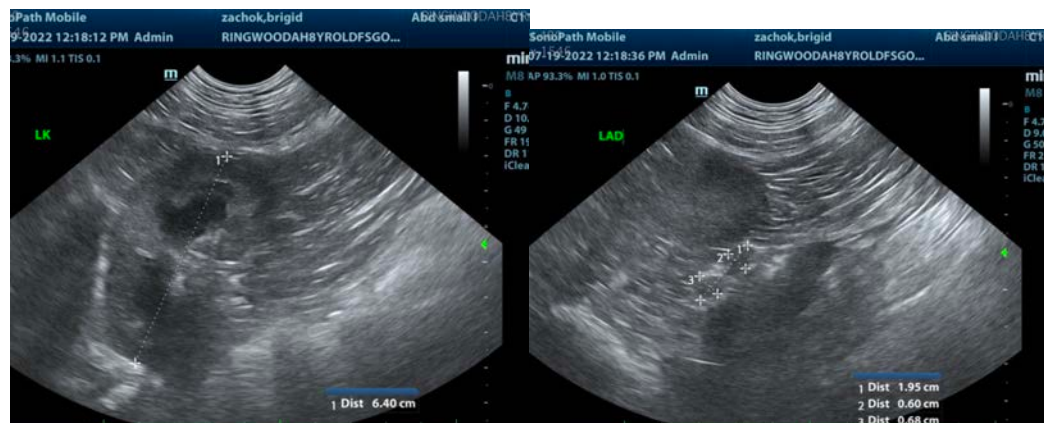
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IMAGING PERFORMED BY

- If an underlying cause cannot be found, given this patient's reported recessed vulva, weight loss and/or an episioplasty could be considered at that time.

Kelly Vazquez

HOSPITAL NAME



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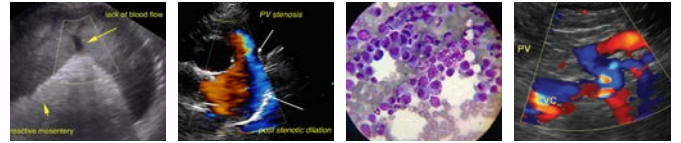
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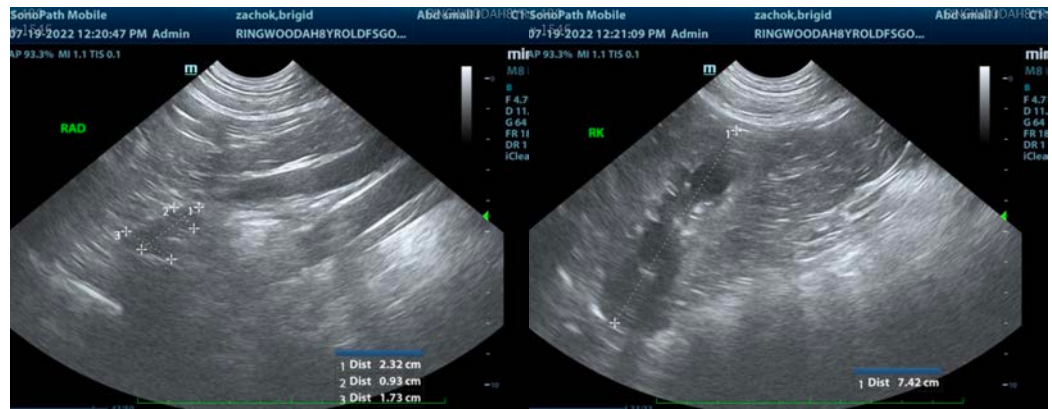
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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