



PATIENT

Lady Grace Keller

SPECIES

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

2 Years

WEIGHT

114 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Mobile Vet Ultrasound

REFERRING VET

Dr. Beltran

INVOICE

40093

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Pet has been having urinary issues since last October. Owner reports that pet will get up on a couch and will urinate on the same spot. Trial with Incurin and Proin showed no improvement. Pet will hold the bladder otherwise, will urinate while been awake and not relaxed on the couch. Suspecting behavioral but wanted to rule out other issues. Pet was treated with Doxycycline after a urine culture came back positive (free catch) for Enterococcus faecalis. Per owner, pet improved some but then returned to urinate on the couch. Culture with urine collection via cysto is pending, collected today
Abnormal PE/Chem/CBC/UA Results: NSF but there are no recent bw UA: 04/08/22 SG: 1.020 pH:7.0

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.

The right kidney is normal in size (7.0 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 in size (6.5 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 adrenal glands are unable to be well visualized in these images.

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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

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



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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 (< 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.

BREED

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Free Abdomen

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

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There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

AGE

2 Years

- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

WEIGHT

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- Otherwise, unremarkable/normal abdomen with no ultrasonographically visible explanation for urinary incontinence and/or inappropriate conscious urination.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported previous improvement on antibiotics as well as the mildly dilute urine upon last recheck, recheck urinalysis as well as urine culture are recommended, as are reportedly pending. Recheck CBC/Chem panel and electrolytes are also recommended, especially if the urine is still dilute on the pending urinalysis, to further investigate possible causes of polyuria/polydipsia leading to inappropriate urination.

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If there is no infection present and/or dilute urine that would support polyuria/polydipsia that could be further evaluated, etc., and this patient is urinary incontinent versus consciously inappropriately urinating, a course of DES could be attempted, since neither Proin or Incurin reportedly helped. However, if this patient is knowingly inappropriately urinating, and an underlying medical cause cannot be found, then behavioral modification may be warranted.

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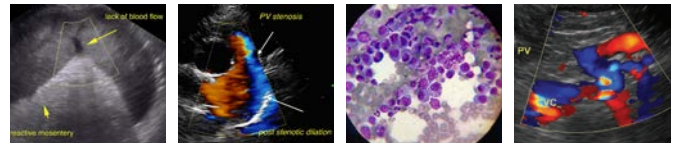
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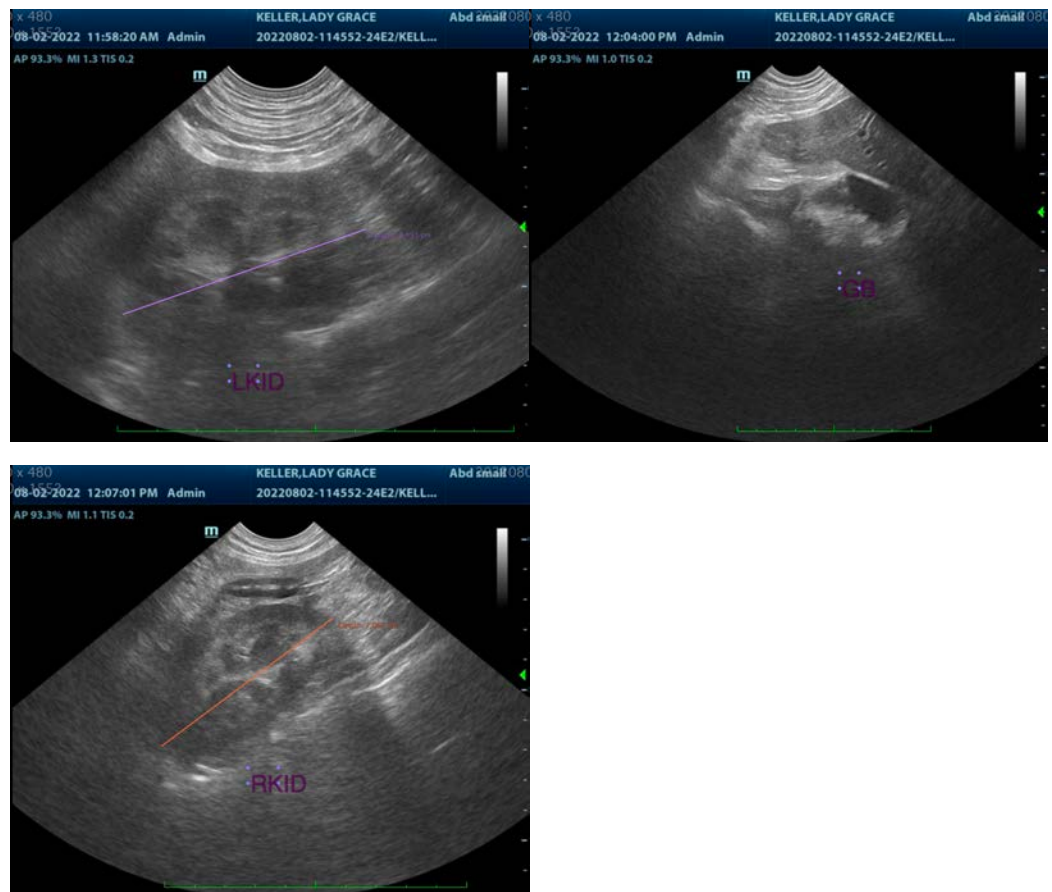
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com