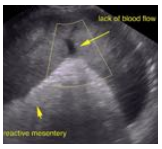

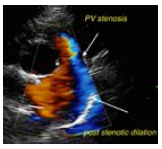

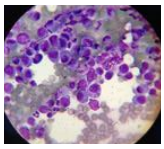
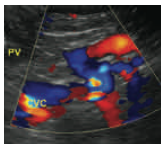

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1-800-838-4268 info@sonopath.com

PATIENT

Ruby Barrows

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Spayed Female

AGE

10 months

WEIGHT

57 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Drummond

INVOICE

95852

DATE

2/7/22

PRESENTING CLINICAL SIGNS

Recently adopted by current owner (1 week ago) Urinary incontinence reported. History of recurrent UTIs starting August 2021 with previous owner. Limited available records. Dexdomitor sedation. Abnormal PE/Chem/CBC/UA Results: PE: wet perivulvar skin and hair with bad odor, urine scald/dermatitis. UA: unremarkable. No BW or Rads as of yet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** appeared to be displaced caudally into the pelvis. The cystourethral junction was caudal to the pubic bone. However, the pelvic bladder is best assessed from a radiographic standpoint. A minimal amount of urine was present at the time of the sonogram. There was no evidence of significant wall thickness or ectopic ureters.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 8.17 cm. The left kidney measured 7.41 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.35 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 0.56 cm at the caudal pole and 0.49 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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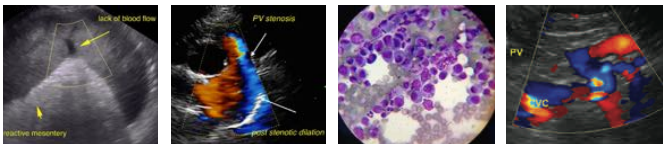

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Subjectively the abdomen appears to have a large amount of body fat.

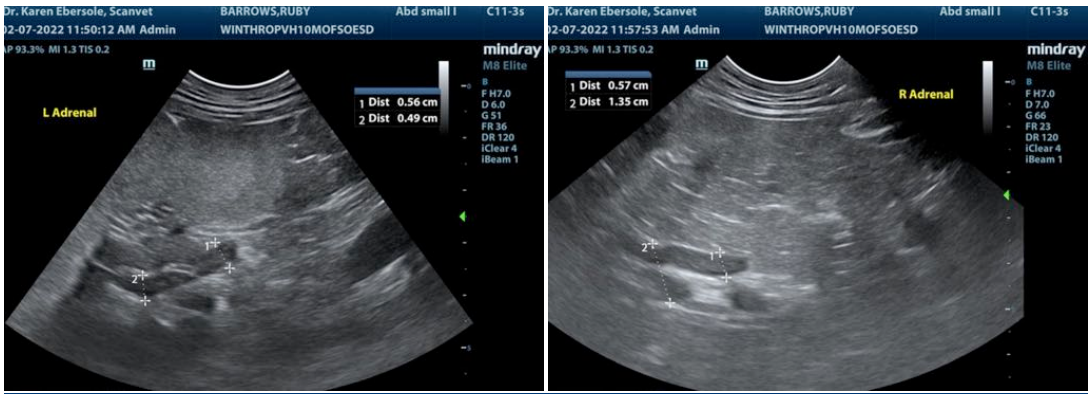
ULTRASONOGRAPHIC FINDINGS

Largely normal abdominal sonogram with potential pelvic bladder position.

Subjectively large amount of body fat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The body score should be evaluated as this may be playing a role in the incontinence issue given the pelvic fat. Treatment of any recessed vulva or peri-vulva pyoderma is warranted as this is likely playing a primary role in the issues abdominally; however, the urinary tract appeared unremarkable other than potential pelvic bladder.



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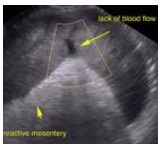
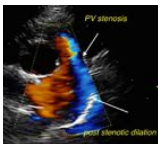
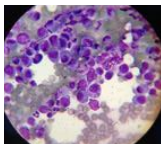
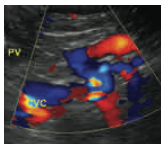

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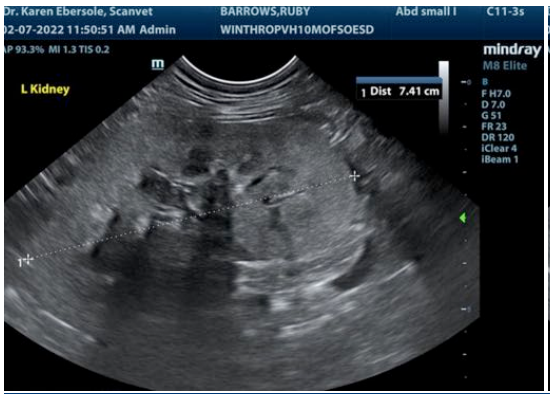

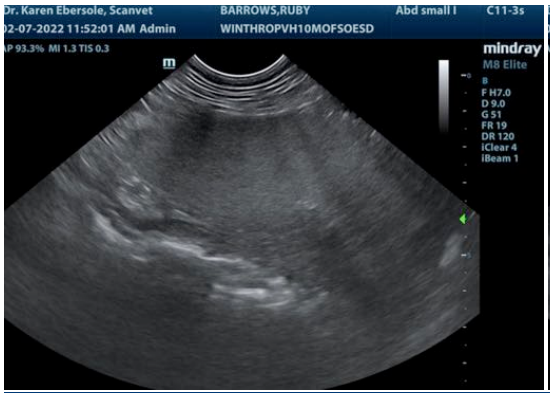

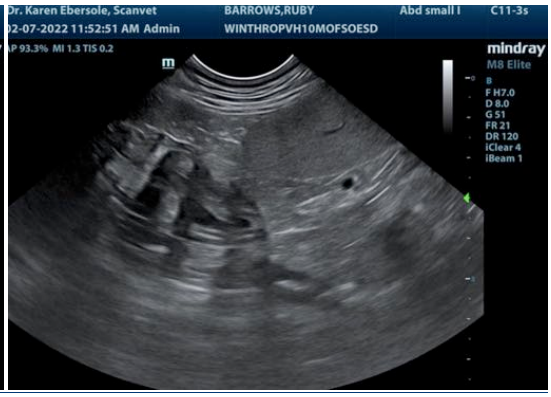

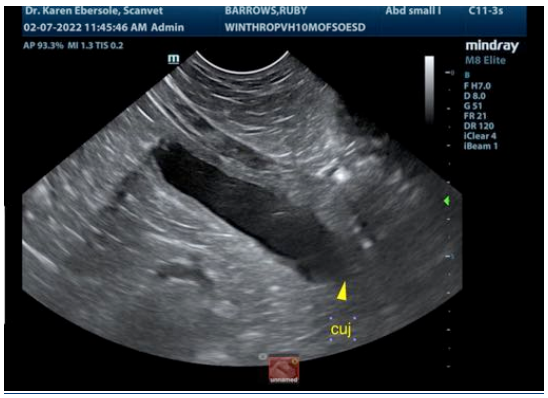

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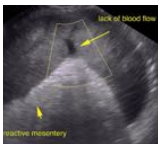

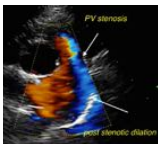

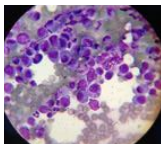
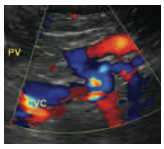

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com