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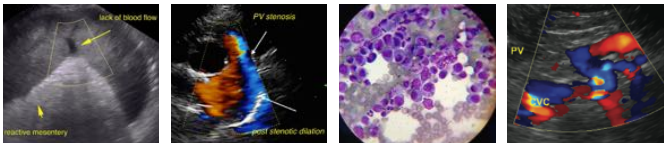


PATIENT
Otter Crawford

SPECIES
Canine

BREED
German Shepherd

SEX
Spayed female

AGE
1 years

WEIGHT
47.3 l.bs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Fritz

HOSPITAL NAME
Waterbury VH

REFERRING VET
Dr. Fritz

INVOICE
31854

DATE
7/20/22

PRESENTING CLINICAL SIGNS

History: Ever since p was a puppy the owner has noticed consistent pollakiuria. Patient will squat to urinate multiple times before her bladder is empty. No stranguria but o notes that it can also take her a lot of time to finish urinating. Occasionally the owner will notice mucoid discharge from the vulva or when the patient is urinating. Multiple UAs and cultures done with nsf. P has never had a UTI. Never had any uroliths. No pu/pd. Otherwise healthy. OHE done at 6 months of age. No urinary incontinence.
Abnormal PE/Chem/CBC/UA Results: Chem, CBC, UA wnl Urine Culture - No growth Abdominal x-rays - nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

A 1.0 cm dilated tubular structure was noted distal to the urinary bladder. It cannot be ascertained if this was a dilated ureter or urine pooling in the vaginal vault.

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 7.02 cm. The left kidney measured 6.4 cm.

Adrenal Glands

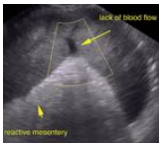
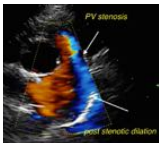
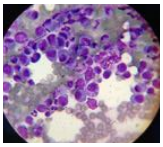
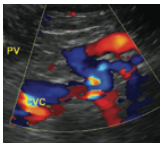
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.15x 0.5 cm. The right adrenal gland measured 1.5 x 0.6 cm.

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

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

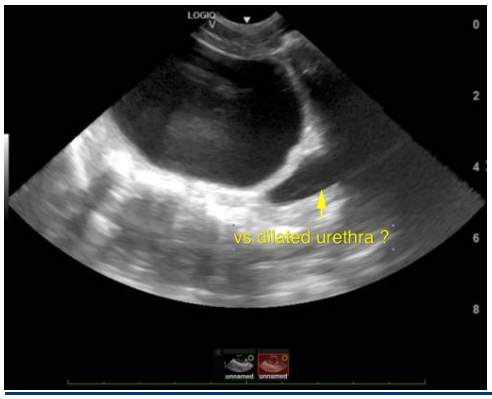
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

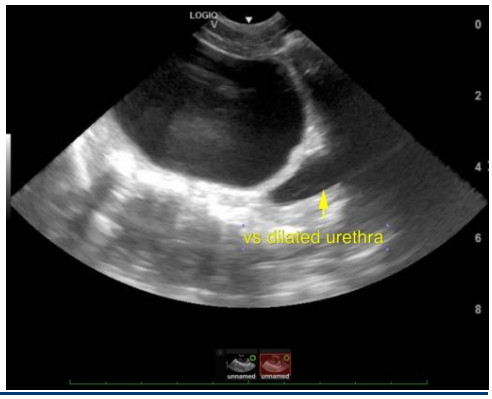
ULTRASONOGRAPHIC FINDINGS

A 1.0 cm dilated tubular structure was noted distal to the urinary bladder. It cannot be ascertained if this was a dilated ureter or urine pooling in the vaginal vault.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend CT with contrast in this patient for further definition as well as vaginoscopy to assess for evidence of urine pooling. IVP can also be considered from an in-house standpoint. However, CT with contrast would be ideal to assess for ureteral ectopy or urethral malformation as well as define any other pathology in the deep pelvis.





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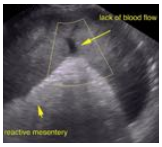
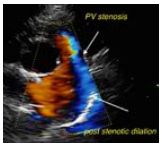
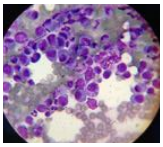
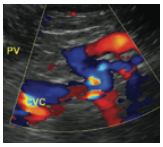

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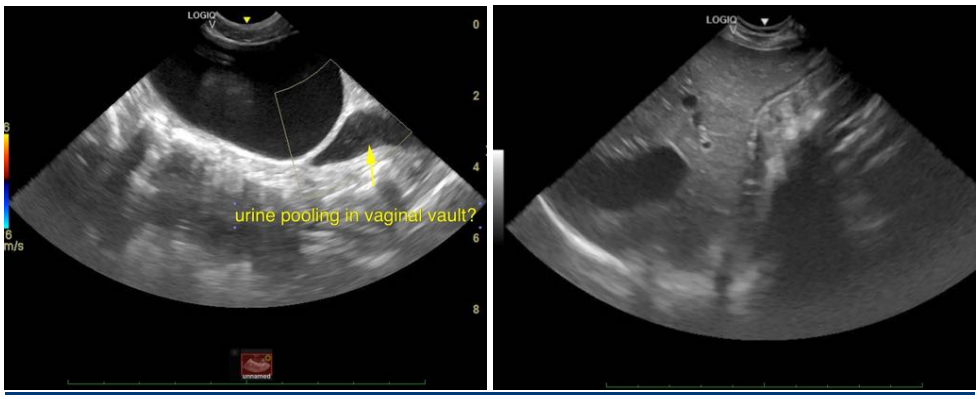

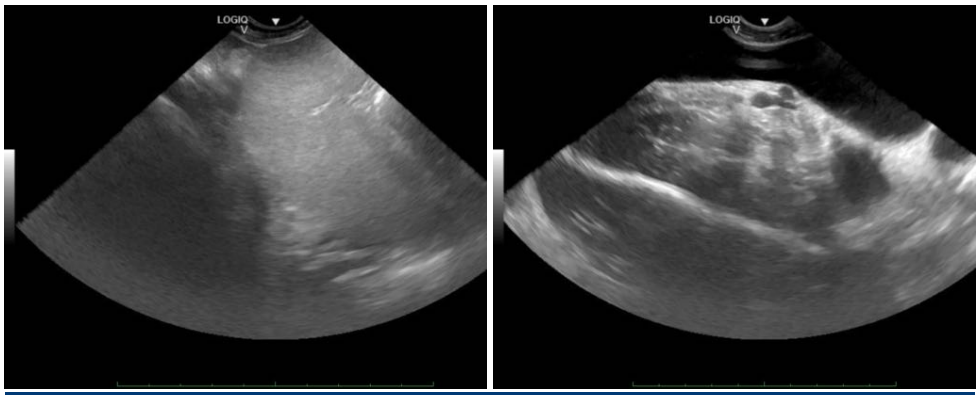

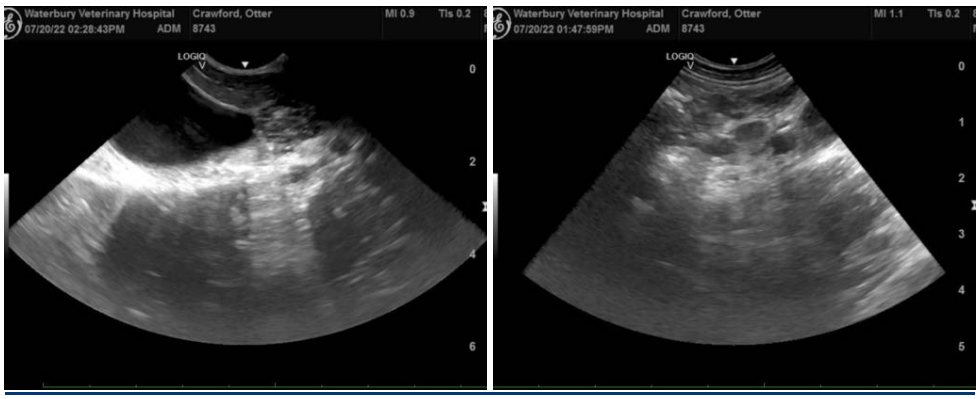

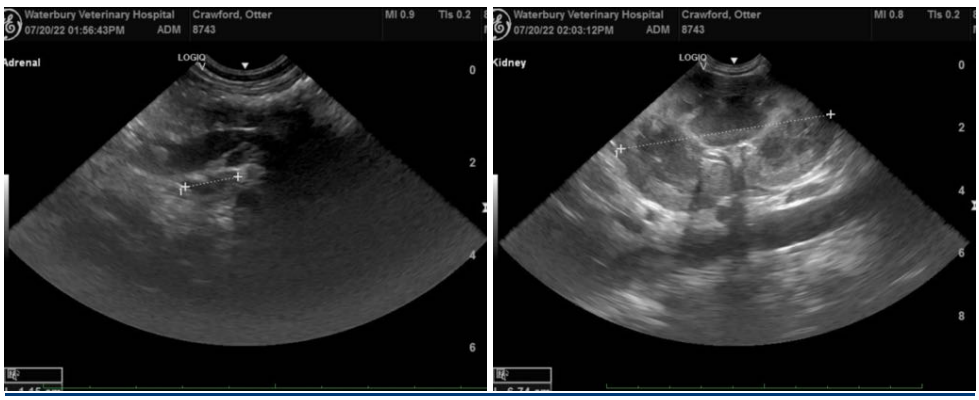

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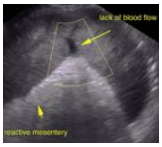
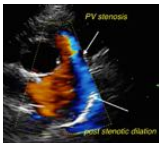
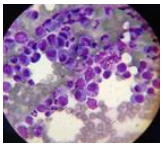
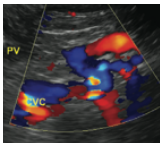

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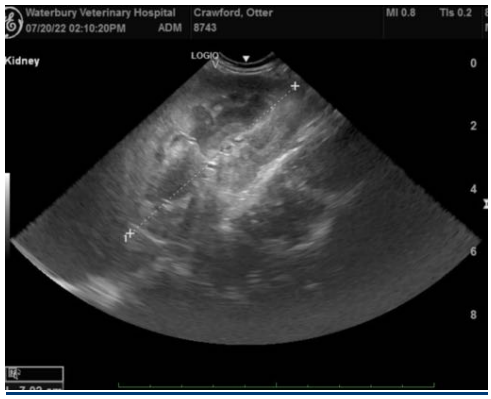

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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