



DATE PRESENTING CLINICAL SIGNS

7/28/23 Incontinence, discomfort, repeatable proteinuria

PATIENT

Bailey Rajca
Current Medications: Baytril 136mg 1 1/2 T once daily starting 7/20/23. Has been on Proin 50mg BID.
Lab Results: 6/20/23 USG 1.027 2+ protein. 6/29/23 UPC 0.96. 7/20/23 USG 1.010, blood present in urine;
protein 100mg/dl; no sign of infection. 7/27/23 USG 1.003, protein 30 mg/ml; no blood, no WBCS
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine
Sedation: Dexdomitor/Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Old English Sheepdog

Urinary System

The **urinary bladder**, itself was unremarkable. The cystourethral junction and urethra were difficult to visualize owing to conformation of the patient. The proximal urethra and trigone were unremarkable. No evidence of structural pathology. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

SEX

Spayed Female

AGE

7/9/17

WEIGHT

76.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.33 cm x 0.47 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 2.37 cm x 1.07 cm at the cranial pole and 0.91 cm at the caudal pole.

HOSPITAL NAME

Greenbrier Vet Clinic

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 were noted.

REFERRING VET

Dr. Davies

INVOICE

44469

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.

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

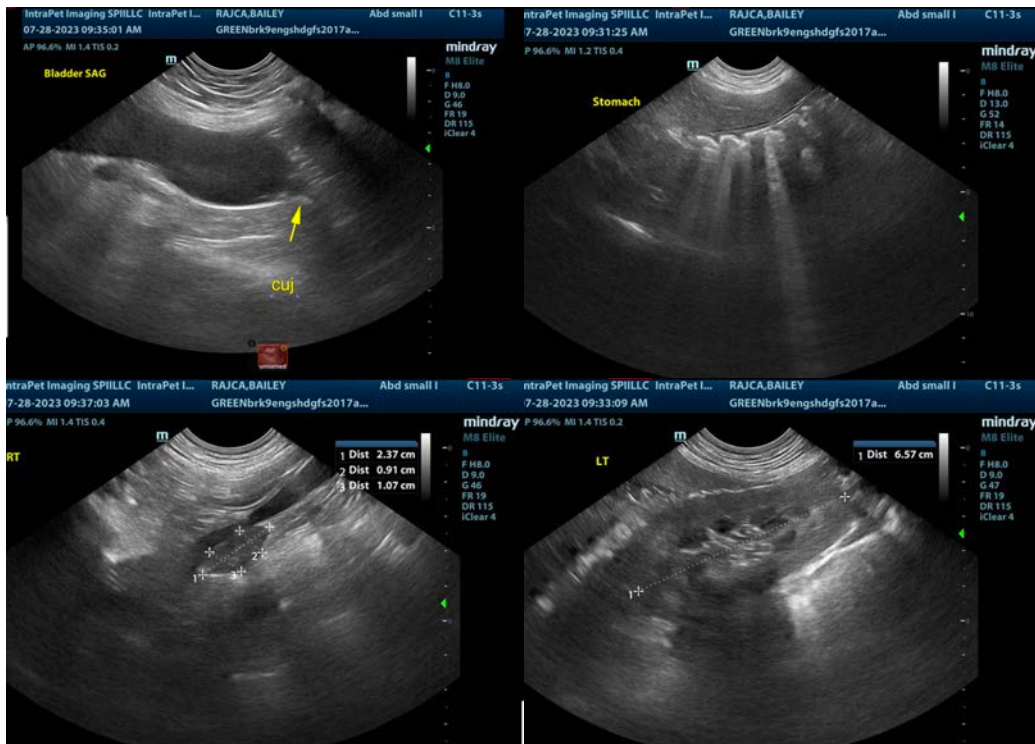
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

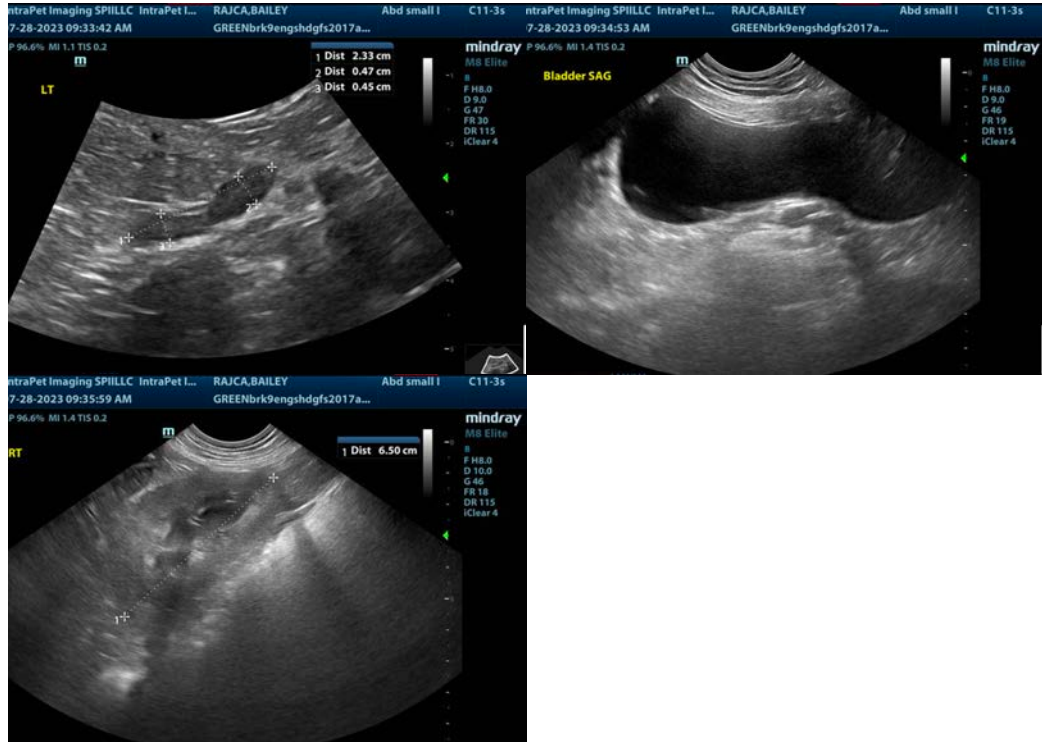
ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of dribbling is unclear. Assessment of the vaginal vestibule for recessed vulva, urine pooling, or pyoderma all indicated, which may be predisposing issues. Empirical treatment for occult UTI with washout warranted with Enrofloxacin, Doxycycline or similar to cover for proteinuria. Tick borne disease panel indicated. If isosthenuria or hyposthenuria is persistent, then partial water deprivation test warranted to assess the ability to concentrate, yet structurally the abdomen and urinary tract is unremarkable.





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.

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