

**PATIENT**

Dahlia Guillory Haile

**SPECIES**

Canine

**BREED**

Labrador Retr Mix

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

63 lbs

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Ray Caughman

**HOSPITAL NAME**

Dogwood AH

**REFERRING VET**

Ray Caughman

**INVOICE**

12714

**DATE**

4.7.23

**PRESENTING CLINICAL SIGNS**

History: Patient being treated for UTI at rDVM. rDVM suggested AUS

Abnormal PE/Chem/CBC/UA Results: Urinalysis WBC 23, RBC >50, Proteinuria Positive Murphy sign 6 and 14

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder mucosa and trigone may be normal in thickness and there is no evidence of mucosal irregularities. The bladder wall measures diffusely thick at 0.57 cm, but the bladder is almost completely empty (which will increase thickness). The urine is anechoic with a singular hyperechoic speckle. Within the urethra, there is mineralization and focal thickening that is slightly hypoechoic.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.50 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.10 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal in size (caudal pole 0.77 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (caudal pole 0.75 cm). The right adrenal gland has normal in shape and is normal in appearance and echogenicity.

**Spleen**

The splenic echotexture is homogeneous with parenchyma isoechoic to liver and renal cortical parenchyma, measuring generous (2.20 cm). The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

**Liver**

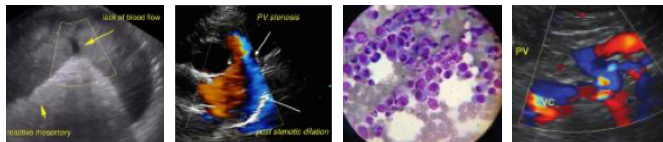
The liver is subjectively normal in size with normal contours, structure, with smooth, but rounded peripheral margins. The echogenicity appears hyperechoic with decreased portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. There is a small volume of dependent echogenic debris. The cystic and common bile ducts are not visible.

**Gastrointestinal Tract**

The stomach lumen contains a moderate volume of ingesta. The stomach wall is of normal wall thickness, measuring normal, with some variability due to rugal folds. There is normal gastric wall layering.

The visualized areas of small intestines appear diffusely thickened. Most loops of bowel measured were thick (the thickest of which was 0.58 cm). The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Wall layering is preserved.



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The sections of colon are visualized with formed fecal material and gas shadowing distally.

**Pancreas**

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

**Peritoneum**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Urethral mineralization and thickening
- Thickened intestines

**Secondary Findings**

- Mild splenomegaly
- Hepatomegaly
- Gall bladder sludge

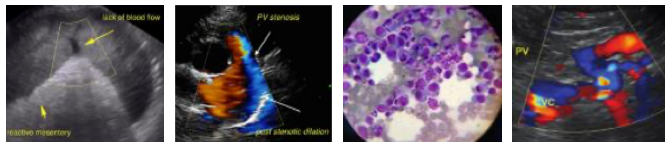
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is mineralization along the mucosal surface of the proximal urethra. This area also looks thickened and hypoechoic. It is not possible to discern whether there is an emerging mass, or if there is just urethritis with stones/mineralization. Consider urine cytology, BRAF urine testing, traumatic catheterization or treating with a prolonged course of antibiotics and a lower urinary tract diet, in an attempt to dissolve the mineralization (and then rechecking and ultrasound in 2 months). There are no overt sonographic changes to suggestive pyelonephritis, but if there was renal pain, this would be considered, and a urine culture with longer course of antibiotics are recommended.

The intestine measure thickened, although are otherwise normal. This could be consistent with a chronic or acute enteropathy/gastroenteritis. Correlate with clinical signs.

The spleen is scanty thick, but otherwise normal. It may represent reactive lymphoid hyperplasia or extramedullary hematopoiesis. Fine-needle aspirate could be considered if there are concerns for underlying neoplasia.

The liver is consistent with vacuolar hepatopathy. Consider Ursodiol therapy (if not contraindicated in this patient). Correlate with lab-work.



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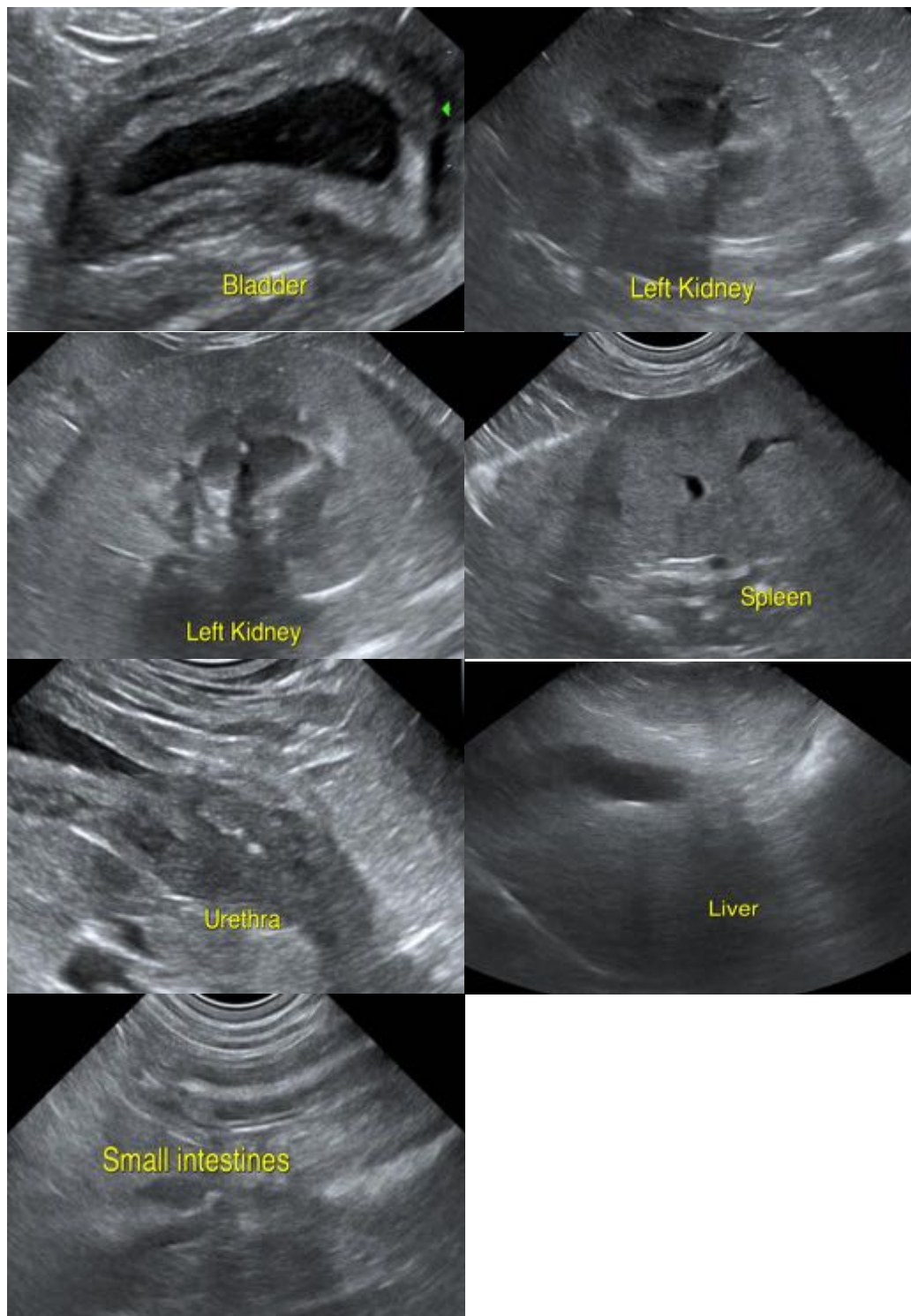
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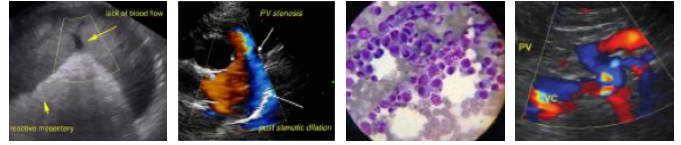
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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Dahlia Guillory Haile

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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