

PATIENT PRESENTING CLINICAL SIGNS

Archer Rowe Archer Chancey Rowe Male, neutered DOB = 9/2/2018 Golden Doodle 27.35 kg History: 2/8/22 owner brought in sample of free-catch urine (brown and cloudy), had noticed hematuria 1-2 days prior. UA/SediVue showed evidence of UTI. Prostate atrophied. O reports dog had UTI's before, reoccurring. Rx Amoxicillin 500 mg - 1 PO BID. O reports rapid improvement in UTI signs after starting Amoxi R

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Goldendoodle

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. Alongside the proximal urethra approximately 1.0 cm distal to the cystourethral junction is a very small, subtle tubular structure with what appeared to be smooth muscle contractions. This could be consistent with an ectopic ureter opening into the preprostatic urethra. This structure measures approximately 0.12 cm in diameter.

SEX

Neutered Male

AGE

3 ½ years

The prostate is normal in size (1.12 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

27.34 kg

The left kidney has a normal shape and size (6.21 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.17 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

IMAGING PERFORMED

BY

Loetitia Saint-Jacques, RVT

The left adrenal gland is normal in size measuring 0.65 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

Roundhill AH

The right adrenal gland is normal in size measuring 0.45 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Kelly

Spleen

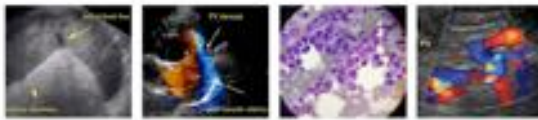
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The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

DATE

2/14/22



PATIENT *Liver*

Archer Rowe The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

BREED

Gastrointestinal

Goldendoodle

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SEX

Neutered Male

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

3 ½ years

WEIGHT

27.34 kg

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

INTERPRETED BY

Pancreas

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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.

IMAGING PERFORMED BY

Free Abdomen

Loetitia Saint-Jacques, RVT

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

HOSPITAL NAME

Roundhill AH

Heart

REFERRING VET

Dr. Kelly

A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

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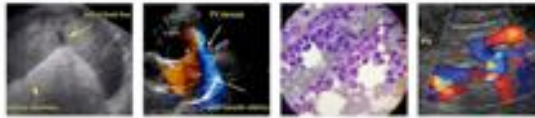
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PRIMARY FINDINGS:

- Possible, subtle ectopic ureter.

DATE

2/14/22



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Archer Rowe

There are no significant renal changes observed. There is no evidence of hydroureter or pyelectasia as can often be seen with chronic ascending infections or ectopic ureter. The urinary bladder appears normal with no stones or masses evident. There is a very small tubular structure visualized alongside the proximal urethra. It is difficult to determine this definitively, but there is a possibility of a small ectopic ureter. Consider a contrast CT scan to better evaluate this area as a possible cause for recurrent urinary tract infections.

SPECIES

Canine

BREED

Goldendoodle

Strict diligence should be maintained in dealing with these recurrent urinary tract infections. I recommend chronic probiotic use and culture and sensitivities prior to treatment so it is not to induce resistance issues and to confirm the presence of infection prior to another round of systemic antibiotics.

SEX

Neutered Male

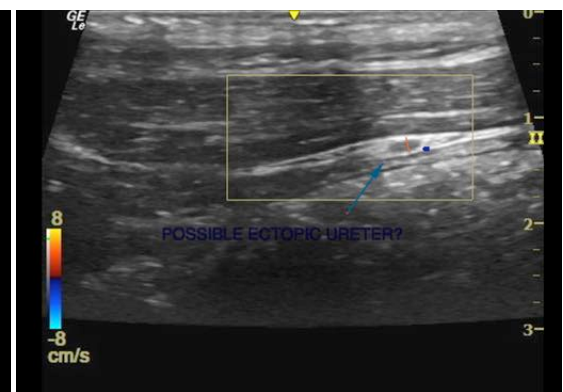
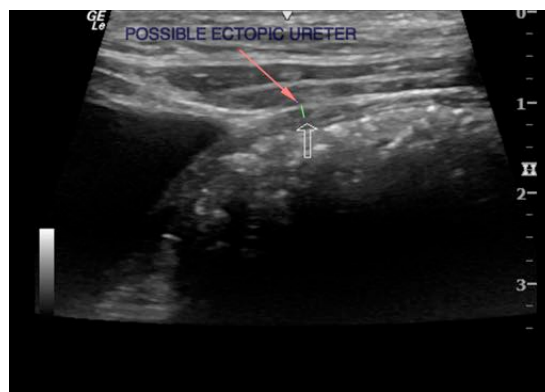
I typically recommend culture in the middle of therapy while on antibiotics to ensure the infection is being treated appropriately and then again a week after discontinuation of antibiotics to ensure that the infection has not relapsed.

AGE

3 ½ years

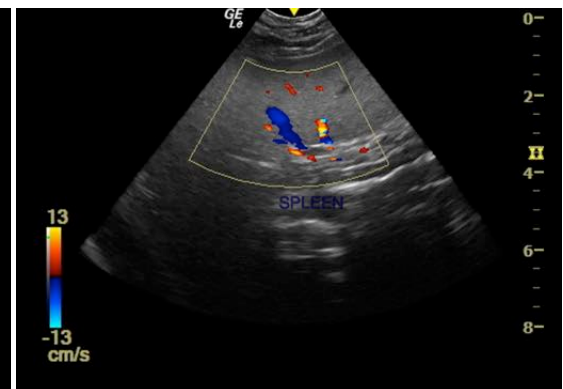
WEIGHT

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HOSPITAL NAME

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REFERRING VET

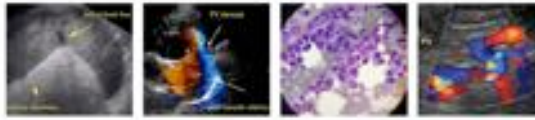
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PATIENT

Archer Rowe

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

3 1/2 years

WEIGHT

27.34 kg

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HOSPITAL NAME

Roundhill AH

REFERRING VET

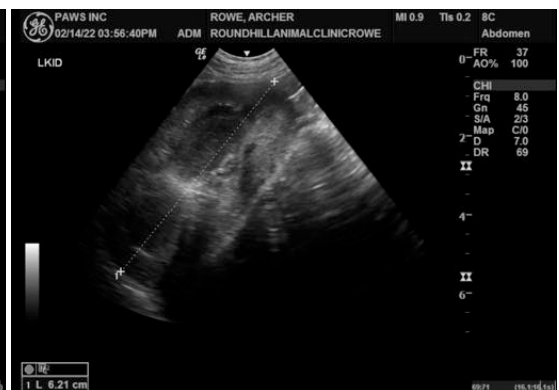
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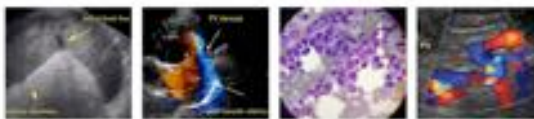
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PATIENT

Archer Rowe

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.

SPECIES

Canine

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com

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Neutered Male

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