



PATIENT PRESENTING CLINICAL SIGNS

Emma Pexurny

History: Chronic UTI's

Medication: Baytril, Prednisone

SPECIES

Canine

Urinalysis- Specific Gravity >1.040, PH 5.0, Negative protein and glucose

WBC >50 per HPF, RVC 5 per HPF, negative urine and culture

BREED

Pitbull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

Urinary System

The urinary bladder exhibited normal size and tone with subtly prominent ventral and apical walls were present. The ventroapical urinary bladder wall measured 0.35 cm width. Anechoic urine was present with no sediment or calculi. The trigone, cystourethral junction and visible proximal urethra to a depth of 3.0 cm were sonographically unremarkable. No evidence of neoplastic criteria was noted.

AGE

4 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

68 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 6.9 cm in length. The right kidney measured 6.9 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Adrenal Glands

The bilateral adrenal glands were subnormal in size yet with normal position and shape. The left adrenal gland measured 0.24 cm width at the caudal pole and 0.31 cm width at the cranial pole. The right adrenal gland measured 0.29 cm width at the caudal pole and 0.34 cm width at the cranial pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen exhibited mild generalized enlargement, likely owing to sedation / anesthesia. No evidence of splenic pathology was noted.

HOSPITAL NAME

Leighton AH

REFERRING VET

Dr. Mriss

Liver/ Gallbladder

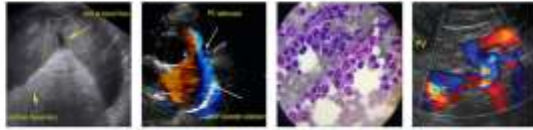
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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PATIENT

Gastrointestinal

Emma Pexurny

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting subtle progressive distal acoustic shadowing.

SPECIES

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

BREED

Pancreas

Pitbull

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SEX

Free Abdomen

FS

No overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

4 years

Primary Findings

WEIGHT

- Possible mild ventroapical cystitis
- Gastric ingesta - probable post prandial presentation
- Bilateral subnormal adrenal - likely owing to Prednisone therapy
- Normal bilateral kidneys - no evidence of pyelonephritis

68 Pounds

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

No overt evidence of significant upper or lower urinary tract pathology was an obvious predisposing cause to recurrent UTI signs. Potential for minor cystitis is possible yet not definitive. Given the urine specific gravity, PU/PD is not overtly suspected. Recheck urine culture and sensitivity on a sterile urine sample 7 days following completion of current antibiotic therapy is recommended. Potentially, cystoscopy may be indicated in this patient.

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AGE

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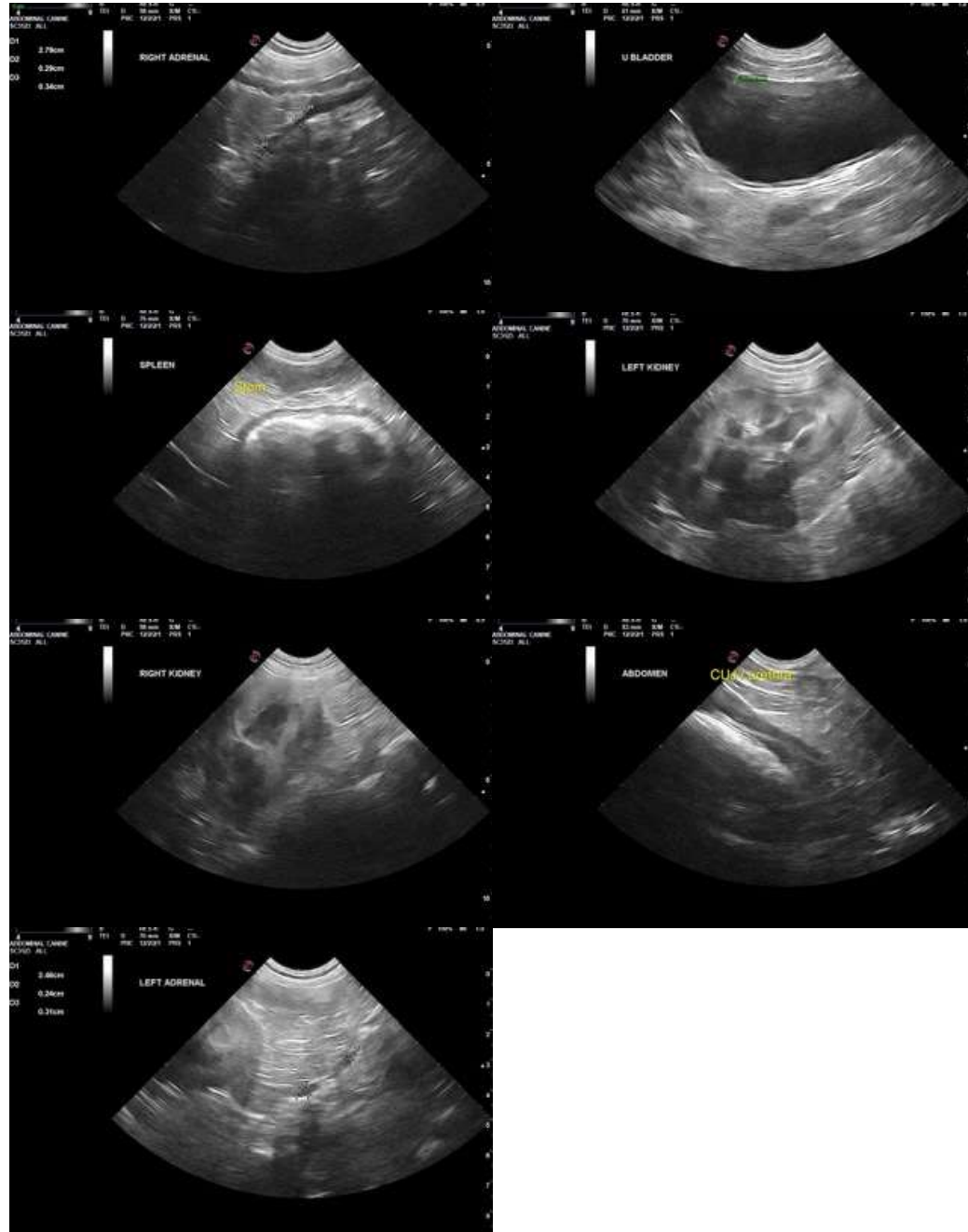
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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