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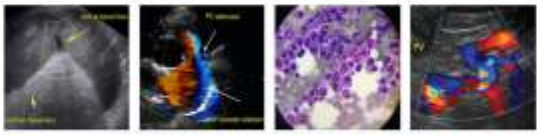

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ruby Blanton

SPECIES

Canine

BREED

Australian Shep Mix

SEX

FS

AGE

7 months

WEIGHT

27.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Rothrock

INVOICE

13122

DATE

1.19.2022

PRESENTING CLINICAL SIGNS

History: Chronic UTI's, pollakiuria, increased renal values

BUN 35, Creatinine 1.3, Phosphorus 6.5, Albumin 3.1, Globulin 2.2

Urinalysis- Specific gravity 1.037

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment or calculi. Subjectively, at least one ureter was noted directly adjacent to and likely entering the concurrent ureteral papilla. No evidence of inflammatory or neoplastic changes was noted. No evidence of proximal urethral dilation or other structural pathology was noted.

The area of the aortic trifurcation was free of pathology.

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 in either kidney. The left kidney measured 5.1 cm in length. The right kidney measured 5.3cm in length.

Adrenal Glands

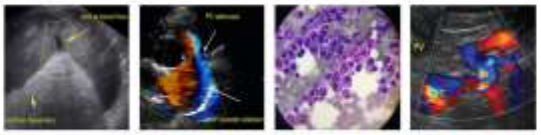
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.42 cm width at the caudal. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.46 cm width at the caudal pole.

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.

Liver/ Gallbladder

The liver exhibited subjective potential for mild subnormal size with normal 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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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal urinary bladder and visible proximal urethra
- Sonographically unremarkable bilateral kidneys, no overt pyelonephritis
- Subjective mild subnormal liver size - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potential for mild subjective subnormal liver size is nonspecific and is likely a normal patient variant and of nonclinical significance.

No overt evidence of a portosystemic vascular anomaly was present. No overt evidence of congenital upper or lower urinary tract pathology i.e., renal dysplasia, ectopic ureter, urachal remnant, or other, was noted. Likewise, no evidence of inflammatory urinary bladder changes was present. Assessment of the vulva and potentially the vaginal vault for evidence of structural pathology, which may predispose to the patient's clinical signs, could be considered. If strong clinical concern for additional structural abnormality, cystoscopy and/or contrast urography may be indicated.

The mild azotemia In the face of adequately concentrated urine Is suggestive of prerenal azotemia. Assessment of hydration status may be considered.

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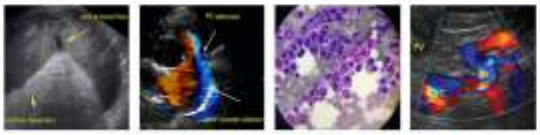

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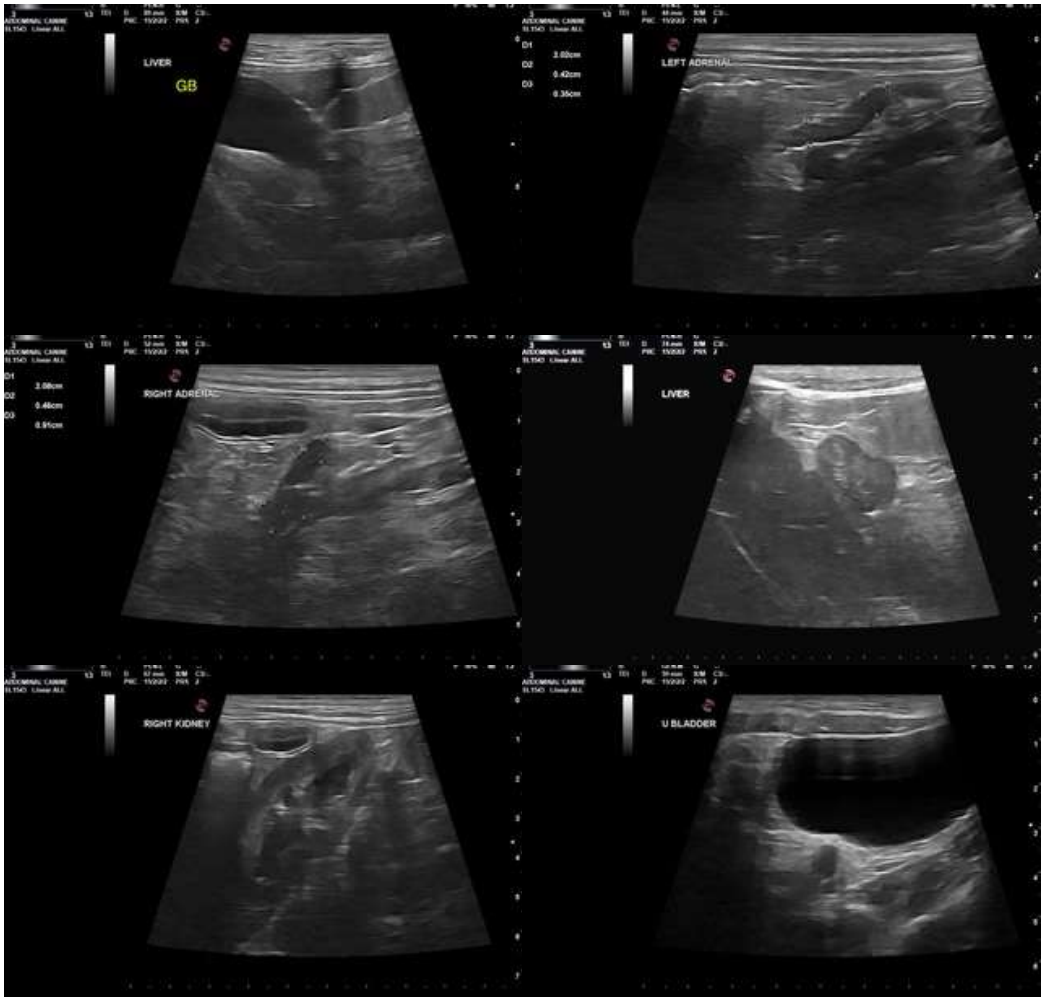

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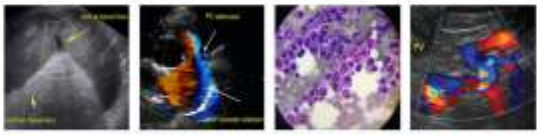

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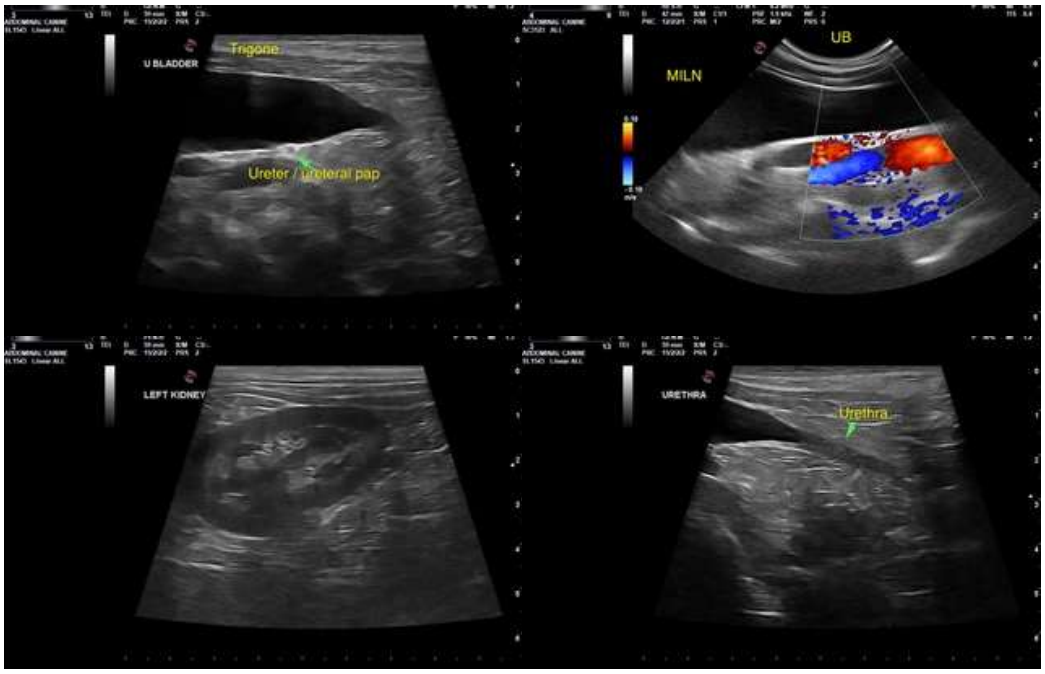

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com