



PATIENT

Ollie Patel

SPECIES

Canine

BREED

Husky Mix

SEX

Neutered Male

AGE

11.5

WEIGHT

68

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Michele
Pfannenstiel

HOSPITAL NAME

Mill Brook Animal
Clinic- VBF

REFERRING VET

Dr. Michele
Pfannenstiel

INVOICE

13386

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- >2m hx of PU/PD; Came in and I put on Cefpo for presumed UTI after last labs; worked for 10 or so days; the PU stopped but the dog drinks >3L of water a day. Hx of anxiety refractory to fluoxetine. This started when mom had surgery she thinks, but she isn't sure how much he had been drinking. Came back in today for peeing in the house. Sending out a UA with a low colony count and a UCCR ratio

Abnormal PE/Chem/CBC/UA Results: 1/9 USG was 1010 and on my dipstick was 3+ glucose, accucheck was 90; sent out for conformation; 1/10 labs came back and USG was unchanged and N for glucose; BUN 8, creat was 350 but 4+ hemolysis- NSF other. USG 1/23 was 1015

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mildly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mild thickened ventral, apical and dorsal urinary bladder wall with ventral bladder wall measuring 0.60 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of urinary bladder tumors.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape with indistinct visualization. The left adrenal gland measured 0.63 cm width at the caudal pole.

The right adrenal gland was not definitively visualized with no obvious pathology in the area of the right adrenal gland.

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



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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.

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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.

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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.

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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 was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern.
- Mild chronic renal changes.
- Normal visualized left adrenal gland.
- Sonographically unremarkable normal volume liver.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology as a definitive cause of the patient's clinical signs. Correlation with pending urinary workup and UCCR, although no overt evidence of adrenal pathology.

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Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

REFERRING VET

Dr. Michele Pfannenstiel

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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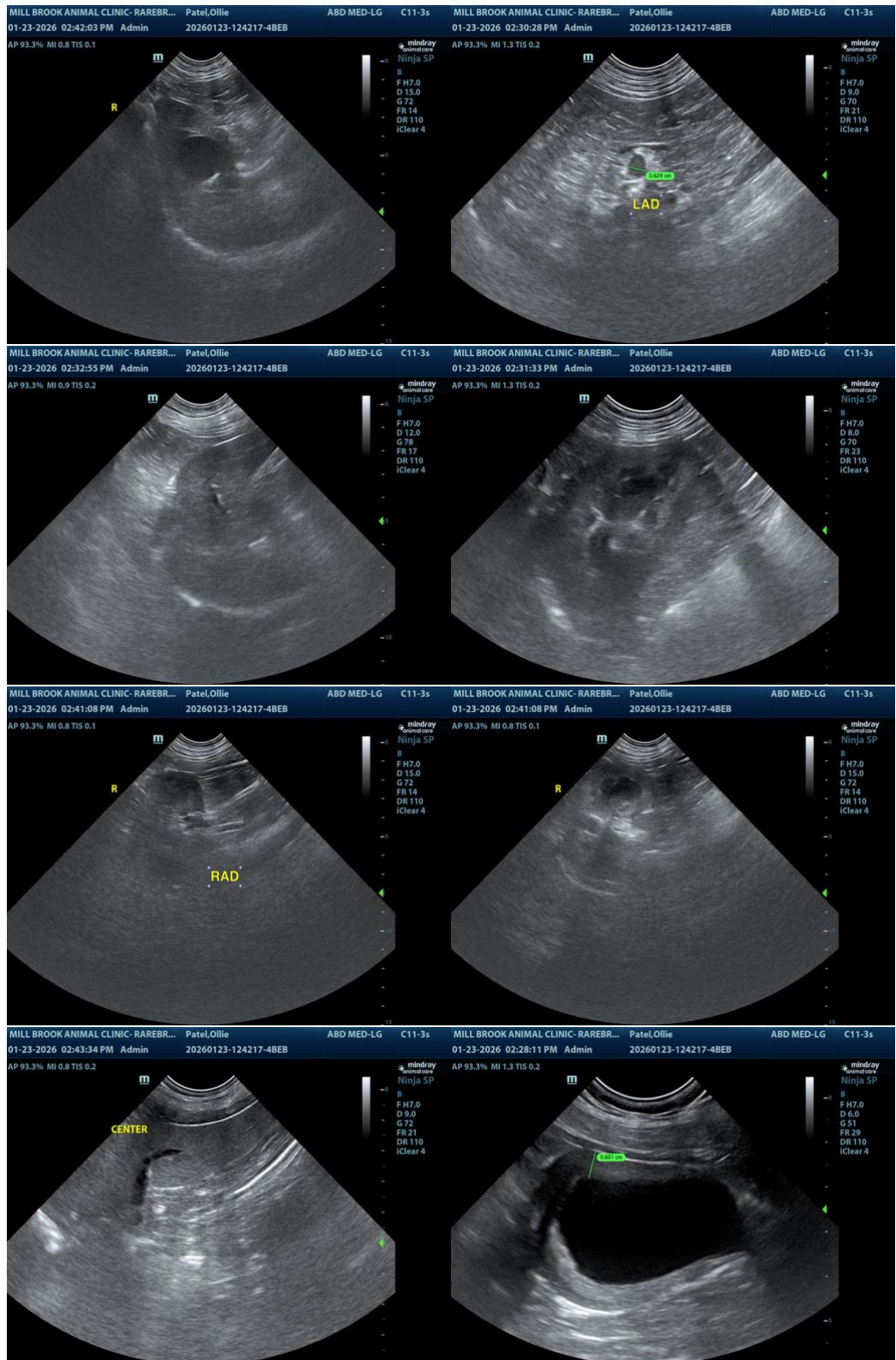
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com