SonoPath
Clinical Sonography & Telecytology
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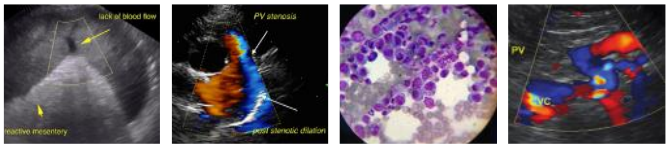


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Honey Soule

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

1

WEIGHT

18

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Gannon

INVOICE

15981

DATE

1/27/23

PRESENTING CLINICAL SIGNS

HBC, urinating blood

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and subjective tone. The generalized urinary bladder wall appeared to be intact with mildly prominent homogeneous apical urinary bladder wall measuring 0.27 cm wall width. Marked, dependent to nondependent, congealed to striated, echogenic urinary bladder sediment was present along with luminal anechoic urine. No evidence of calculi or urinary bladder tumors was noted. No overt evidence of urinary bladder hematoma was noted. The area of the cystourethral junction and urinary outflow was sonographically normal with normal proximal urethral tone and structure to a depth of 2.0 cm.

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 pelvic dilation. The left kidney measured 4.8 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.47 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.9 cm length x 0.67 cm width at the caudal pole.

Spleen

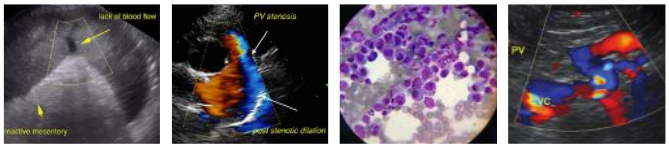
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

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.

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.

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

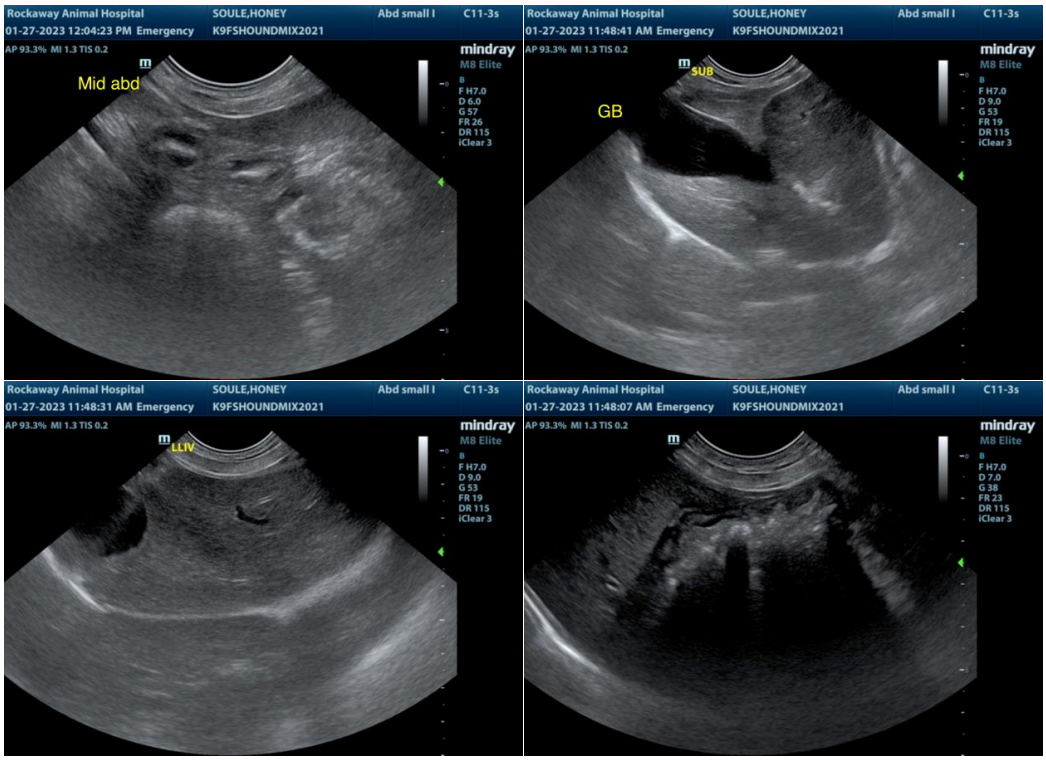
No evidence of pericystic or peritoneal free fluid was noted. Uniform normal omental echogenicity was noted. No omental masses were present.

ULTRASONOGRAPHIC FINDINGS

- Intact urinary bladder with marked dependent to nondependent congealed to striated echogenic sediment - likely urinary bladder luminal blood / blood clots, possible mild cystitis or urinary bladder inflammation secondary to trauma
- Otherwise, sonographically normal abdoment - no evidence of intraabdominal bleeding or additional peritoneal trauma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for HBC, as well as likely non-ruptured urinary bladder trauma, should prove beneficial.



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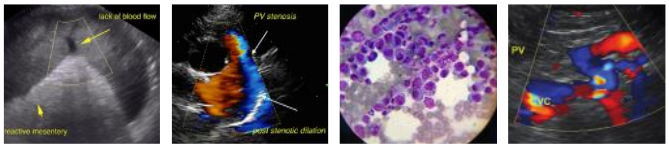

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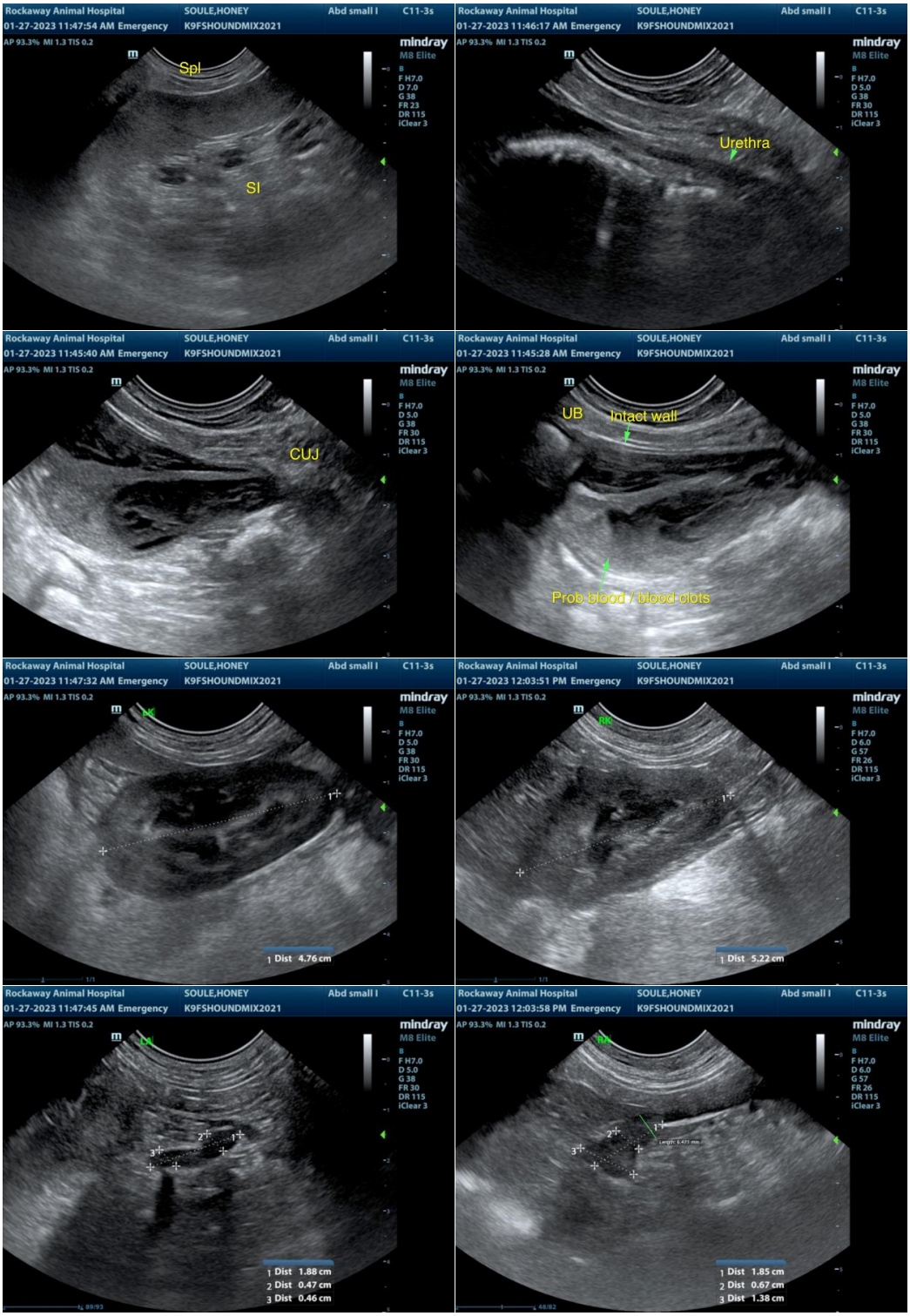

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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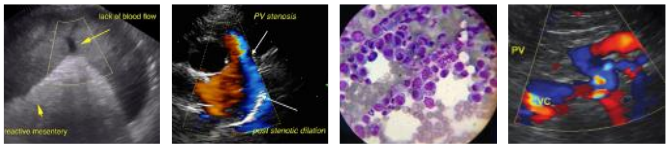

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com