



**PATIENT**

Coco Rosas

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

14.21 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

**INVOICE**

13690

**DATE**

1/31/22

**PRESENTING CLINICAL SIGNS**

History: Chronic hematuria/urolithiasis - struvite/polyuria. Current meds: Orbox oral suspension/carprofen.

Abnormal PE/Chem/CBC/UA Results: Urine culture: Enterococcus faecalis, >100,000 CFU/ml. USG: 1.023, marked rods.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder exhibited generalized urinary bladder wall thickening noted in the ventral apical and dorsal urinary bladder wall, extending into the area of the trigone and cystourethral junction, more prominent in the apical urinary bladder. The apical urinary bladder wall thickness measured 0.50 cm width. No overt evidence of masses or mural mineralization noted. Anechoic urine was present with no sediment or calculi. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal size and tone. The ureteral papillae were normal. The ureters were not visible which is normal. The urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.

The left kidney was mildly subnormal in size with Mild asymmetrical margination, moderate loss of corticomedullary border demarcation and mild pyelectasia. The left kidney measured 2.8 cm in length.

The right kidney was normal in size with symmetrical margination and mild loss of corticomedullary border demarcation. No evidence of pyelectasia. The right kidney measured 4.3 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 0.40 cm width at the caudal pole and 0.30 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 0.49 cm width at the cranial pole.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**Liver**

The liver exhibited normal to mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**



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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.

**BREED**

Miniature Schnauzer

**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.

**AGE**

13 Years

**Other**

The uterine remnant in this patient appeared to mildly prominent in size without evidence of fluid accumulation or neoplastic criteria. This is a nonspecific finding.

**WEIGHT**

14.21 Lbs.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic cystitis
- Mild to moderate chronic renal changes with mild left kidney pyelectasia
- Minor vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the cystitis pattern, exhibited by the urinary bladder and ideally based on urine and culture and sensitivity results, a higher dose of antibiotic (i.e., fluoroquinolone or clavamox 20 mg/kg PO SID for 5-7 days +/- the use of acetylcysteine) may prove more effective at eliminating persistent infection. Recheck urine culture and sensitivity 7 days post completion of higher dose antibiotic regimen recommended. Additional conservative therapies for cystitis could be considered, if clinically indicated. No overt evidence of current urinary bladder calculi.

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For an additional charge, 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. Pathak

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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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.



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Coco Rosas

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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**info@SonoPath.com**

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