



PATIENT

Bella Manne

SPECIES

Canine

BREED

Bichapoo

SEX

FS

AGE

2 years

WEIGHT

17.9 lbs.

PRESENTING CLINICAL SIGNS

P had cystotomy performed in November, stone analysis struvite. Since sx polyuric and still straining to urinate.

Abnormal PE/Chem/CBC/UA Results: UA: Quiet sediment, culture neg (on 1/6/23) SG: 1.052

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild irregularly thickened ventroapical to apical urinary bladder exhibiting mild nonhomogeneous mural echogenicity and asymmetrical apical to ventroapical luminal surface contours. The ventroapical urinary bladder wall width measured 0.31 cm. Suspected areas of potentially adhered to possible mural mineral. Anechoic urine was present primarily with very minor particulate nondependent sediment, which may indicate minor cellular debris / protein, crystalline debris, or mucus. No evidence of persistent macro calculi or tumors was noted. The trigone and urinary bladder neck were sonographically normal. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 4.3 cm in length. The right kidney measured 4.9 cm in length.

IMAGING PERFORMED BY

Jessica Miller, RDMS

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.36 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 1.8 cm length x 0.45 cm width at the caudal pole.

HOSPITAL NAME

Millburn VH

Spleen

REFERRING VET

Dr. Turowsky

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.

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Liver/ Gallbladder

DATE

2/1/23

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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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.

Bichapoo

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

SEX

Pancreas

FS

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.

AGE

2 years

Free Abdomen

WEIGHT

No overt lymphadenopathy or peritoneal effusion was present.

17.9 lbs.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Persistent subjective mild apical to ventroapical cystitis pattern with suspect focal adhered to possible mural mineralization
- Sonographically normal visualized proximal urethra
- Sonographically normal kidneys - no evidence of pyelectasia / pyelonephritis

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IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Jessica Miller, RDMS

Given the timeframe from the previous cystotomy yet depending upon cystotomy location and suture type, possible persistent suture within the ventral to ventroapical urinary bladder wall with possible mild persistent suture reaction could also be a consideration in this patient. No evidence of neoplastic criteria or post-urinary obstruction was noted.

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Periodic monitoring of urine C/S with continued empirical therapy for cystitis along with sonographic monitoring of the urinary bladder for evidence of persistent or progressive ventral to ventroapical cystitis pattern would be reasonable. Urinary diet if not currently instituted could be considered.

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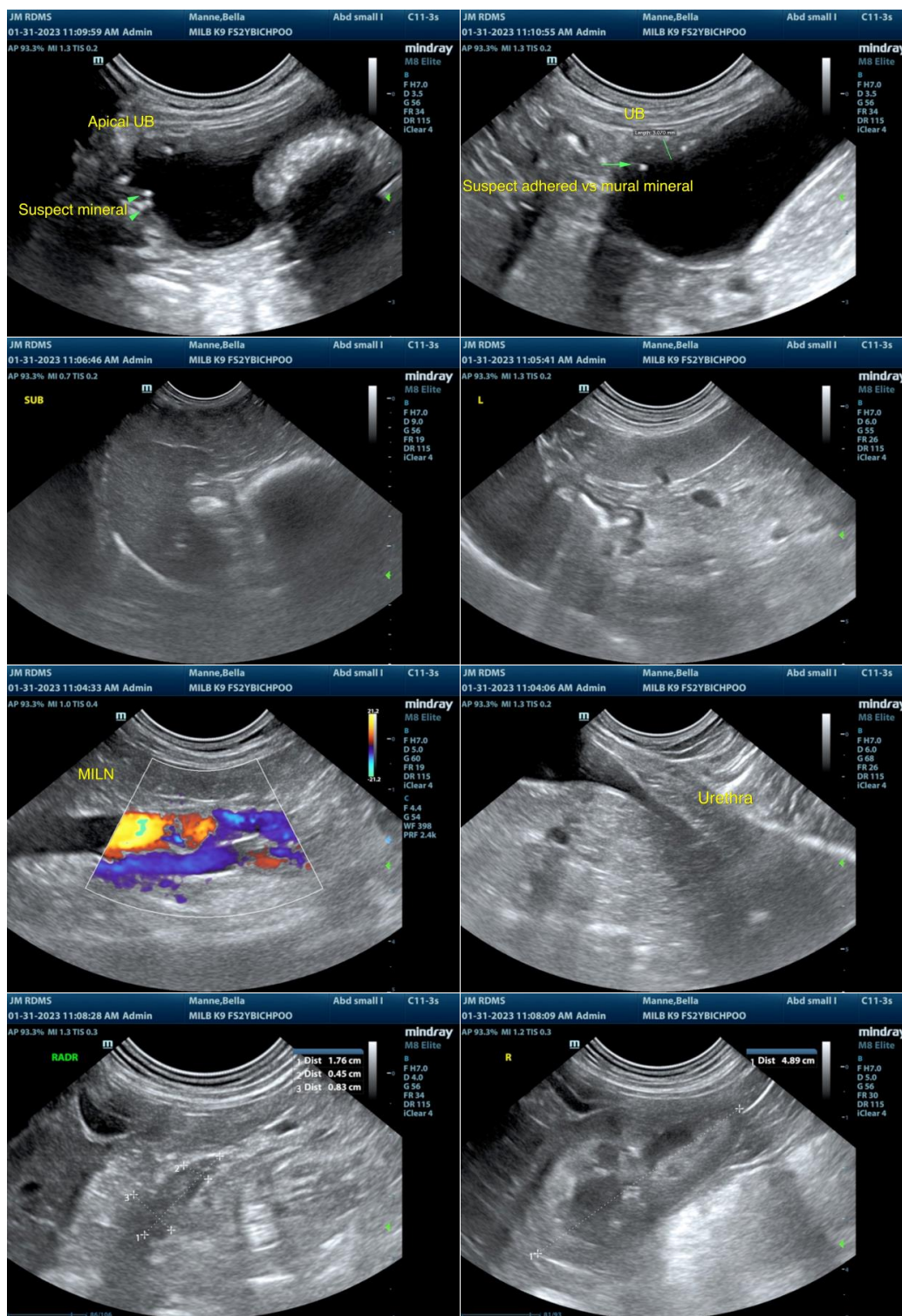
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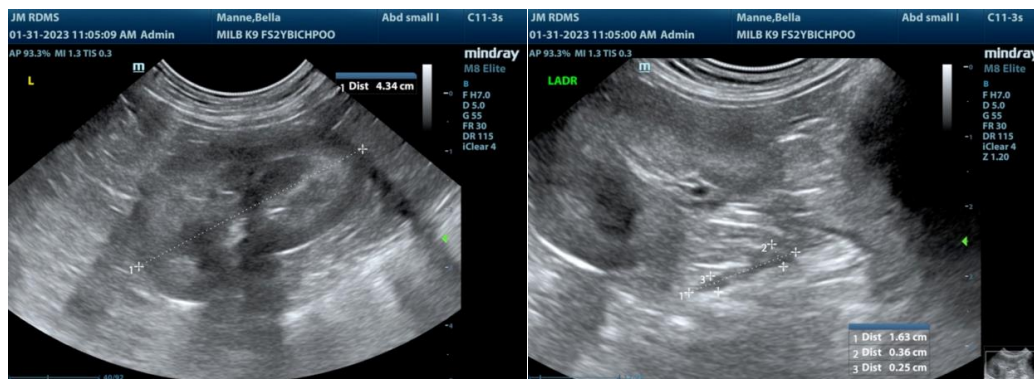
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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