



PATIENT

Gigi Velez

SPECIES

Canine

BREED

Australian Shepherd

SEX

FS

AGE

2 years

WEIGHT

39 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Banfield PH of
Bridgewater

REFERRING VET

Dr. Baker

INVOICE

16015

DATE

1/31/23

PRESENTING CLINICAL SIGNS

Crystaluria workup. Liver enzyme workup, urinary accidents at home.

Current meds: Clavamox

Abnormal PE/Chem/CBC/UA Results: ALT 198 UA: TNTC struvites, cocci bacteria SG: 1.050

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mildly prominent ventroapical to dorsoapical urinary bladder wall exhibiting uniform echotexture and symmetrical luminal surface contour. The apical urinary bladder wall width measured 0.41 cm width. The bladder contained anechoic urine with mild, non-dependent, particulate sediment, which may indicate suspect crystalline debris, cellular debris / protein, or mucus. No evidence of macro calculi or tumors. The urethra exhibited normal structure and tone to a depth of 4.0 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 or pyelectasia. The left kidney measured 6.0 cm in length. The right kidney measured 6.0 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 2.8 cm length x 0.49 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 2.8 cm length x 0.51 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 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. Normal hepatic vascular volume was noted. No evidence of a portosystemic shunt was noted. 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.

Australian Shepherd

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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

- Mild cystitis pattern with mild nondependent particulate sediment
- Sonographically normal visualized proximal urethra
- Normal bilateral kidneys - no evidence of pyelectasia / pyelonephritis
- Low-grade hepatopathy exhibiting normal vascular volume

IMAGING PERFORMED BY

Jessica Miller

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment of clinical response to current antibiotic with recheck urine C/S 7 days post completion of the current antibiotic protocol is recommended. No evidence of congenital lower urinary tract or hepatic abnormality.

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Screening FNA hepatic cytology could be considered if progressive ALT elevation, primarily to assess for or possibly identify inflammatory cells if present.

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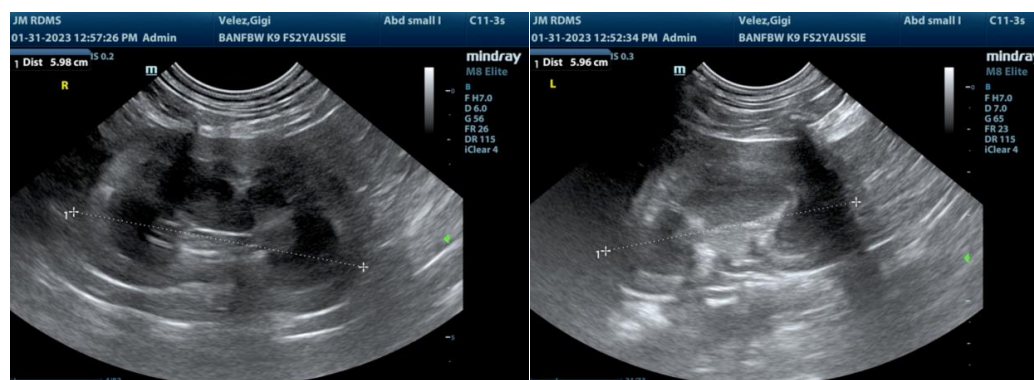
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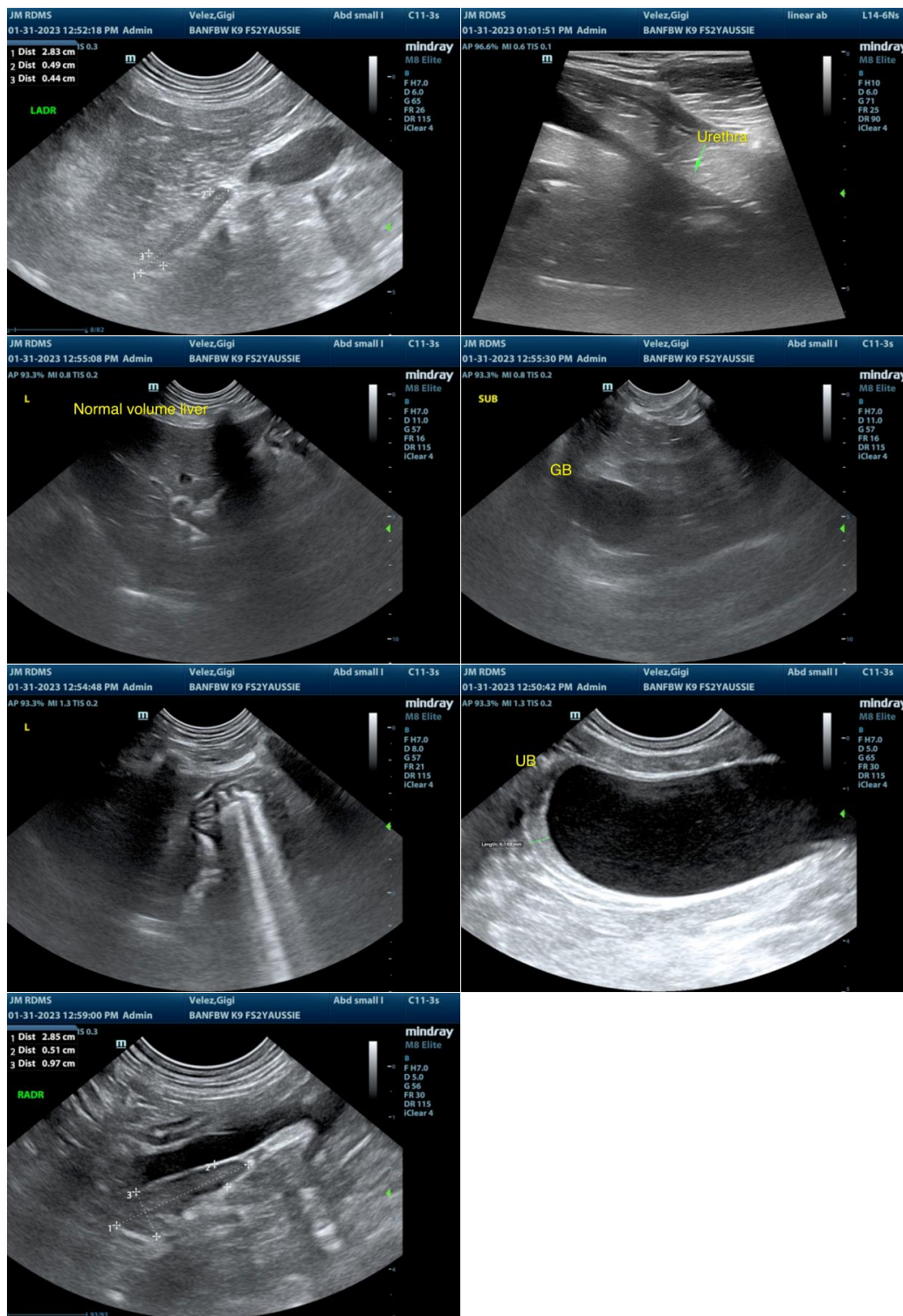
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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that was not visible in the image/video clips provided.

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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.

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