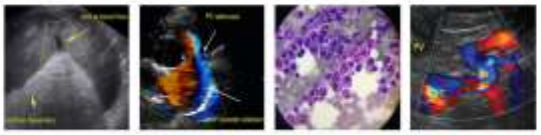


PATIENT

Mazie Kauffman

SPECIES

Canine

BREED

Lab Mix

SEX

Female

AGE

2 years

WEIGHT

50 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Cherryville AH

REFERRING VET

Dr. Miller

INVOICE

12961

DATE

1.4.2022

PRESENTING CLINICAL SIGNS

History: Recurrent UTI's

BUN 41, Creatinine 2.2

Urine specific gravity 1.018, PH 5.5, negative protein and glucose

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0-4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The visualized ureters appeared to be anatomically normal and in the appropriate location within the area of the urethral papillae. An example of a distal ureter measured 0.23 cm in diameter. No evidence of inflammatory or neoplastic urinary bladder mural criteria was noted.

No overt pathology was noted in the area of the uterus or bilateral ovaries. Both ovaries measured approximately 1.5 cm in diameter.

Both kidneys exhibited asymmetrical margination, mild nonuniform increased cortex echogenicity with subtle evidence of cortical hypertrophy, reduced medullary volume, and mild to moderate loss of corticomedullary border demarcation. Both kidneys exhibited mild pyelectasia. The left kidney was borderline subnormal in size measuring 6.6 cm in diameter. The right kidney was subnormal in size measuring 4.8 cm in diameter.

Adrenal Glands

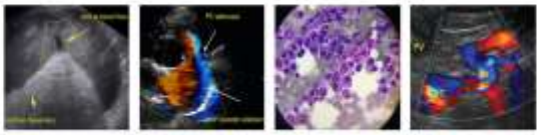
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.60 cm width at the cranial 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. 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.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal urinary bladder and visible proximal urethra - no obvious signs of congenital abnormality i.e., ectopic ureter or urachal remnant, cystitis, calculi, etc.,
- Bilateral dystrophic renal changes - consistent with congenital renal dysplasia, given the patient's age, minor potential for chronic nonspecific nephritis such as pyelonephritis or other

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally based on urine culture and sensitivity results, a higher dose/shorter frequency antibiotic regimen i.e., Clavamox or Enrofloxacin 20 mg/kg PO SID for 3-5 days may prove more effective at eliminating persistent infection. Potential evaluation of the vulva and vaginal vault for evidence of structural pathology which may predispose to ascending Infection may be considered. Renal biopsy would be required for a definitive diagnosis, yet potentially may further exasperate renal dysfunction. Baseline UPC level is suggested even though no evidence of proteinuria on last year's analysis as additional renal staging. If evidence of incontinence in conjunction with recurrent UTI, further assessment including cystoscopy and/or contrast urography may be considered.

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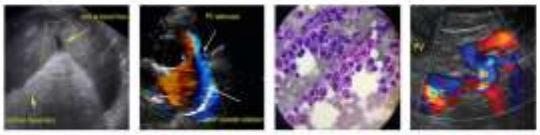

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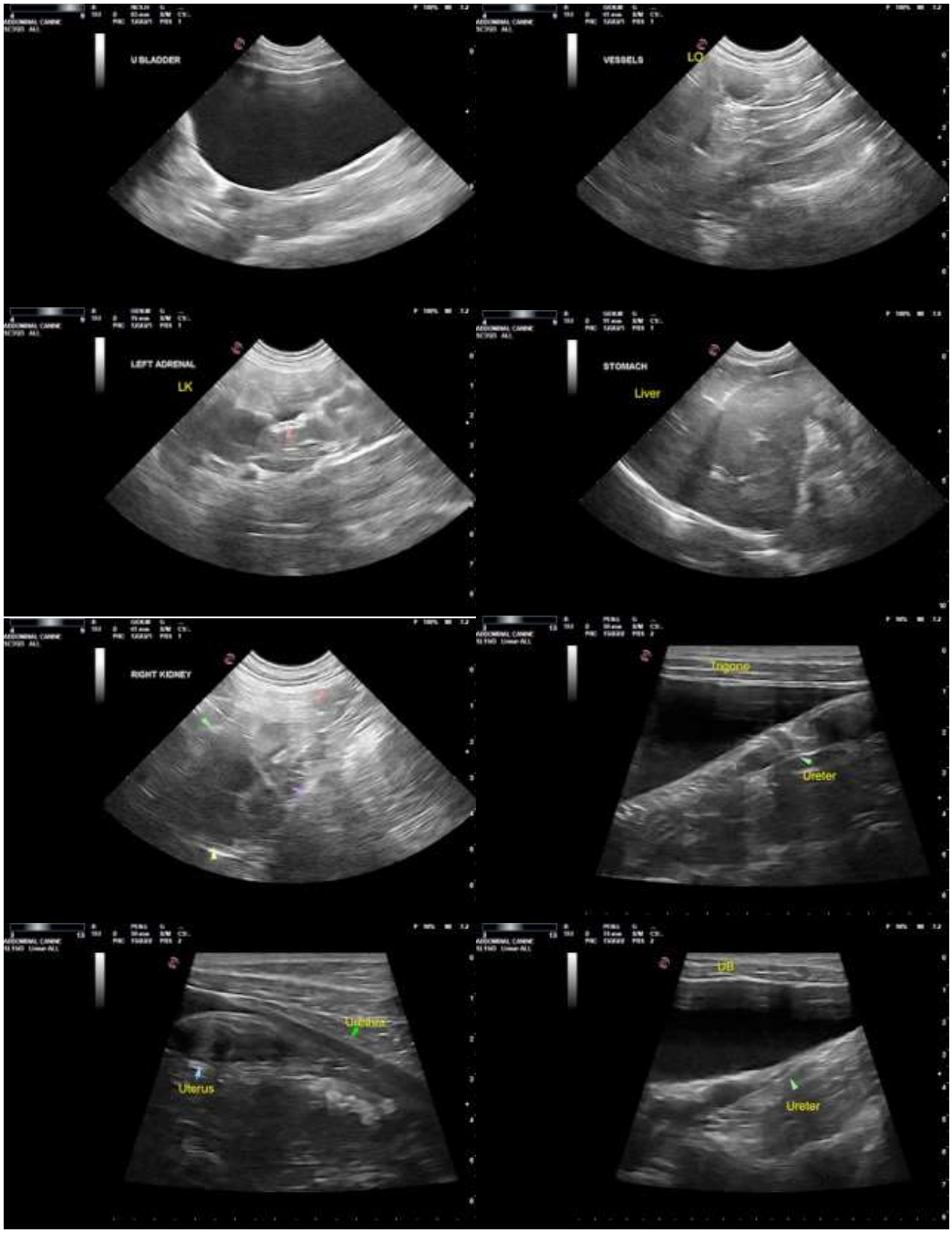

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com