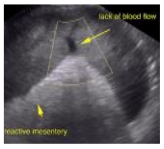
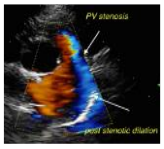
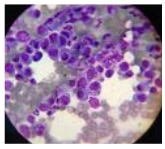
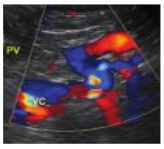
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Shaomai Bao

SPECIES

Canine

BREED

Corgi

SEX

F/I

AGE

5Y

WEIGHT

25.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle Mack D.V.M

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack E

INVOICE

15783

DATE

1/9/22

PRESENTING CLINICAL SIGNS

Patient presented for frank red blood coming vaginally - cysto was done and urine was clear see U/A results below - also patient is unspayed 5Y old

Abnormal PE/Chem/CBC/UA Results: SG 1.012 PH 8.0 Blood - 250

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Anechoic urine was present with mild to moderate, non-dependent, hyperechoic sediment with mild primarily dependent mineral. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The uterus was sonographically unremarkable in appearance without evidence of luminal fluid or pyometra criteria. No overt pathology was noted in the area of the left or right ovaries.

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 4.2 cm in length. The right kidney measured 4.9 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 0.69 cm width at the caudal pole and 0.41 cm width at the cranial pole. The area of the right adrenal gland was was free of overt pahtologoy.

Spleen

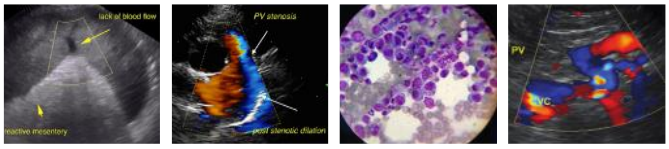
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 present. No suspicion of a portosystemic vascular anomaly. 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

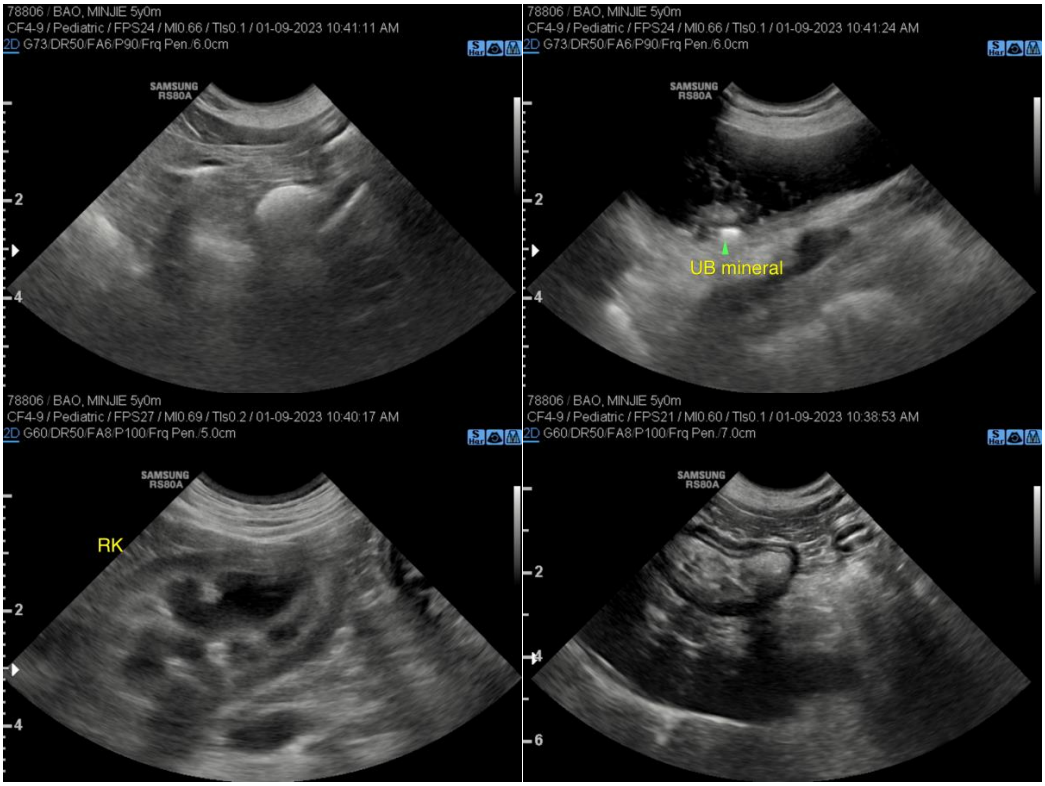
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate urinary bladder sediment with mild nondependent mineral
- Sonographically unremarkable uterus - no evidence of pyometra
- Normal bilateral kidneys - no evidence of pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant inflammatory urinary bladder mural changes, although potential mild cystitis is possible. Urine C/S on a sterile urine sample +/- urinary diet is recommended.



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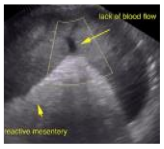
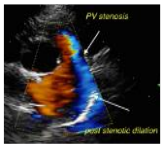
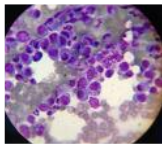
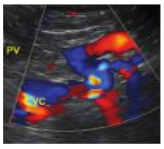

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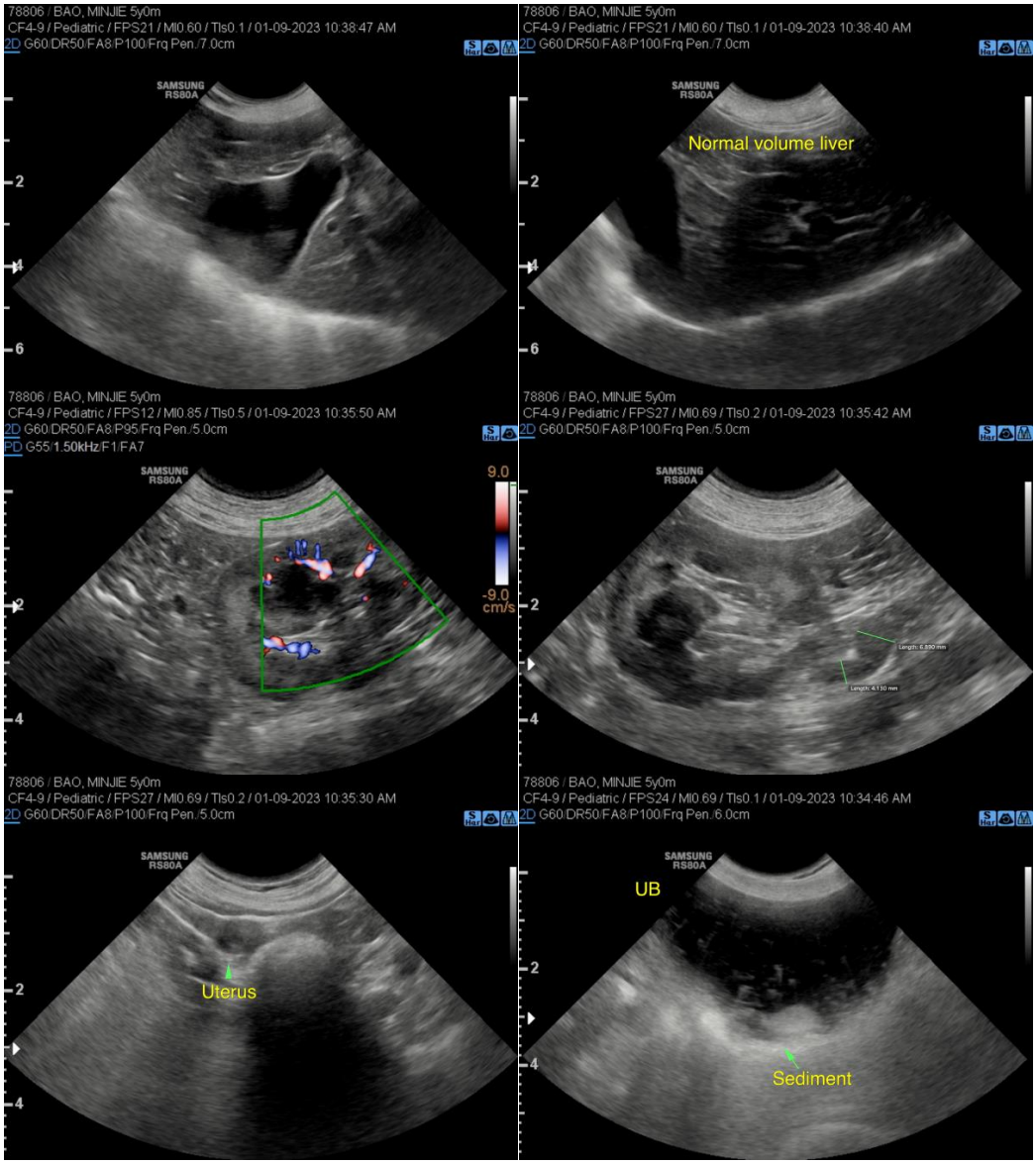

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com