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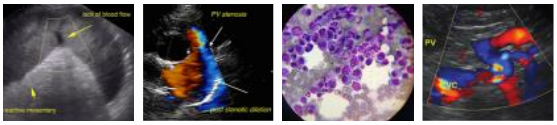


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Nola Haake

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

13 Years

WEIGHT

19 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Sullivan

INVOICE

13688

DATE

10/11/21

PRESENTING CLINICAL SIGNS

History: -seen 9/17/21 for inappropriate urination, smaller amnts, more frequent and some blood in urine -heart murmur grade 3/6 systolic -started on abx -recheck 10/4/21 pet still having increased frequency to urinate, no blood seen -ran labs and now concern for CKD vs. kidney infection -ran umic, currently pending

Abnormal PE/Chem/CBC/UA Results:

Labs: BUN 30, Creatinine 2.4, Platelets 467, Urine Spec Gravity 1.012, PH 7.5, Trace Blood, Neg Protein, Neg Epithelial Cells.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Subtle thickening with mild asymmetrical luminal surface contour was present in the ventral apical to dorsal apical urinary bladder wall. Apical urinary bladder wall measured 0.45 cm width. The ventral and dorsal walls extending caudally into the trigone and cystourethral junction were sonographically unremarkable. The visible proximal urethra to a depth of 2.0 cm was sonographically unremarkable. Anechoic urine was present with no sediment or calculi.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No overt pyelectasia noted. The left kidney measured 4.1 cm in length. The right kidney measured 5.0 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 1.9 cm length x 0.51 cm width at the caudal.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.9 cm length x 0.45 cm width at the caudal pole.

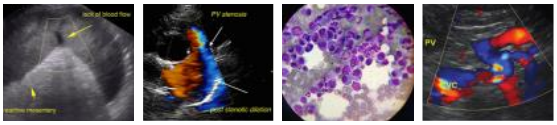
Spleen

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

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.

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.

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

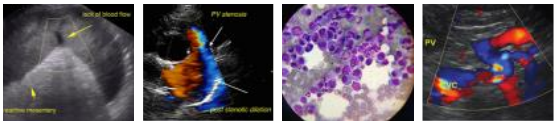
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Suspect mild apical cystitis
- Bilateral mild chronic renal changes, no overt pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, based on urine culture and sensitivity and MIC results, appropriate antibiotic therapy and assessment of clinical response recommended. Conservative therapy for suspect mild cystitis may also prove beneficial. Alternatively, a higher dose/shorter frequency antibiotic regimen may prove beneficial if confirmed infection. Screening BRAF assay may be considered, although, no overt evidence of lower urinary tract neoplasia.



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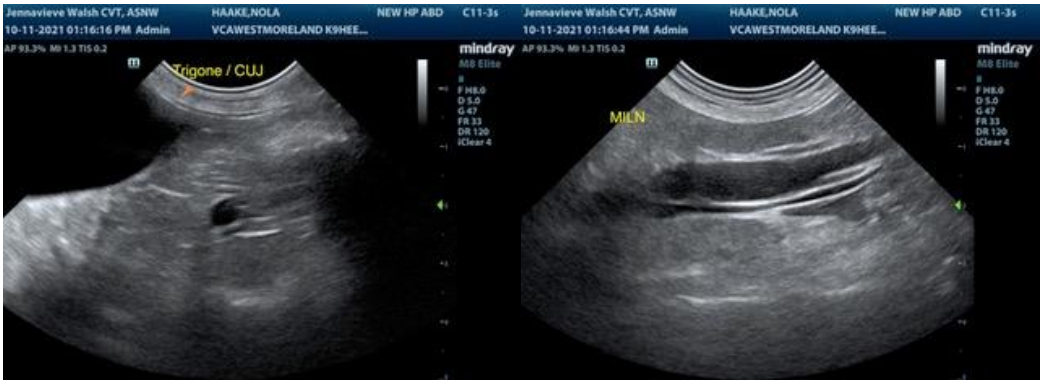

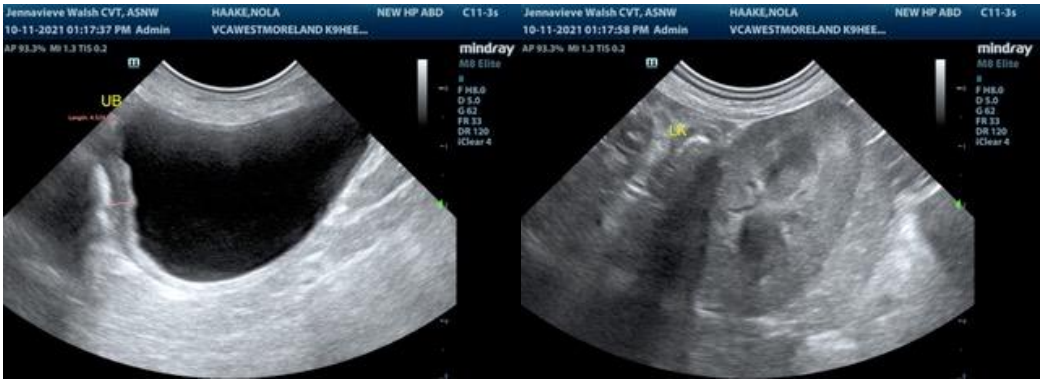

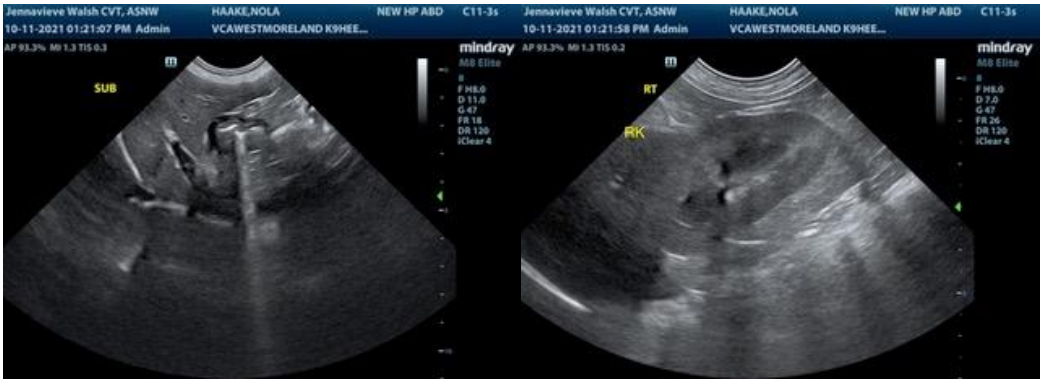

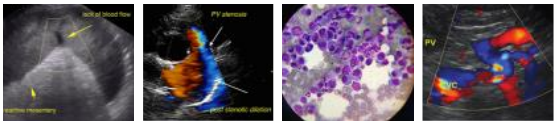

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com