

PATIENT PRESENTING CLINICAL SIGNS

Hadley Burgess
 Ultrasound of urinary tract to look for possible urolithiasis; has a history of recurrent UTIs. Urinary system only.
 Abnormal PE/Chem/CBC/UA Results: Urine culture: e coli

SPECIES

Canine

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

Goldendoodle

SEX

Spayed Female

Normal size and margination was 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. Minor pyelectasia noted in both kidneys. The left kidney measured 6.4 cm with 0.29 cm pyelectasia. The right kidney measured 6.2 cm with 0.10 cm pyelectasia. No evidence of concurrent left or right ureter dilation. No evidence of left or right retroperitonitis.

AGE

7 Years

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable kidneys with bilateral minor pyelectasia
- Sonographically unremarkable urinary bladder and visible proximal urethra, no evidence of cystic calculi

WEIGHT

73 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The minor bilateral pyelectasia is non-specific and may be secondary to early potential chronic renal changes or potential passage of previous small calculi. Given the lack of regional peripelvic inflammatory criteria, potential for chronic low-grade pyelonephritis is considered less likely. Potential for low-grade non-sonographically evident cystitis may potentially be present. Assessment of the vulva and vaginal vault for evidence of structural pathology (which may predispose for ascending infection) may be considered. Given the positive urine culture, a higher dose, shorter frequency regimen of antibiotics such as Clavamox or Enrofloxacin at 20 mg/kg PO SID for 3-4 days may prove more effective at eliminating recurrent infection.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth AH

REFERRING VET

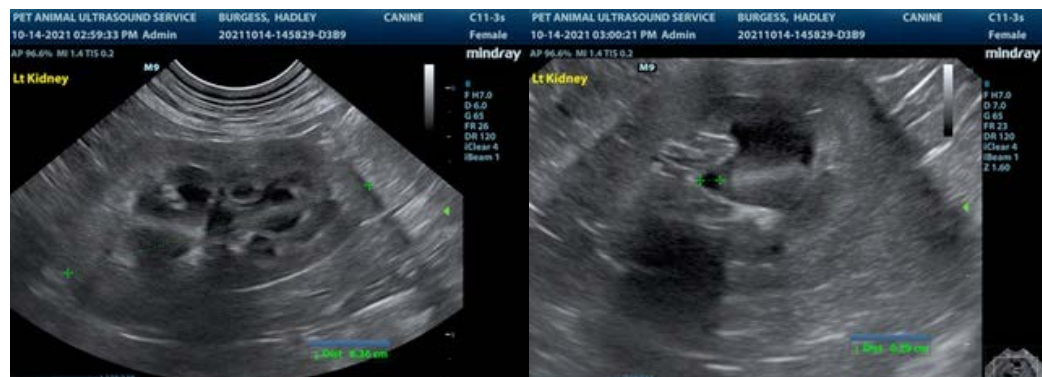
Dr. Jennifer Fallon

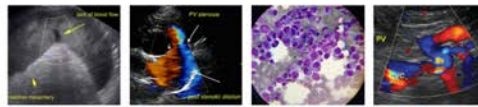
INVOICE

26295

DATE

10/14/21





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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