



PATIENT

Lola Barlows

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

69 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas
City

REFERRING VET

Dr. John Lyle

INVOICE

26363

DATE

10/19/21

PRESENTING CLINICAL SIGNS

Straining to urinate.
Abnormal PE/Chem/CBC/UA Results: Rads today: 2 stones in bladder. 10-2-21 UA: Protein 4+, pH 7.0, blood 4+. Treated with enrofloxacin and methioform.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Variably sized calculi exhibiting strong distal acoustic shadowing (subjectively two calculi) were present with concurrent moderate, non-dependent to swirling particulate urinary bladder sediment. Ventral urinary bladder wall measured 0.86 cm in diameter. A calculus measured 1.7 cm in diameter. The urethra was normal in structure and tone to a depth of 3.0 cm.

No evidence of pathology in the area of the uterine remnant.

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. No evidence of mineralization. The left kidney measured 6.6 cm. The right kidney measured 6.4 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 0.58 cm at the cranial pole and 0.69 cm 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. No evidence of a portosystemic vascular anomaly. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

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- Cystic calculi (subjectively two) with concurrent mild to moderate primarily ventral cystitis and moderate non-dependent particulate sediment
- Sonographically unremarkable bilateral kidneys
- Mild gallbladder debris (likely incidental)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy with stone analysis, urinary bladder mural biopsy for histopathology and tissue culture and sensitivity, urinary bladder flush, as well as urine culture and sensitivity on sterile urine sample recommended. Minor potential for neoplastic criteria, although considered unlikely, as the concurrent cystitis pattern is likely owing to chronic irritation secondary to the calculi.

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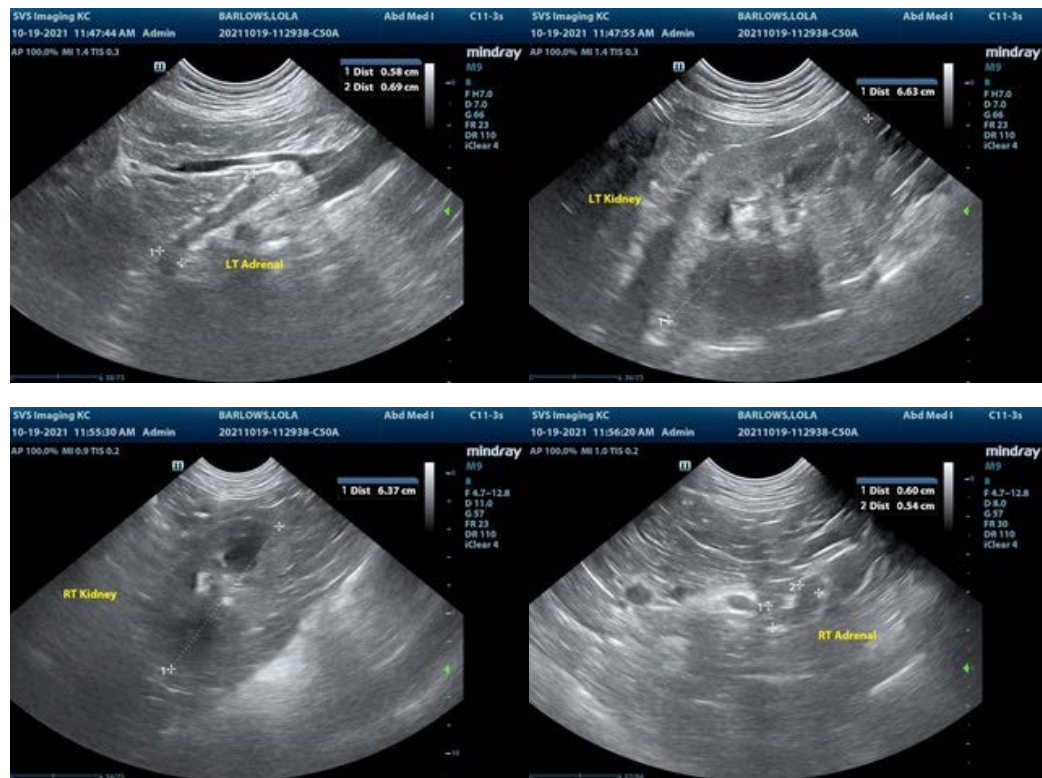
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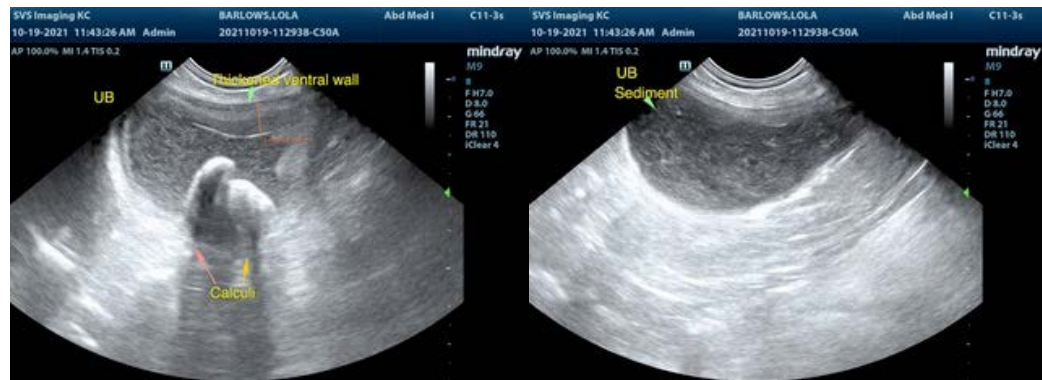
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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