**PATIENT**

Lola Therios

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

7yr

WEIGHT

88lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VETDr. Preiser, Preiser
Animal Hospital**INVOICE**

11950ag

DATE

10/20/2022

PRESENTING CLINICAL SIGNS

Present for lethargy and a history of UTI's. Been treated with clindamycin 150mg. UA shows significant hematuria with proteinuria. Sedated with butorphanol.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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. The left kidney measured 6.5 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized owing to overlaying GI gas and patient size.

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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was moderately distended with gas with no signs of ileus, obstruction or foreign material.

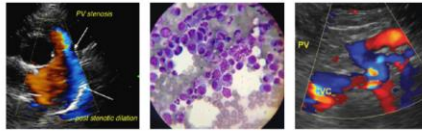
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor non-shadowing ingesta/chyme and generalized gas pattern with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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.

SPECIES

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Free Abdomen

No overt lymphadenopathy or peritoneal free fluid was present.

BREED

German Shepherd

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Normal bilateral kidneys-no evidence of pyelonephritis
- Overtly normal GI tract with possible generalized GI gas pattern

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Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Recheck urine C/S on sterile urine sample and baseline UPC level given the proteinuria without evidence of urinary bladder sediment for additional renal staging is warranted.

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Given the vague clinical signs a resting cortisol level to screen for occult Addison's disease may be considered.

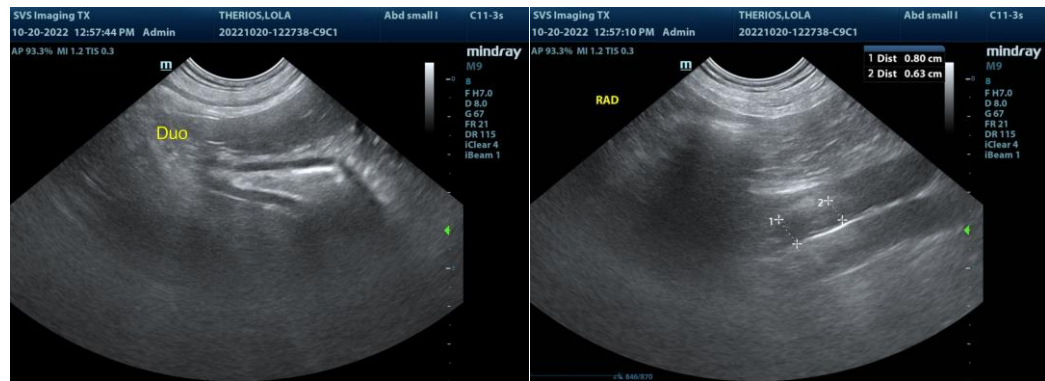
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As needed GI support if clinically indicated would be appropriate. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor.

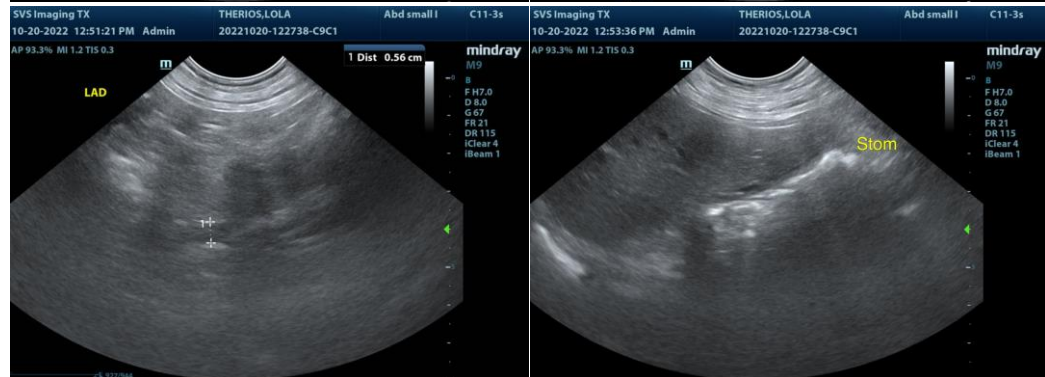
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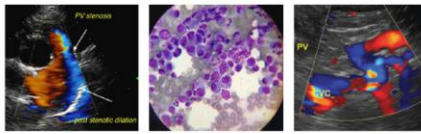
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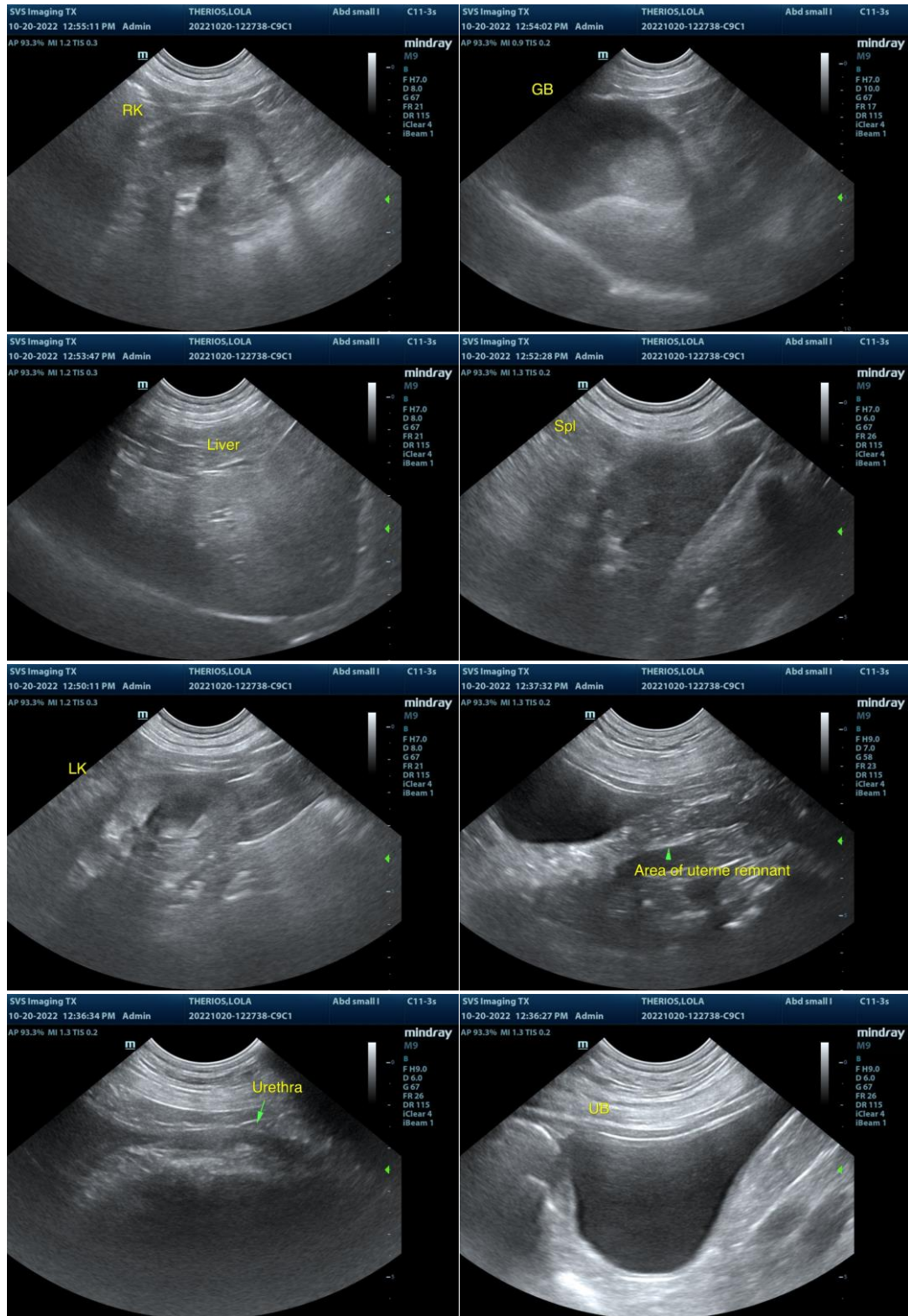
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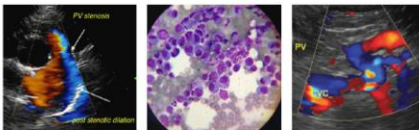


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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can be of any further assistance please contact me.

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