

**PATIENT PRESENTING CLINICAL SIGNS**

Jax Tucker Presented 8/10/2022 for shaking head and urinary accidents. Was sent home on Sulfatrim with no improvement. Submitted UA, culture and sensitivity - no growth on culture. Tried Trazodone Gabapentin to r/o anxiety cystitis w no improvement.

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Chloride 107 (108-119), Total Protein 8.1 (5.5-7.5), Gloulin 4.3 (2.4-4).

**BREED**

Boxer X

**SEX**

Neutered Male

**AGE**

8.5 Years

**WEIGHT**

36.8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Wood River AH

**REFERRING VET**

Dr. Casey Schuelke

**INVOICE**

42277

**DATE**

10/21/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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. No evidence of bladder overdistention or evidence of proximal urethral urine dilation.

The residual prostate was symmetrically normal in size (0.84 cm in diameter) with uniform parenchyma and slight coarse echotexture. No evidence of residual prostatic pathology.

The area of the aortic trifurcation was free of pathology.

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 with no evidence of pelvic dilation. No evidence of pyelonephritis. The right kidney measured 5.6 cm. The left kidney measured 6.3 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of adrenomegaly or tumors. The right adrenal gland measured 0.52 cm at the cranial pole and 0.52 cm at the caudal pole. The left adrenal gland measured 0.54 cm at the cranial pole and 0.64 cm at the caudal pole.

**Spleen**

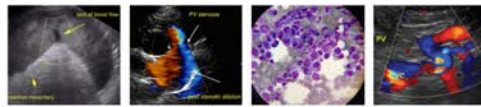
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. The gallbladder was non distended in size with mild, non-dependent, non-organized, mildly echogenic debris, primarily in the caudal lumen and in the area of the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation. 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. Mild subtly shadowing ingesta/chyme present, likely consistent with recent meal ingestion.



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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.

**SPECIES**

Canine

**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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

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**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal urinary bladder, residual prostate, and visible proximal urethra
- Normal bilateral kidneys - no evidence of pyelonephritis.
- Mild gallbladder debris (non-mucocele)

**AGE**

8.5 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of abdominal (specifically upper or lower urinary tract) pathology. Thorough musculoskeletal and neurological examination may be considered to assess for occult disease as a contributing factor to the patient's clinical signs and urinary accidents.

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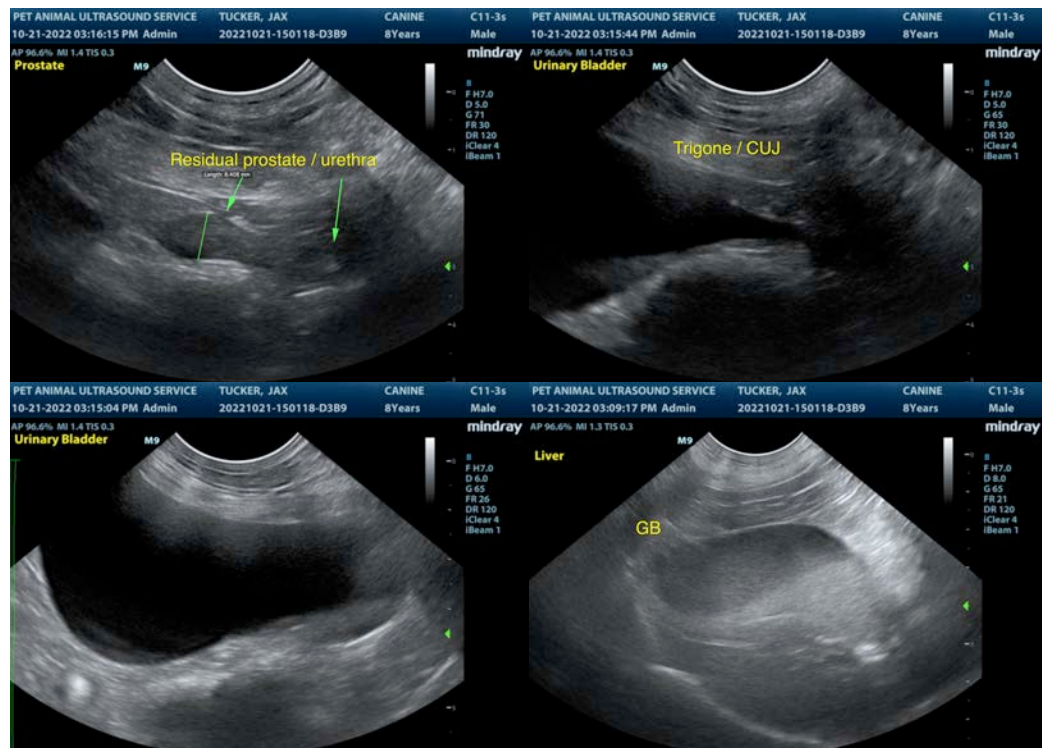
Dr. Casey Schuelke

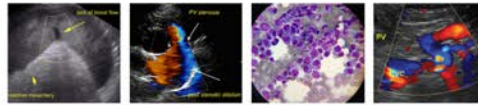
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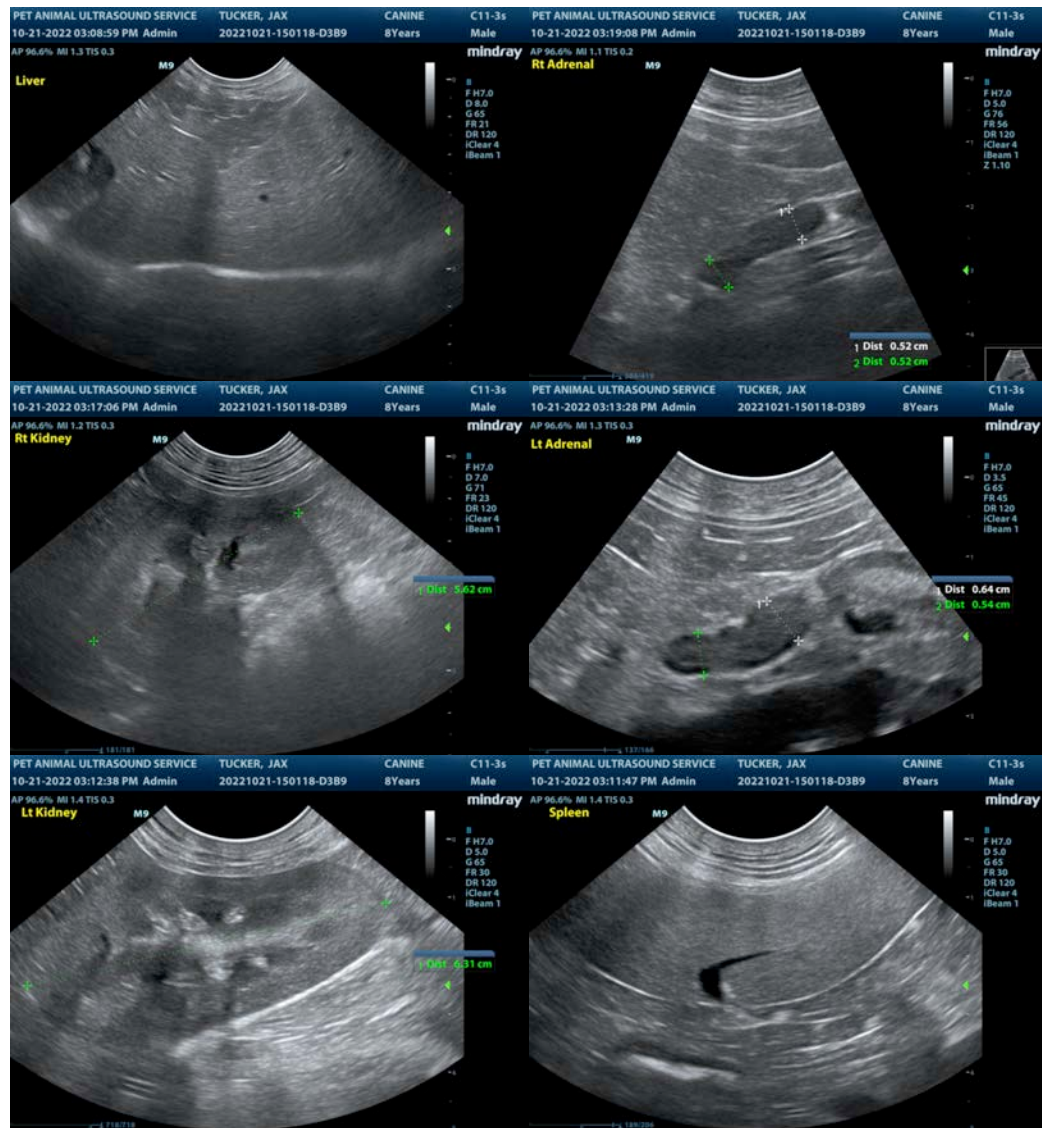
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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