



PATIENT

Cody Van Wart

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

10yr

WEIGHT

62lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Switzer

INVOICE

11981ag

DATE

10/24/2022

PRESENTING CLINICAL SIGNS

Hematuria noted on routine senior lab work via free catch sample (no clinical signs at home). Rechecked a urine sample via cysto a few weeks later - persistent hematuria. (50-75rbc on 2 urine samples). *Study limited to urinary system*

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate dependent to non-dependent particulate sediment. The sediment may indicate cellular debris / protein (suspected in this case given hematuria), crystalline debris, lipid, or mucus.

The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory mural or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and mild to moderate loss of corticomedullary definition were present. Bilateral pyelectasia was present without evidence of bilateral ureter dilation. No evidence of retroperitoneal inflammation was observed. The left kidney measured 6.4 cm in length. The right kidney measured 6.7 cm in length.

The area of the residual prostate appeared normal and free of pathology measuring 1.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Bilateral non-specific chronic renal changes with mild bilateral pyelectasia
- Sonographically unremarkable urinary bladder with mild to moderate dependent to non-dependent sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage or IV fluid therapy (if applicable) while the potential for low-grade pyelonephritis cannot be excluded. No evidence of upper or lower urinary tract neoplastic criteria was observed as well as no residual prostate or proximal urethral pathology.

A full UA with C/S on sterile urine sample is recommended. Correlation with assessment of renal parameters is suggested if not done. Given the lack of lower urinary tract pathology the hematuria may be primary renal in origin although not definitive.

Recheck sonogram recommended for further assessment of the kidneys if persistent/progressive hematuria or evidence of azotemia is present.



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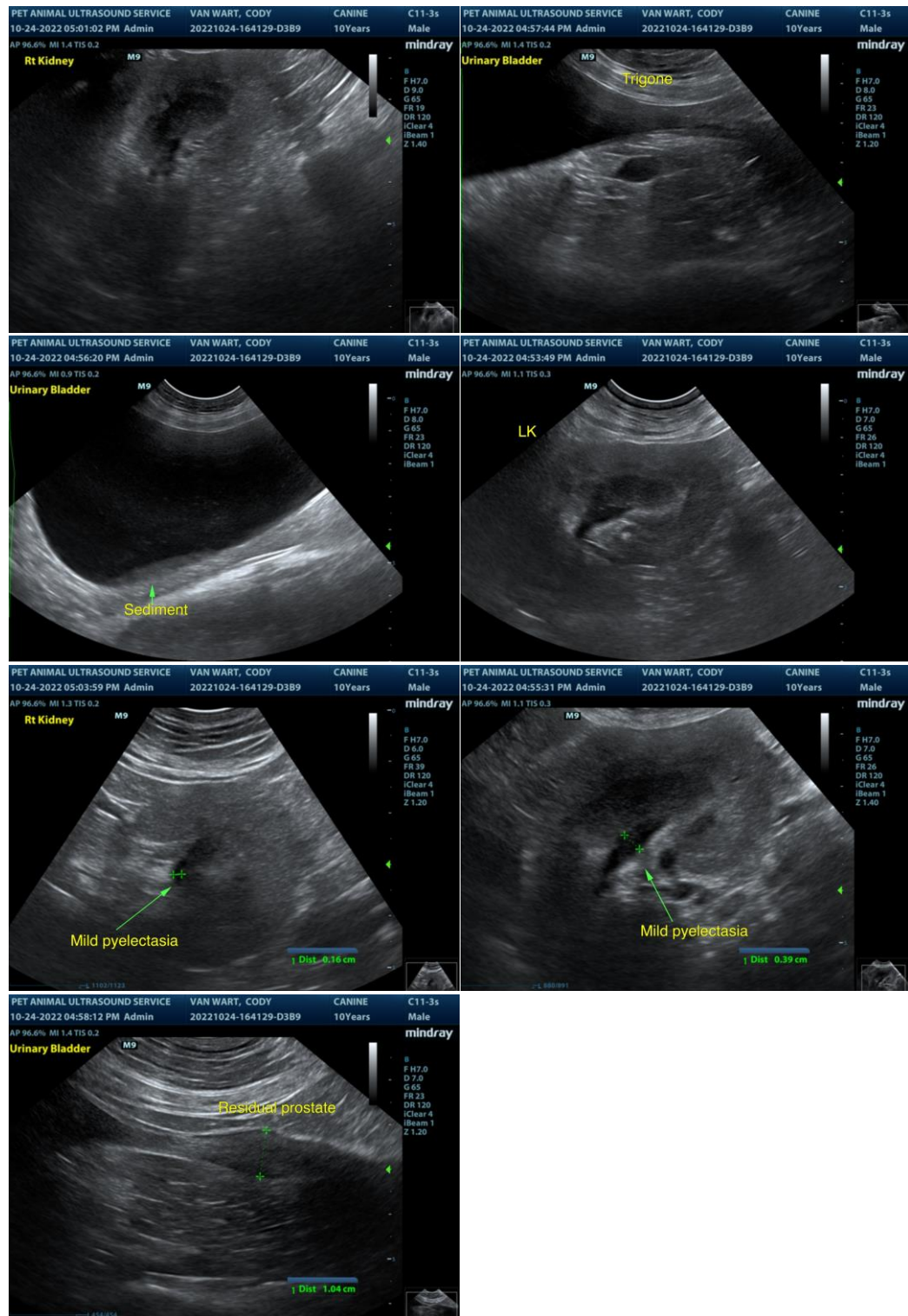
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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