



PATIENT

Bella Meyers

SPECIES

Canine

BREED

English Bulldog

SEX

Female Spay

AGE

8

WEIGHT

32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healing Traditions
AC

REFERRING VET

Dr. Vockeroth

INVOICE

15092

DATE

10/5/22

PRESENTING CLINICAL SIGNS

History of recurrent UTIs not responding to treatment

Abnormal PE/Chem/CBC/UA Results: Non diagnostic blood work UA sg 1048. 1 + protein 2+ leukocytes 4+ blood on a free catch

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mildly prominent to thickened ventroapical to dorsoapical urinary bladder walls exhibiting mild asymmetrical luminal surface contour with potential minor polyploid component. The apical urinary bladder wall width measured 0.34 cm width. Anechoic urine was present in the lumen with calculi or sediment. No evidence of urinary bladder tumors or neoplastic criteria was noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

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 pyelectasia. Pinpoint medullary mineralization was noted. The left kidney measured 5.7 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet without overt pathology. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole and 0.66 cm width at the cranial 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/ Gallbladder

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 mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. A mild amount of retained anechoic fluid was present.



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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.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely age or patient variant, and not consistent with active pancreatitis. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

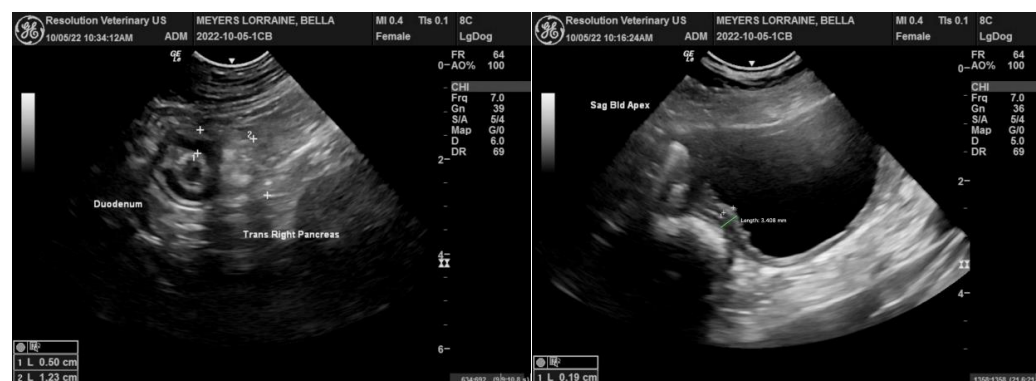
ULTRASONOGRAPHIC FINDINGS

- Mild apical cystitis pattern with micropolyloid component
- Mild age-related renal changes with pinpoint medullary mineral - no evidence of pyelonephritis
- Intact yet mildly prominent gastric walls with minor retained fluid - incidental finding, potential for mild hypomotile gastritis if recent vomiting inappetence etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample, if not recently done, +/- further renal staging to include baseline UPC level, given the relatively quiet sediment, is recommended. If documented infection, higher dose shorter frequency antibiotic protocol, given the suspected cystitis, i.e., Clavamox or Baytril 20 mg/kg PO SID for 3-5 days with as-needed urinary probiotics may prove more effective at eliminating recurrent infection. Assessment of the vulva and vaginal vault for evidence of structural abnormalities, which may predispose to ascending infection may be considered.

Gastroprotectant protocol and bland or hydrolyzed diet trial may be considered if clinically indicated.





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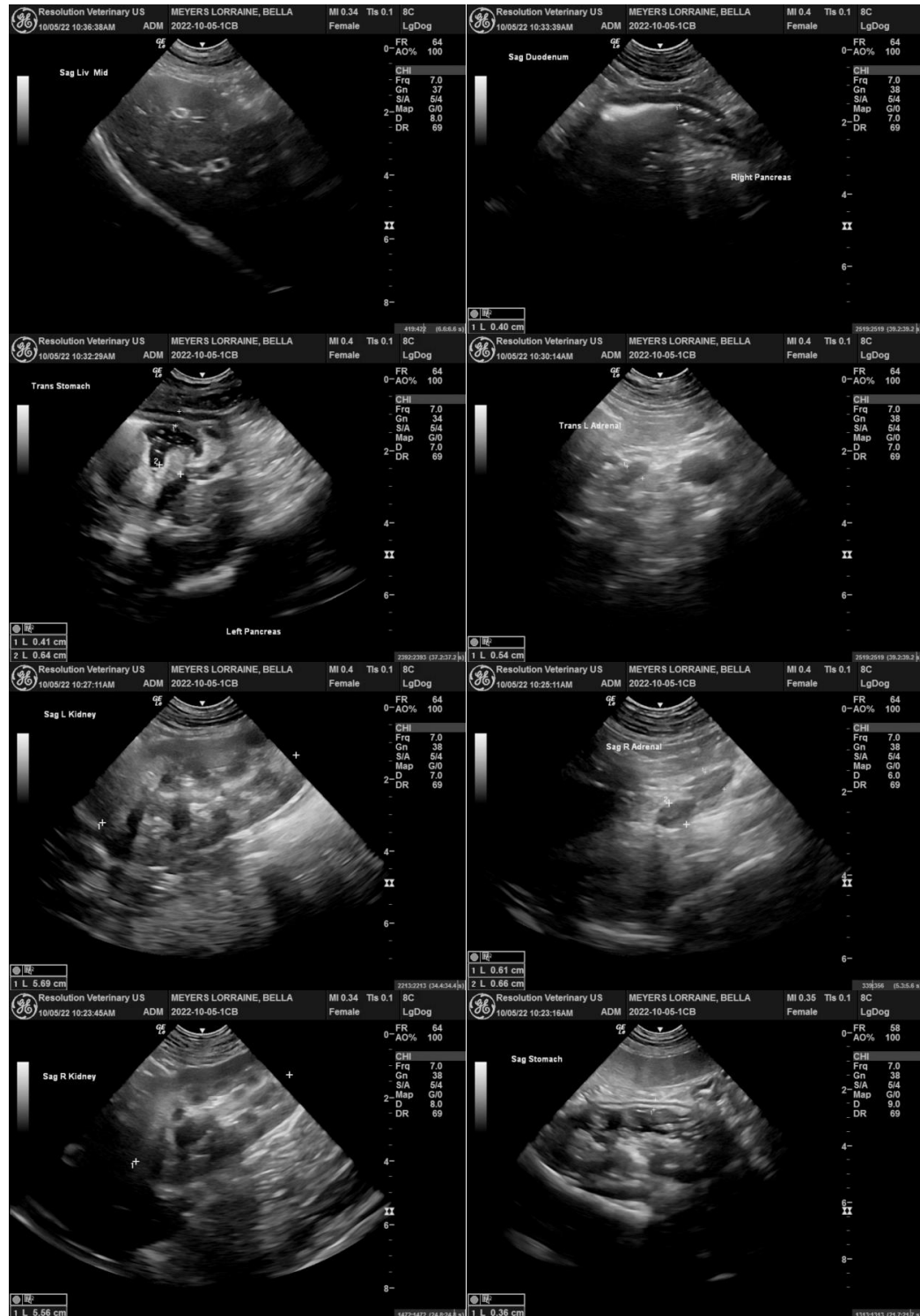
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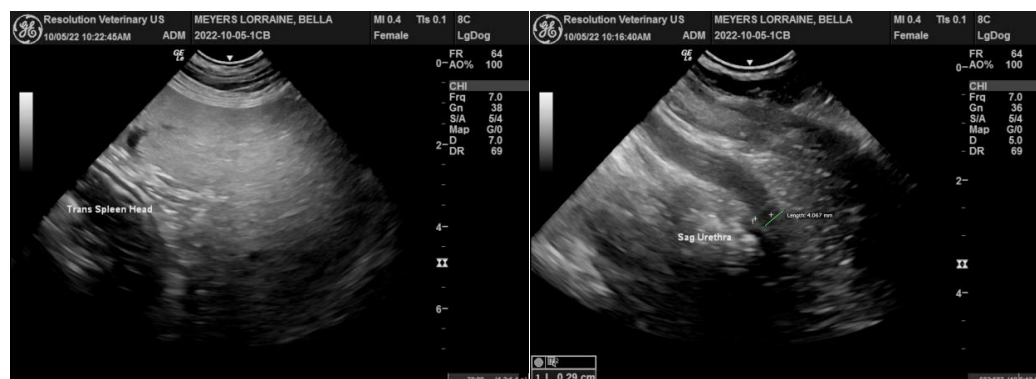
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com