



**PATIENT PRESENTING CLINICAL SIGNS**

Rosie Rouland Increased urination, hematuria  
 UA: USG 1.039, trace protein, negative glucose, 2+ blood, normal previous BUN/Creatinine.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

Border Collie

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The urethra exhibited potential for mild subnormal tone, yet normal structure to a depth of 3.0 cm. Proximal urethra measured 0.28 cm diameter. No evidence of urethral obstructive criteria. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

Spayed Female

The area of the aortic trifurcation was free of pathology.

**AGE**

2011

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. The left kidney measured 5.0 cm. The right kidney measured 5.5 cm.

**Adrenal Glands**

**WEIGHT**

31.3 Pounds

No overt pathology in the area of the left and right adrenal glands.

**Spleen**

**INTERPRETED BY**

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

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver**

**HOSPITAL NAME**

Creeview VH

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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. Mild congealed hyperechoic debris was present, primarily in the caudal lumen and the area of the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Ballek

**Gastrointestinal**

**INVOICE**

42956

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.

**DATE**

11/23/22

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.



**PATIENT** *Pancreas*

Rosie Rouland 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**

Canine

**BREED**

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**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable urinary bladder
- Normal visualized proximal urethra exhibiting potential for mild decreased tone
- Mild age related kidneys - no evidence of pyelonephritis.
- Mild hepatic parenchymal remodeling - benign.
- Mild congealed hyperechoic gallbladder debris (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of upper or lower urinary tract pathology i.e., calculi, pyelonephritis, masses, etc. as an obvious cause of the patient's pollakiuria and hematuria. Urine culture and sensitivity on sterile urine sample suggested if not done.

Assessment for possible incontinence, given subjective mild decreased proximal urethral tone, suggested. screening BRAF assay warranted. Correlation with recheck chemistry panel recommended. Ursodiol therapy suggested if evidence of cholestasis.

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**HOSPITAL NAME**

Creeview VH

**REFERRING VET**

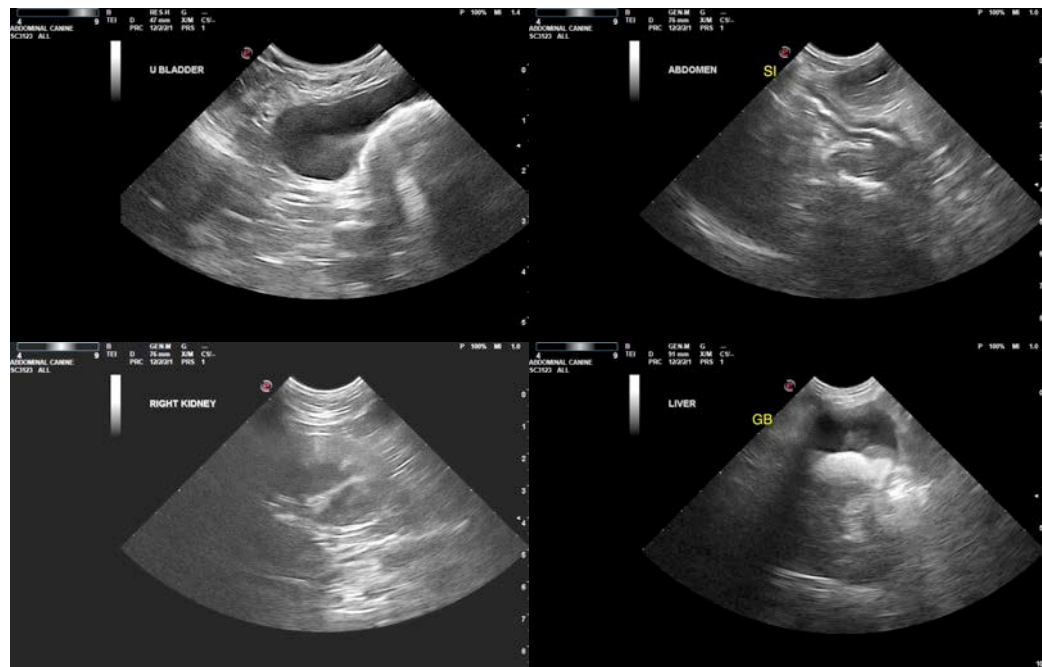
Dr. Ballek

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**PATIENT**

Rosie Rouland

**SPECIES**

Canine

**BREED**

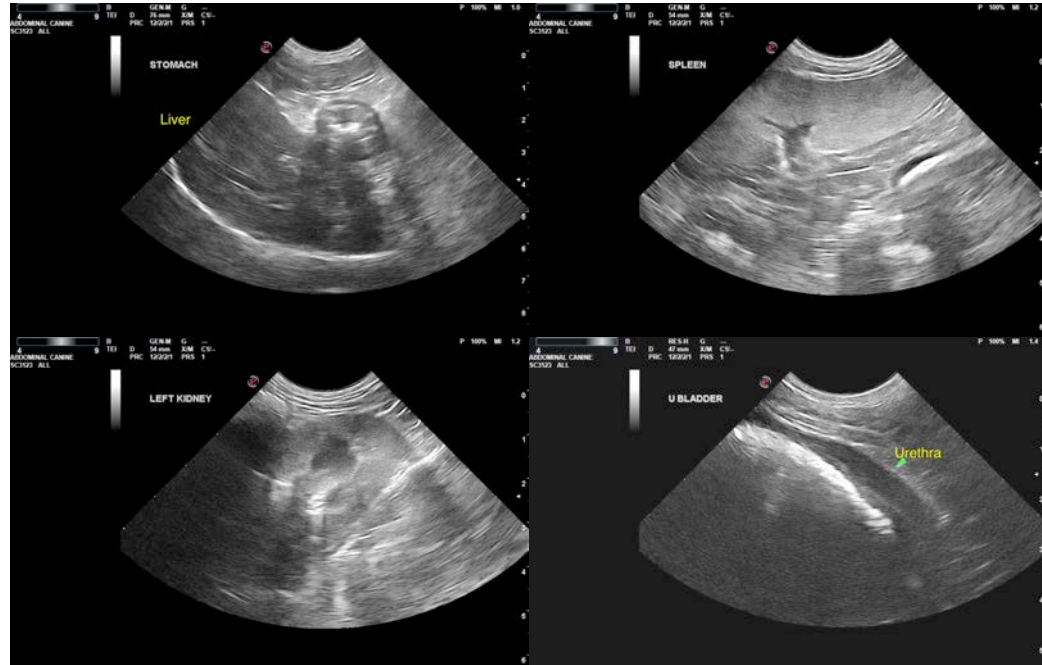
Border Collie

**SEX**

Spayed Female

**AGE**

2011



**WEIGHT**

31.3 Pounds

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.

**INTERPRETED BY**

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