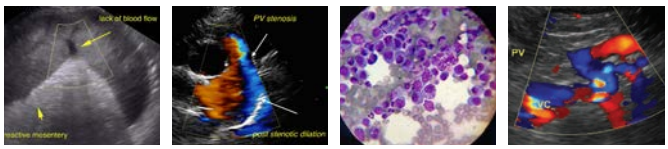
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tink Scoville

SPECIES

Canine

BREED

G. Shorthair Pointer

SEX

Spayed Female

AGE

12 Years

WEIGHT

59 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Pacific Crest Mobile VS

REFERRING VET

Dr. McBroom – Advanced Care AH

INVOICE

42959

DATE

11/23/22

PRESENTING CLINICAL SIGNS

Ongoing problems with urinary tract infection, stranguria and posturing to defecate; last culture results 11/7/22 4+ E.coli growth, previously had Clavamox, now just finished Baytril 272 mg p.o. q24h X 14 day approx 2 day ago. Owner says she is not necessarily urinating frequently but she does strain every time she urinates. No blood noted Ongoing arthritis/hip pain

Abnormal PE/Chem/CBC/UA Results: Normal CBC/chem Urine concentrated and heavy growth E. coli PE pretty unremarkable Cystocentesis performed and UA/culture (repeat) is pending

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. No evidence of proximal urethral urine retention or dilation. 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 7.4 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured 0.82 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen

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.

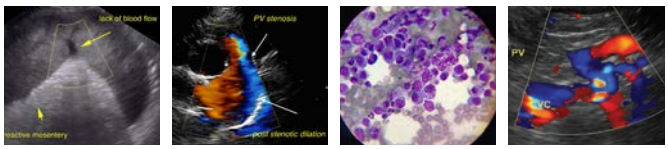
Liver

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. 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 empty 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 was empty with no signs of ileus, obstruction or foreign material.



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

Pancreas

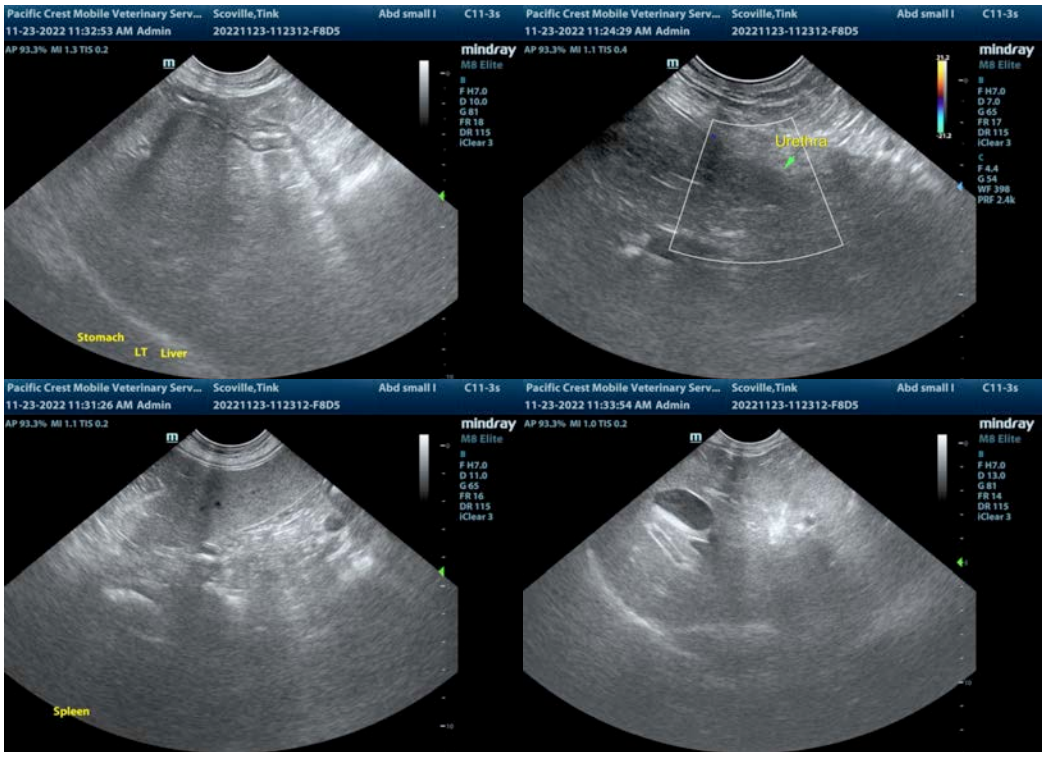
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal urinary bladder and visible proximal urethra
- Mild age related renal changes
- Mild hepatic parenchymal remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral (specifically upper or lower urinary tract) pathology, including no evidence of lower urinary tract neoplastic criteria, calculi, pyelonephritis, etc. Correlation with pending repeat urinalysis and culture and sensitivity suggested. The possibility of non-visualized urethral pathology cannot be definitively excluded. Screening BRAF assay could be considered. Gross inspection of the vulva and vaginal vault recommended for evidence of structural pathology, which may predispose to ascending infection, +/- cystoscopy.



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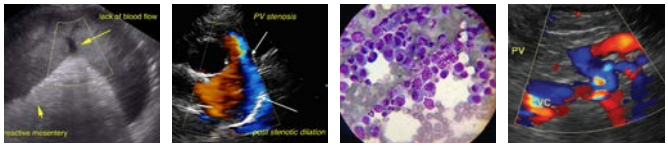

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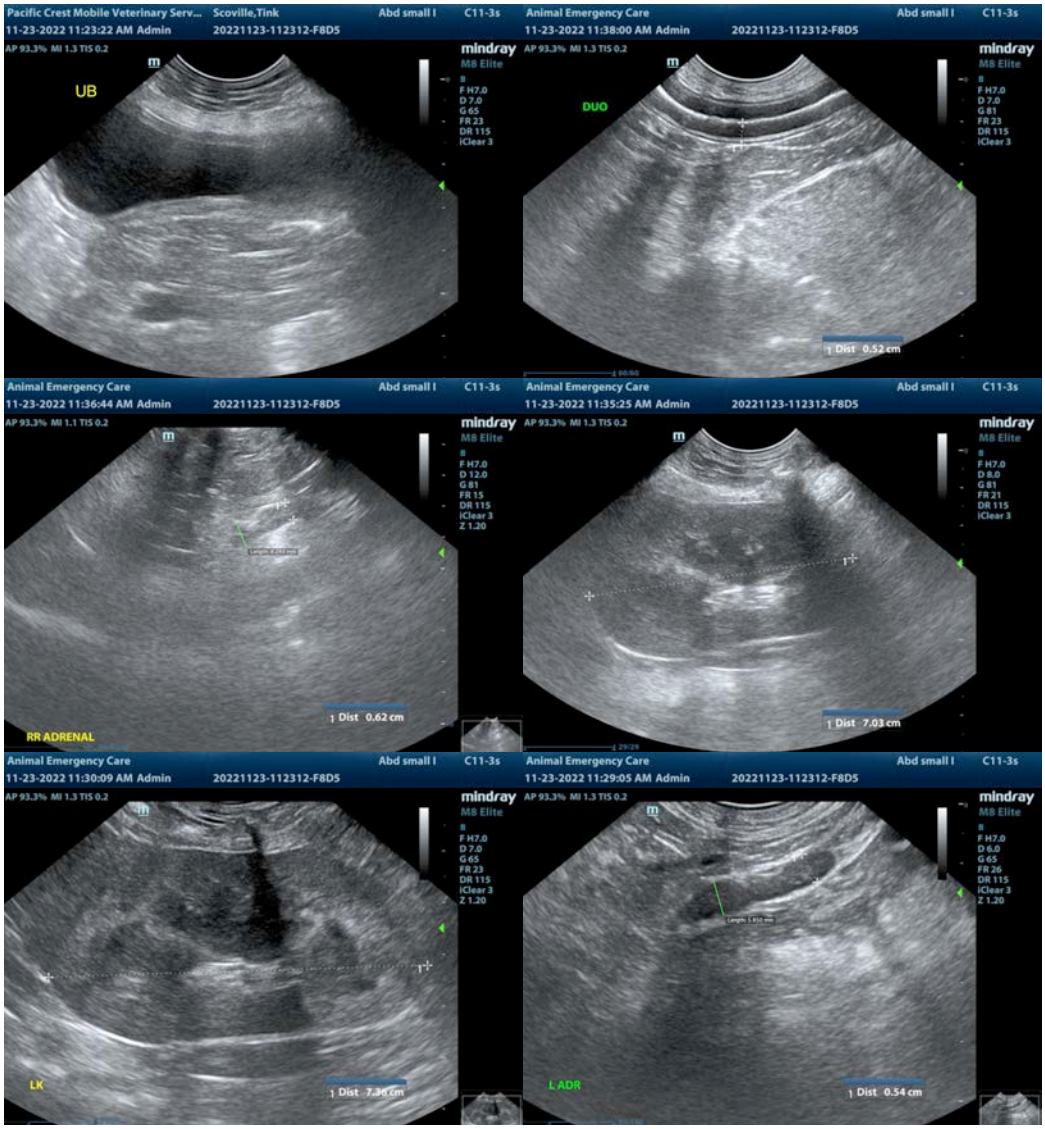

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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