


**PATIENT PRESENTING CLINICAL SIGNS**

Lexi Hou chronic hematuria

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Canine Urinary System**

Canine

**BREED**

Doberman

**SEX**

FS

**AGE**

5 years

**WEIGHT**

44 kg

**INTERPRETED BY**

 R. McKenzie Daniel,  
 DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

College Way AH

**REFERRING VET**

Dr. Hanna

**INVOICE**

12668

**DATE**

11/25/21

The bladder exhibited subnormal size owing to lack of urine distention. Sonographic assessment of the urinary bladder was somewhat limited owing to lack of urine distention, yet variably thickened midventral to mid-dorsal, including apical urinary bladder wall, was present with associated mild asymmetrical luminal surface. Focal areas of dependent to suspect adhered mineral to small calculi were present. An example of small calculus measured 0.57 cm in diameter. The urinary bladder, and trigone, cystourethral junction exhibited normal tone. The ureteral papillae were normal. The ureters were not visible which is normal. No overt evidence of urinary bladder masses was noted. Sonographic assessment of the proximal urethra was limited owing to patient size and urethral depth. No overt evidence of urethral dilation or pathology was noted.

No overt evidence of pathology associated with the uterine stump was noted.

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. The left kidney measured 8.6 cm in length. The right kidney measured 8.4 cm in length.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized yet without overt pathology, measuring 0.84 cm width at the cranial pole and 0.97 cm width. at the caudal pole. The right adrenal gland was not definitively visualized.

**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.


**PATIENT**
***Gastrointestinal***

Lexi Hou

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.

**SPECIES**

Canine

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.

**BREED**

Doberman

***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 were evident.

**SEX**

FS

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

5 years

**ULTRASONOGRAPHIC FINDINGS**
***Primary Findings***
**WEIGHT**

44 kg

- Chronic cystitis pattern with mild yet multifocal, dependent to suspect adhered mineral
- Sonographically unremarkable kidneys, no overt pyelonephritis

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 DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine culture and sensitivity on a sterile urine sample is recommended. If documented Infection and Ideally based on urine culture and sensitivity results, a higher dose/shorter frequency antibiotic regimen such as Enrofloxacin or Clavamox 20 mg/kg PO for 5-7 days given the likelihood of chronic cystitis may be considered. Conservative therapy for urinary bladder +/- urethral inflammation may prove beneficial. Ultimately, cystotomy with urinary bladder flush, removal of mineral, as well as urinary bladder mural biopsy for histopathology and tissue C/S may be indicated. Gross assessment of the vulva and vaginal vault for evidence of pathology which may predispose to ascending infection may be considered.

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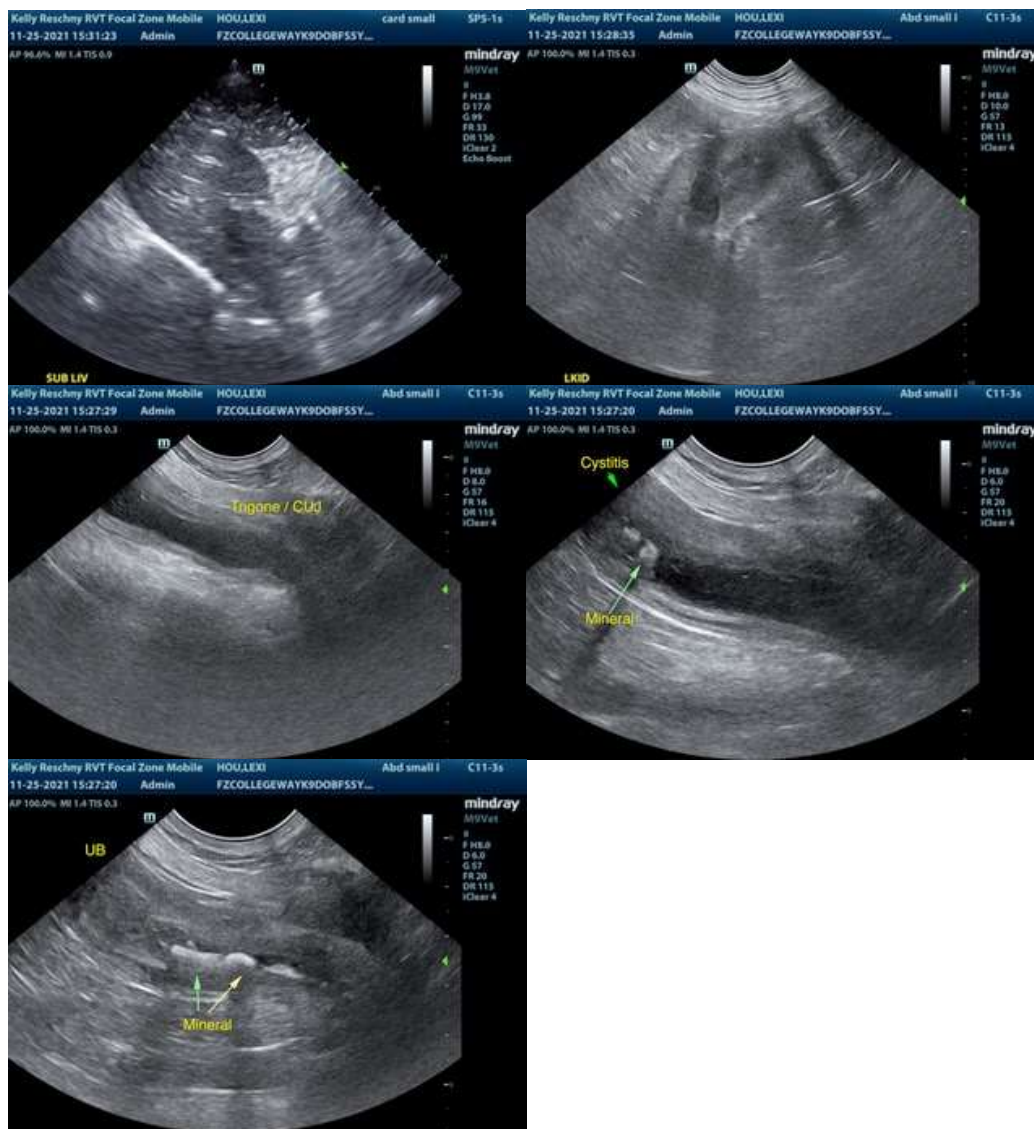
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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