



PATIENT	PRESENTING CLINICAL SIGNS
Skye Dallimore	9/29/21 Can in for vaccines and exam, owner reported urinating more and urinating in sleep. Ran urinalysis, 1.009 Specific gravity, Rod bacteria present. Started on Clavaseptin for 7 days and recheck urine 3 days after medication was finished. 10/08/21 Urine specific gravity 1.006, rods still present; received another 2 weeks of Clavaseptin. 10/19/21 urine looked at again, still active and infected but owner reports doing better at higher dose of antibiotics. 10/21/21 Chem 17 ran, changed to Simplicef. 11/03/21 doing better, makes it through the night, urine looked at again; rods still present, specific gravity 1.010. Cystocentesis performed on 11/13/21 and sent for Culture and sensitivity. meds: 11/13/21 dispensed 14 days of Clavaseptin 250mg
SPECIES	
Canine	
BREED	
Husky X	Abnormal PE/Chem/CBC/UA Results: Culture and sensitivity came back sensitive to all antibiotics. Kidney values appeared normal. Consistent low urine specific gravity, and persistent rod infection
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
FI	Urinary System
AGE	The urinary bladder exhibited normal subjective urinary bladder tone and size. Minor, nondependent particulate sediment, which may indicate minor cellular or crystalline debris, was present. No calculi were noted. No evidence of inflammatory urinary bladder mural changes was noted. The visualized ureter at the level of the urethral papilla measured 0.18 cm in diameter. No overt evidence of congenital abnormalities such as ectopic ureter or urachal remnant was noted. The proximal urethra exhibited normal subjective structure and tone to a depth of 2.0 cm.
4 months	No overt pathology associated with the uterus or bilateral ovaries was noted.
WEIGHT	
11.4 kg	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP	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 hypochoic to the cortex with no evidence of pyelectasia. The left kidney measured 6.0 cm in length. The right kidney measured 6.5 cm in length.
IMAGING PERFORMED BY	Adrenal Glands
Kelly Reshny, RVT	The left adrenal gland was uniform in size and contour with a uniformly hypochoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.39 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypochoic parenchyma. The right adrenal gland measured 1.8 cm length x 0.57 cm width at the caudal pole.
HOSPITAL NAME	Spleen
Buck AH	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.
REFERRING VET	
Dr. Yenssen	
INVOICE	
12667	
DATE	
11/25/21	


PATIENT
Liver/ Gallbladder

Skye Dallimore

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. No indication of portosystemic vascular anomaly was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

BREED

Husky X

SEX

FI

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.

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

AGE

4 months

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.

WEIGHT

11.4 kg

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

ULTRASONOGRAPHIC FINDINGS
Primary Findings

- Sonographically unremarkable urinary bladder and visible proximal urethra, no overt evidence of congenital abnormality or inflammatory lower urinary tract criteria
- Sonographically unremarkable bilateral kidneys, no overt pyelonephritis

**IMAGING
 PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Buck AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally based on urine C/S results, a high dose/shorter frequency antibiotic regime i.e., Clavamox or Enrofloxacin 20 mg/kg PO SID for 3-4 days may prove more effective at eliminating persistent infection.

REFERRING VET

Dr. Yenssen

An obvious cause of persistent UTI was not present in either the upper or lower urinary tract. Assessment of the vulva and vaginal vault for evidence of structural pathology or urine pooling which may predispose to ascending infection may be indicated. Alternatively, cystoscopy may be considered if persistent abnormal urination or infection despite therapy.

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Given the decreased specific gravity or if concurrent polydipsia, additional diagnostics may be indicated.

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**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Buck AH

REFERRING VET

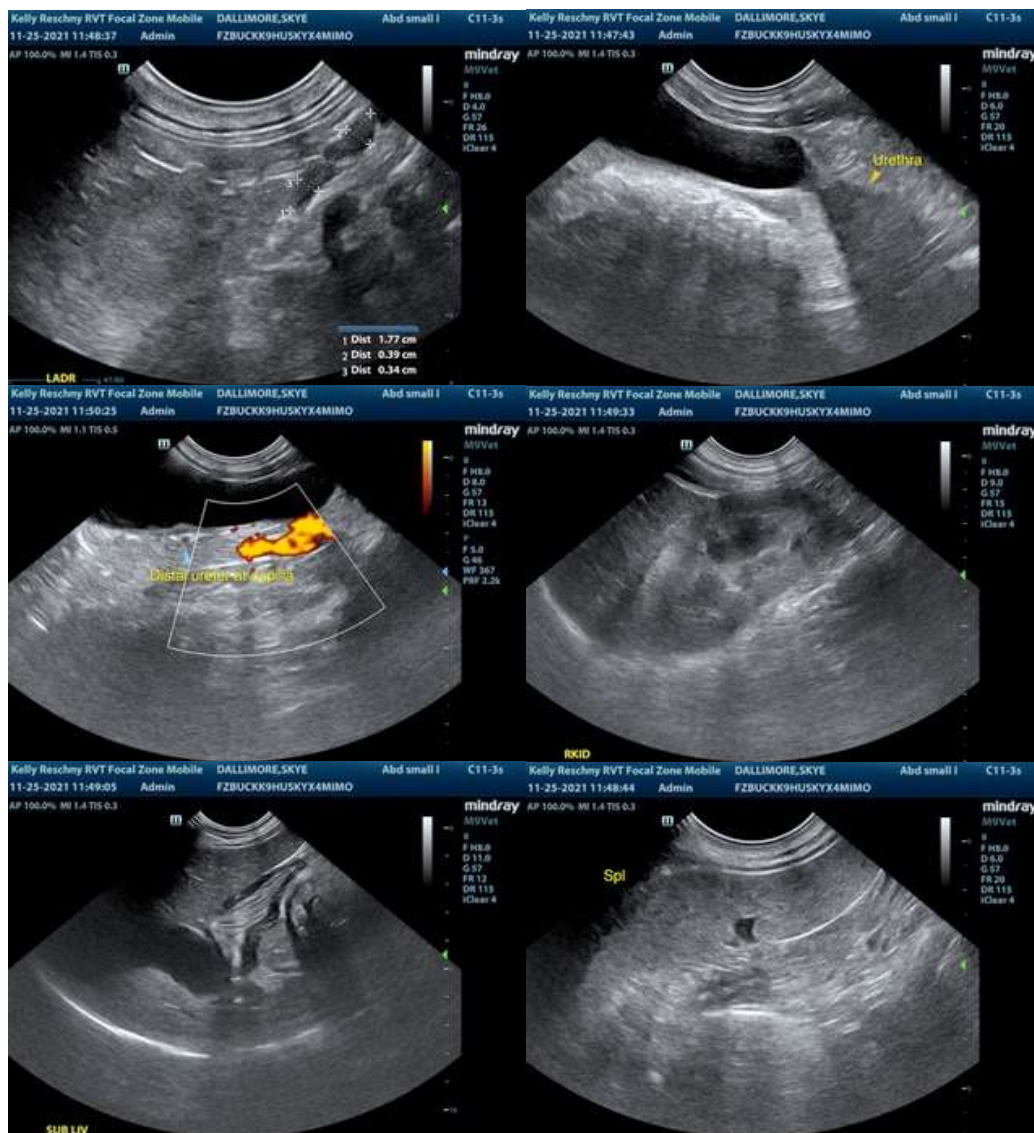
Dr. Yenssen

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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.

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