



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Koda Meadows	licking hind end 4-6x/ day but no irritation around vulva has been occasionally leaking urine has been on atbs several times, urine has been check several times with cultures and bacteria not resolving concern for possible ectopic ureter.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: most recent u/a done December 15th occ struvite WBC 4-10/ hpf 1+ cocci bacteria and 2+ filamentous bacteria
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Lab	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal structure and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The bladder was otherwise normal. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
FS	
<b>AGE</b>	No overt evidence of a congenital abnormality such as ectopic ureter or urachal remanent were noted.
4 years	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	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 5.8 cm in length. The right kidney measured 6.0 cm in length.
33kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.44 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 2.9 cm length x 0.55 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	
Kelly Reshny, RVT	
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Main Stree 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.
<b>REFERRING VET</b>	
Dr. Morris	
<b>INVOICE</b>	<b>Liver/ Gallbladder</b>
12842	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.
<b>DATE</b>	
12/17/21	


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

Koda Meadows

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta most likely consistent with recent meal ingestion without 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.

**BREED**

Lab

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

**SEX**

FS

***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.

**AGE**

4 years

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

33kg

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

- Sonographically unremarkable urinary bladder and visible proximal urethra with mild particulate urinary bladder sediment
- Normal bilateral kidneys - no overt pyelonephritis

**INTERPRETED BY**

 R. McKenzie Daniel,  
 DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No sonographic evidence of upper or lower urinary tract pathology including no signs of a congenital abnormality as an obvious cause of the patient's clinical signs. No signs of uterine remnant pathology. If documented infection on a sterile urine sample, potential gross assessment of the vaginal and vaginal vault for evidence of structural issue which may predispose to ascending infection may be considered. Likewise, if documented infection and ideally based on urine culture and sensitivity results, a higher dose/shorter frequency antibiotic protocol such as Enrofloxacin or Amoxicillin 20 mg/kg PO SID for 3-4 days may prove more effective at eliminating persistent infection.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Main Stree AH

**REFERRING VET**

Dr. Morris

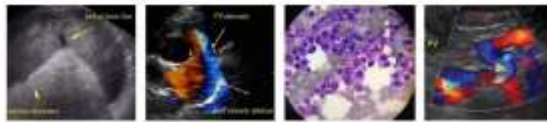
Empirical incontinence therapy may be considered with an assessment of clinical response or if clinically indicated.

**INVOICE**

12842

**DATE**

12/17/21



**PATIENT**

Koda Meadows

**SPECIES**

Canine

**BREED**

Lab

**SEX**

FS

**AGE**

4 years

**WEIGHT**

33kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Main Stree AH

**REFERRING VET**

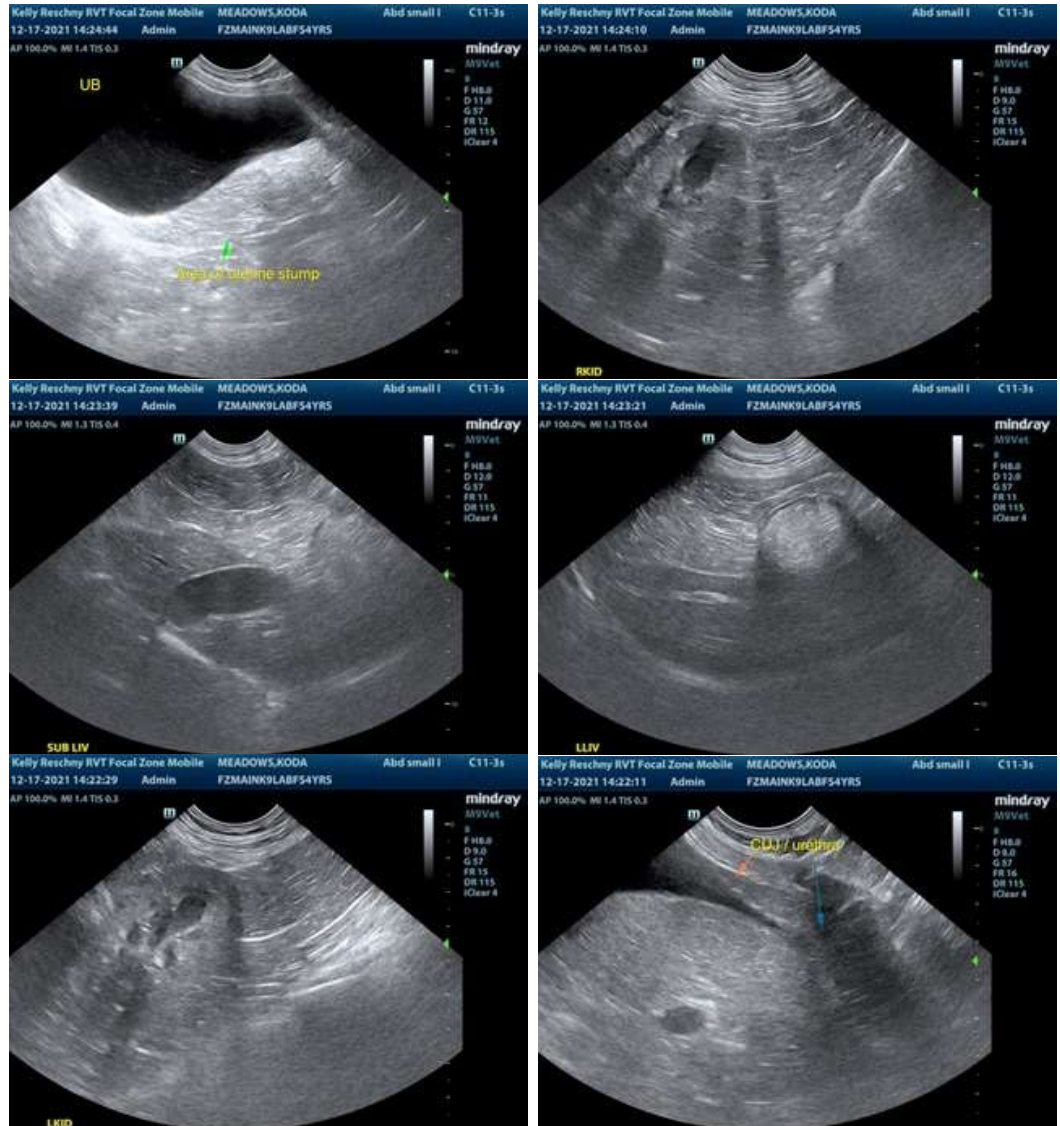
Dr. Morris

**INVOICE**

12842

**DATE**

12/17/21





**PATIENT**

Koda Meadows

**SPECIES**

Canine

**BREED**

Lab

**SEX**

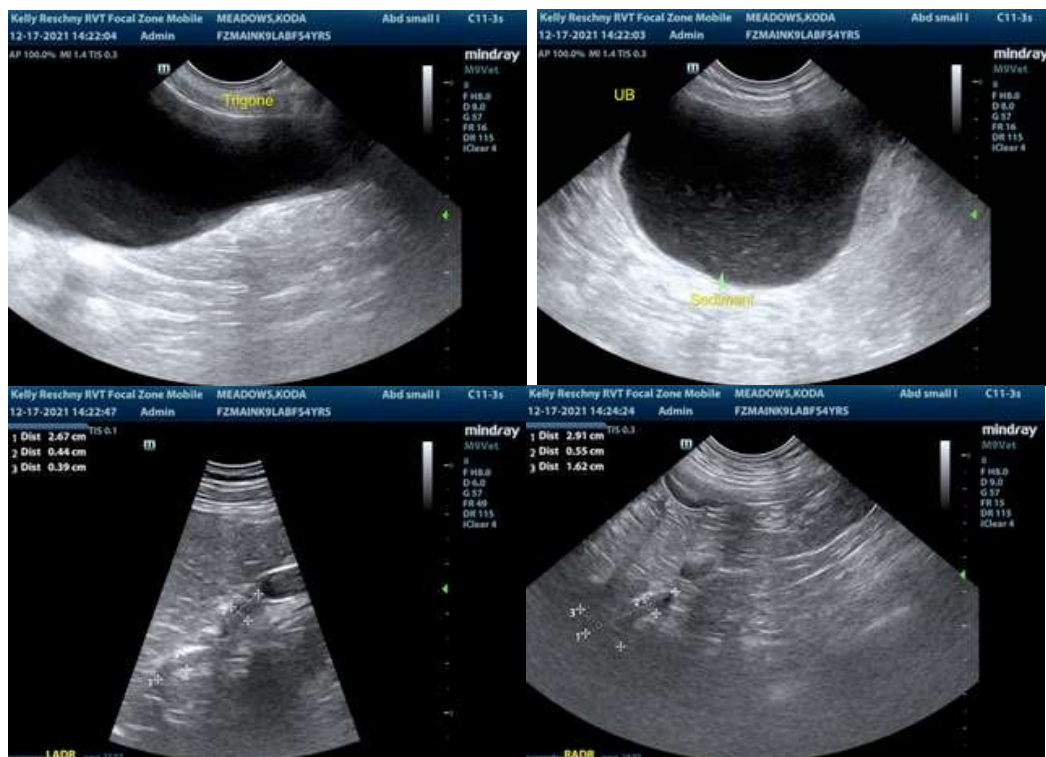
FS

**AGE**

4 years

**WEIGHT**

33kg



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Main Stree AH

**REFERRING VET**

Dr. Morris

**INVOICE**

12842

**DATE**

12/17/21

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