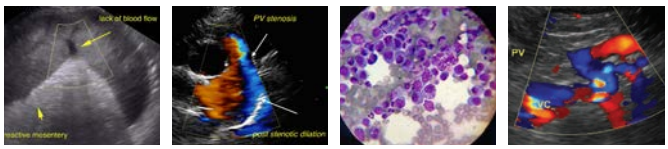
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jude Smith

SPECIES

Canine

BREED

Boxer X

SEX

Spayed Female

AGE

3 Years

WEIGHT

71.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Garry Gotfredson

HOSPITAL NAME

Red Hills VH

REFERRING VET

Dr. Sowerwine

INVOICE

33182

DATE

12/2/21

PRESENTING CLINICAL SIGNS

Patient was out running around went under a panel and yelped. She then went over and urinated blood. Not previously seen by owner no history of straining to urinate. Owner feels that maybe after exercise the urine appears more red.
Abnormal PE/Chem/CBC/UA Results: CBC: Normal Platelets and RBC are 49% Chemistry is normal U/A Hematuria. Radiographs: No specific abnormalities apparent. No stones noted bladder appears small but otherwise normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was intact to mildly distended in size, yet subjective normal tone. Subjective mild thickening of the ventral apical to dorsal apical urinary bladder wall was present, exhibiting subtle non-homogeneous mural echogenicity, yet without evidence of mineralization. Apical urinary bladder wall measured 0.4-0.5 cm. Marked non-dependent, swirling to congealed particulate urinary bladder sediment was present. No evidence of calculi. No evidence of distinct urinary bladder masses. The trigone and cystourethral junction were sonographically unremarkable extending into the proximal urethra, which exhibited normal structure and tone to a depth of 3.0 cm. No evidence of regional inflammation or evidence of free fluid around the bladder.

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 pelvic dilation. The left kidney measured 6.1 cm. The right kidney measured 6.0 cm.

Adrenal Glands

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

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

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate echogenic ingesta exhibiting subtle progressive distal acoustic shadowing, likely consistent with recent meal ingestion.

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.

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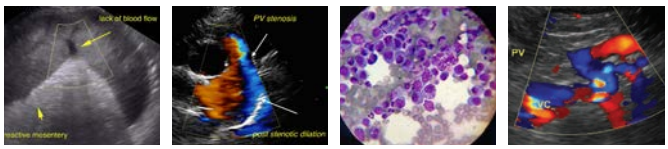

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Pancreas

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.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Intact urinary bladder with marked non-dependent, swirling to congealed particulate urinary bladder sediment.
- Sonographically unremarkable bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The study confirms intact urinary bladder with marked urinary bladder sediment, likely consistent with cellular debris/blood, given the patient's history. Potential for emerging blood clot within the urinary bladder. No overt evidence of neoplastic criteria, which is considered unlikely. Given the patient's history, potential considerations may include cystitis, infection, trauma, idiopathic renal hematuria, exercise induced hematuria. Urine culture and sensitivity on sterile urine sample would be ideal to rule out underlying infection. Coagulation panel to rule out underlying coagulopathy may also be considered if clinically indicated. Assuming no evidence of clotting disorder or underlying infection, conservative therapy for cystitis with continued monitoring of urinalysis would be appropriate. Ultimately, cystoscopy for evaluation of the urethra and ureteral papilla may be indicated.

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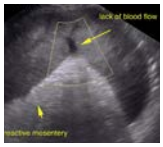
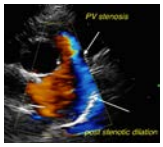
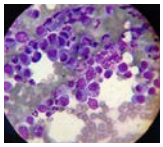
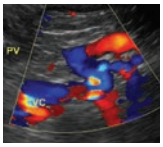

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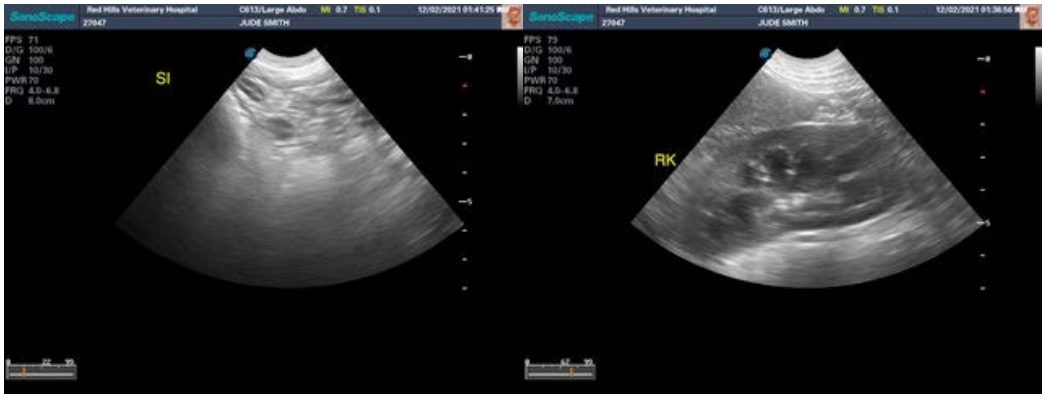

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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