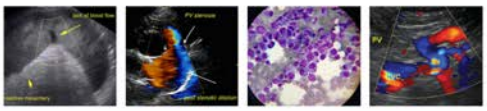


PATIENT

Sadie Russo

SPECIES

Canine

BREED

Labrdaor Retriever X

SEX

Spayed Female

AGE

15 Years

WEIGHT

37.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Dr. Katherine Pietsch

INVOICE

33709

DATE

12/23/21

PRESENTING CLINICAL SIGNS

Recurrent, severe, UTI and pyelonephritis. Previous u-culture the e.coli sensitive to all antibiotics. When discontinue, UTI recurs and her kidney values increase. On antibiotics, her renal values normalize and she feels much better. Recent UTI resistant e.coli.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Very minor particulate sediment was present, likely indicative of minor cellular or crystalline debris or potential minor mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. No overt pyelonephritis. No evidence of retroperitoneal inflammation associated with either kidney. The right kidney measured 4.8 cm. The left kidney measured 5.2 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.59 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland measured 0.50 cm at the cranial pole and 0.58 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well-defined, symmetrical, echogenic nodule was present in the cranial spleen, measuring 0.44 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

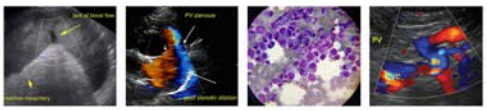
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-dependent, non-organized debris, primarily in the gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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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.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes, no evidence of pyelectasia
- Minor hepatic parenchymal remodeling
- Mild gallbladder debris – The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.
- Sonographically unremarkable urinary bladder and visualized proximal urethra
- Benign splenic nodule – likely benign myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without evidence of significant visceral, specicially urinary tract pathology. Assessment of the vulva and/or vaginal vault for potential pathology, which may predispose to ascending infection could be considered. Ideally based on urine culture and sensitivity results, a higher dose of antibiotic (i.e., Enrofloxacin 20 mg/kg PO SID for 5-7 days) may prove more effective at overcoming resistance. However, 4-6 weeks of higher dose antibiotic protocol may be required in this patient based on monitoring culture and sensitivity. No overt evidence of concurrent cystitis or urinary bladder neoplastic criteria.

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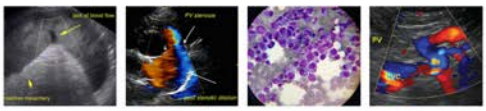

SonoPath
Clinical Sonography & Telecytology
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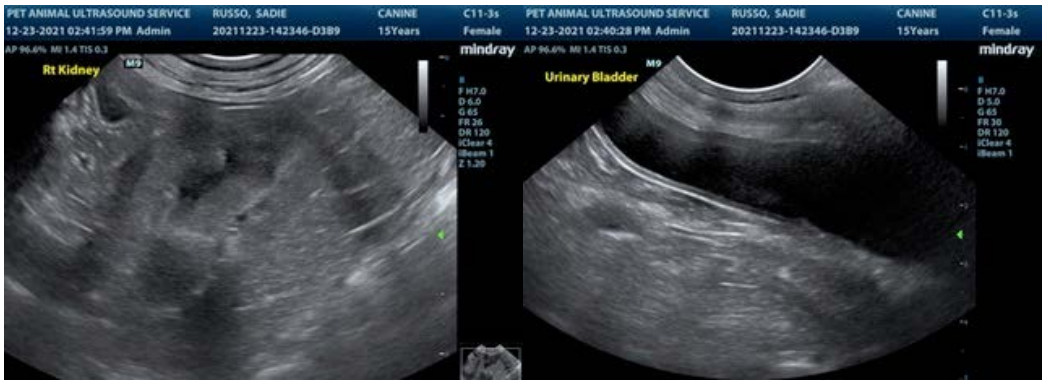

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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