

**PATIENT**

Ariel Craig

SPECIES

Canine

BREED

Goldendoodle

SEX

SF

AGE

5 years

WEIGHT

29 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Christy

INVOICE

15763

DATE

12/29/22

PRESENTING CLINICAL SIGNS

urinary issues- ongoing Today passed pieces of what appeared to be tissue from vulva while shaving for US

Abnormal PE/Chem/CBC/UA Results: urine culture 11-20-22 proteus mirabilis 12-29-22 blood in urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was non-distended with urine, which prohibited full evaluation of the urinary bladder walls, yet mild irregular thickening of the ventroapical and dorsal urinary bladder wall exhibiting mild asymmetrical luminal surface contour was present. Primarily homogeneous to pinpoint hyperechoic mural echogenicity, as well as pinpoint to focal areas of potentially adhered luminal mineral were noted. No evidence of macro calculi was noted. The ventroapical urinary bladder wall thickness measured 0.85 cm. The visible pelvic urethra exhibited normal structure and tone to a depth of 5.0 cm. The ureteral papillae were normal. The ureters were not visible which is normal.

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, pyelectasia, or pyelonephritis. The left kidney measured 4.9 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.38 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 0.39 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal homogeneous area of medial splenic folding, possible parenchymal expansion, or focal ectopic spleen adjacent to the primary medial spleen was noted, not consistent with inflammatory or neoplastic criteria and considered incidental. 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.

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 containing primarily anechoic content with mild to moderate, non-dependent, congealed yet nonorganized, echogenic gallbladder debris primarily mid to cranial gallbladder lumen. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting progressive distal acoustic shadowing suggestive of probable recent meal ingestion or post-prandial presentation.

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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Chronic cystitis pattern with focal luminal to potentially adhered mineral
- Normal bilateral kidneys - no evidence of pyelonephritis

Secondary Findings

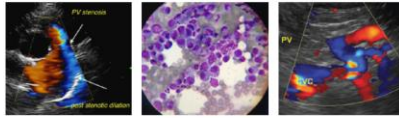
- Gastric ingesta
- Congealed gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of urinary bladder neoplastic criteria, given the cystitis urinary bladder presentation, which is considered unlikely.

Screening BRAF Assay could be considered. Recheck urine C/S on a sterile urine sample is warranted. If positive, a higher dose, shorter frequency antibiotic regimen ideally based on C/S results, given evidence of cystitis, i.e., Enrofloxacin or Clavamox 20 mg/kg PO SID for 5 days and recheck urine culture is suggested. Assessment of the vulva and vaginal vault for evidence of structural pathology which may predispose to ascending infection is recommended.

Cystoscopy with possible urinary bladder mural biopsy for histopathology as well as tissue C/S may ultimately be indicated with potential concern for chronic bacterial cystitis.



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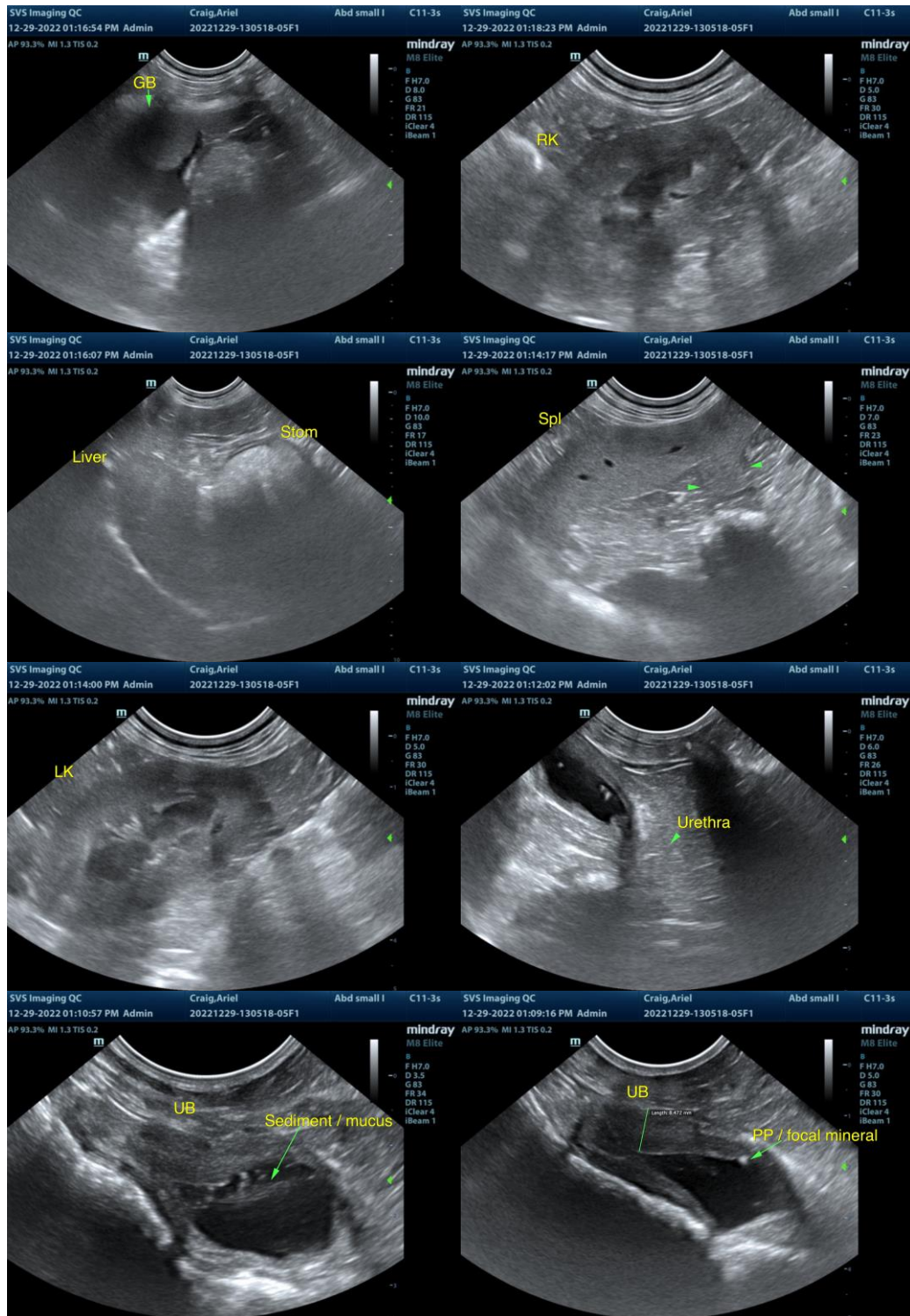
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svsmobileimaging.com 309-737-3070



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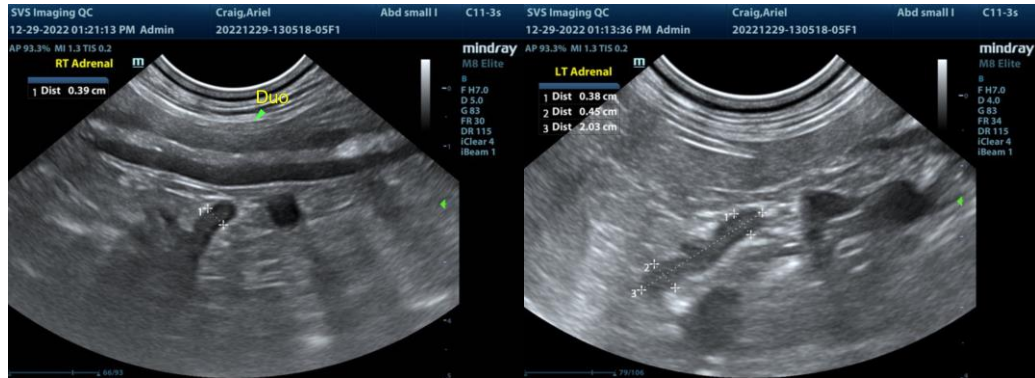
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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