



PATIENT

Onyx Oppy

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

11 years

WEIGHT

47.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

12748

DATE

12/6/21

PRESENTING CLINICAL SIGNS

-Patient presented to MedVet Saturday for a sudden onset of seizure activity and was started on Keppra. Patient has not been doing well since and presented to our clinic for a workup today Owner has been seeing blood in the urine but she doesn't know for how long
Abnormal PE/Chem/CBC/UA Results: PE: Extreme sedation due to being on Keppra, hematuria
U/A: bood >50, wbc >50. rods Rads: No evidence of mass in chest or abdomen, gas in bladder wall

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size. Gas reverberation noted within the ventral and apical wall was noted. Potential for concurrent dependent mineral is possible, although potential for mural gas artifact associated with the dorsal wall is also possible. The urethra was normal in structure and tone to a depth of 2.0 cm. Overt evidence of inflammation or effusion around the urinary bladder was not definitively evident.

The area of the aortic trifurcation was free of pathology.

Normal size was present in the kidneys. Mild asymmetrical renal margination associated with the left and right kidneys was present. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the right kidney. No overt evidence of retroperitoneal inflammation was noted. left kidney measured 5.6 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was Indistinctly visualized with the subjective caudal pole measuring 0.66 cm in diameter. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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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.

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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.

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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47.6 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Emphysematous cystitis with possible concurrent mild dependent mineral
- Bilateral moderate chronic renal changes with mild right kidney pyelectasia

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Secondary Findings

- Mild age-related hepatosplenic changes - no evidence of neoplastic criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The pyelectasia in the right kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable), while the possibility of chronic pyelonephritis is possible given the concurrent presentation of emphysematous cystitis. Urine C/S Ideally on a sterile urine sample is recommended. If no evidence of significant inflammatory cells, further renal staging with UPC may be considered. Ideally, based on urine C/S results, appropriate antibiotic therapy with sonographic monitoring of the urinary bladder is recommended. Assessment of blood glucose level if not recently done is suggested. If confirmed infection on C/S, given the presence of emphysematous cystitis, a higher dose/ shorter frequency antibiotic regime with good wall penetration i.e., Enrofloxacin 20 mg/kg PO SID for 5 days +/- Acetylcysteine may be considered with sonographic monitoring of the urinary bladder.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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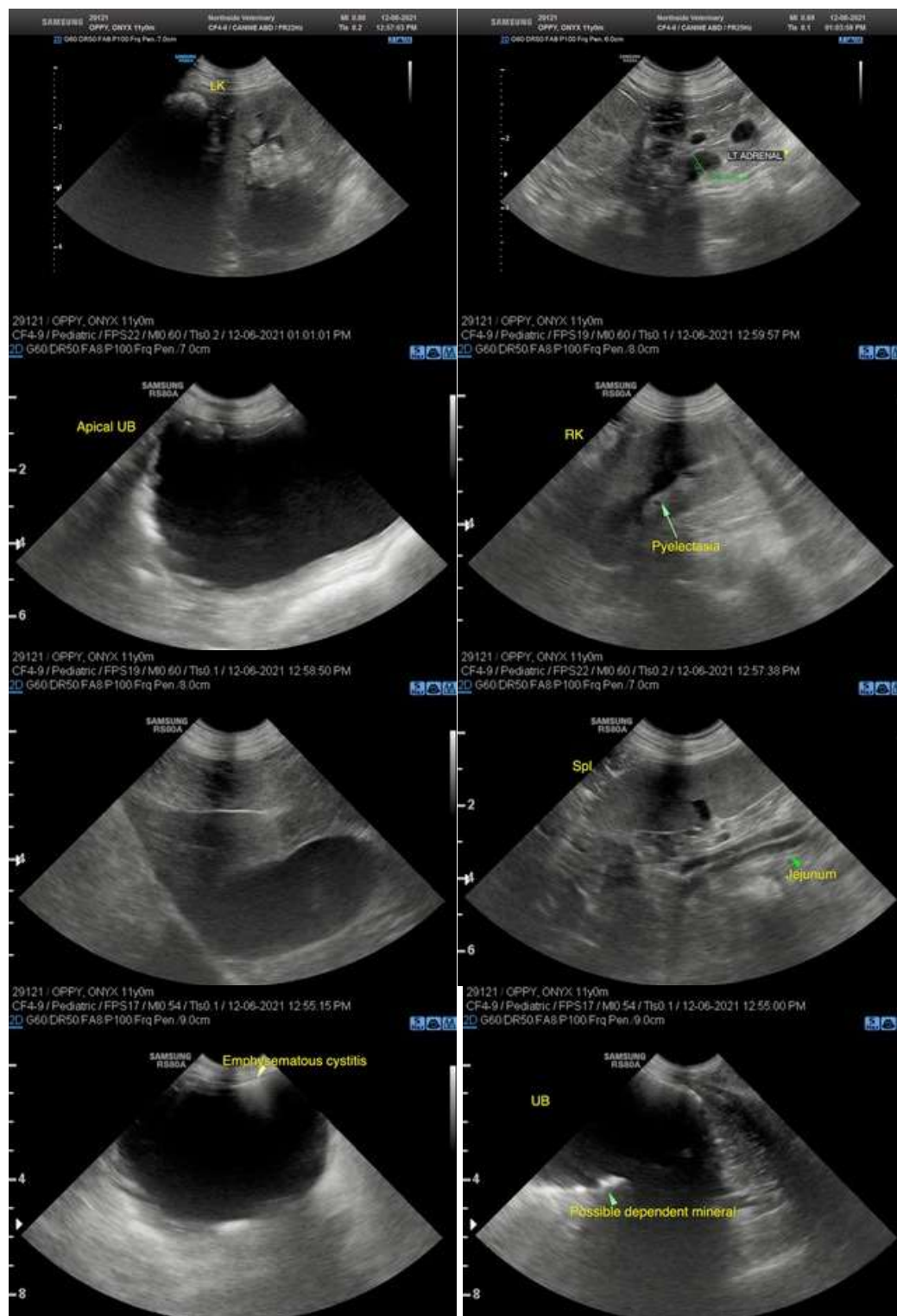
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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