



**PATIENT**

Meg Sorensen

**SPECIES**

Canine

**BREED**

Springer Spaniel

**SEX**

SF

**AGE**

12 years

**WEIGHT**

50

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Robyn Lantz

**HOSPITAL NAME**

Eastgate VC

**REFERRING VET**

Dr. Robyn Lantz

**INVOICE**

12765

**DATE**

12/7/21

**PRESENTING CLINICAL SIGNS**

Patient on Chinese herbal formulas, Body Sore, Hindquarter Weakness, Gabapentin, CBD, and recently on Crystal Stone Formula. Started Hill's C/D on 12/3/2021. Urinating more. Panting more. Pot-belly appearance

Abnormal PE/Chem/CBC/UA Results: Specific Gravity 1.017 pH 7.5 2+ proteinuria RBC and WBCs 21-50HPF 20-50/hpf cocci bacteruria no crystals on this current urine sample (12/3/2021), but Struvite (Triple P04) Crystals 4-10HPF on previous urine sample (11/18/2021). Was treated with cefpodoxmine after initial u/a and apparent uti. No culture run on first sample; urine culture pending on this sample. Staph bacteria growing, no final MIC yet. Urine samples collected by cystocentesis. Blood work in 5/2021 - CBC, T4, 4dx, fecal and Chemistries normal on senior lab work except: mild-moderate increase on cholesterol, lipase and CPK, 4+ hemolysis; few cocci and struvite crystals at that time as well.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. Mild dependent mineralized sand with mild nondependent particulate echogenic sediment were present. No overt evidence of inflammatory or neoplastic mural criteria was noted. The urethra was normal to a depth of 3.0 cm.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present. No evidence of pyelectasia was noted. The left kidney measured 6.6 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

Mild parenchyma heterogeneity and mild capsule asymmetry was present in the bilateral adrenal glands without suspicion for overt neoplasia. The right adrenal gland measured 0.69 cm width in the cranial pole and 0.75 cm width in the caudal pole. The left adrenal gland exhibited borderline prominent size yet not overtly hyperplastic. No evidence of bilateral adrenal neoplastic criteria was noted. The left adrenal gland measured 0.66 cm width in the cranial pole and 0.88 cm width in the caudal pole.

**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/ Gallbladder**

The liver exhibited subjective mild generalized enlargement with normal 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



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in appearance without signs of congestion. The gallbladder was non-distended in size with minor echogenic nonmineralized gallbladder debris. 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 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.

**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- Urinary bladder mild dependent sand and nondependent particulate sediment
- Mild chronic renal changes, no overt pyelonephritis
- Subjective mild hepatomegaly, likely benign hepatopathy
- Minor gallbladder debris (non-mucocele)
- Subjective borderline prominent left adrenal gland

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ideally based on culture / sensitivity results on pending urine culture, appropriate antibiotic usage is likely indicated. If infection is confirmed, a higher dose/shorter frequency antibiotic regime such as Clavamox or Enrofloxacin 20 mg/kg PO SID for 4-5 days may prove effective at eliminating persistent infection. Current dissolution diet is recommended.

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The overall liver was not overtly consistent with steroid hepatopathy yet given the patient's clinical signs, a full adrenal workup with LDDST may be considered if strong clinical suspicion of adrenal disease in light of patient clinical signs and decreased urine specific gravity.

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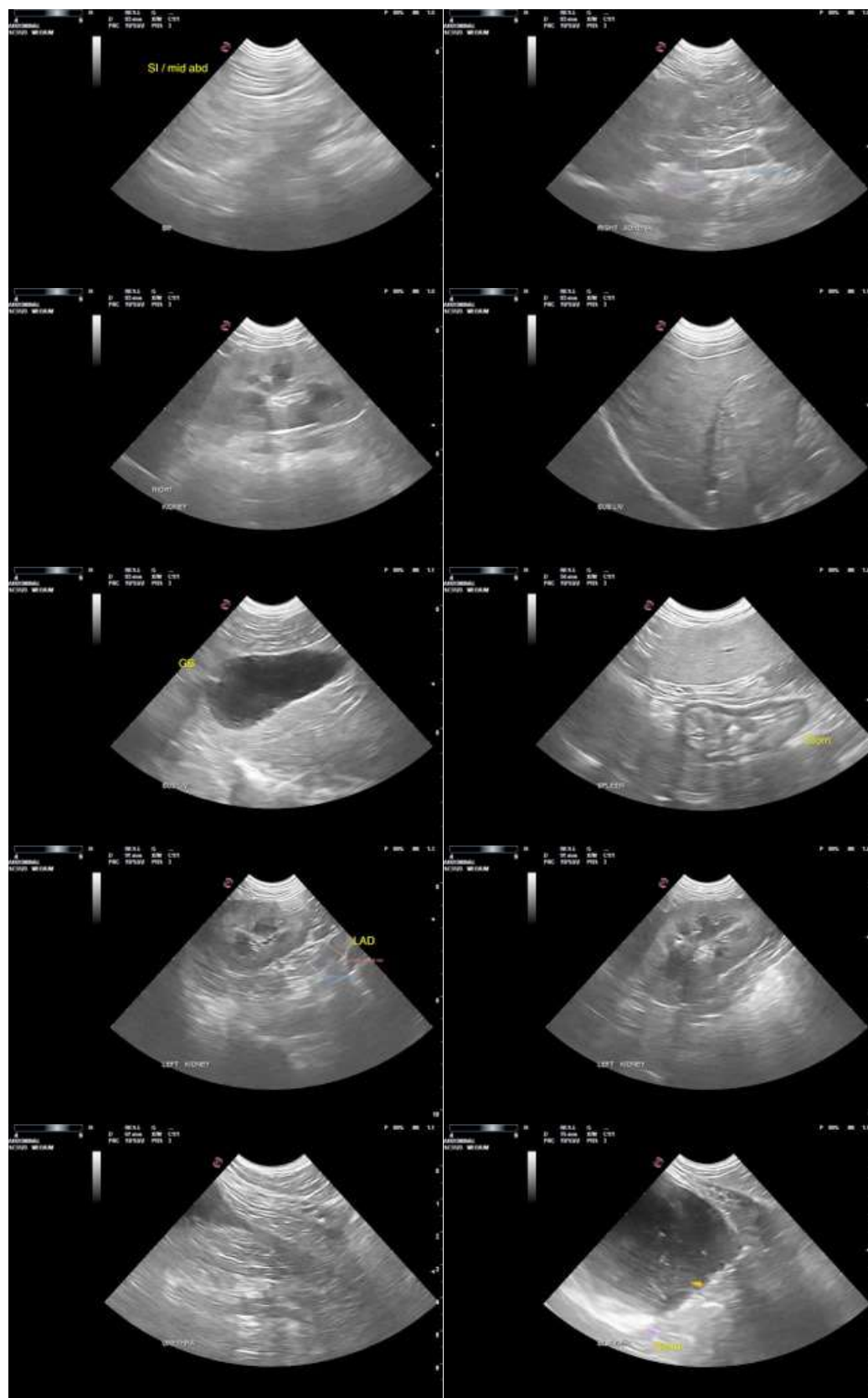
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**