



PATIENT PRESENTING CLINICAL SIGNS

Lady Matteson Chronic UTI's

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. The urethra was indistinctly visualized yet overtly normal in appearance and tone to a depth of 5.0 cm.

Mix

SEX

F/S

No evidence of pathology associated with the uterine remnant.

The area of the aortic trifurcation was free of pathology.

AGE

2019

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 or pyelectasia. The left kidney measured 5.5 cm in length. The right kidney measured 6.5 cm in length.

WEIGHT

50

Adrenal Glands

INTERPRETED BY

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

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 0.44 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 2.4 cm length x 0.43 cm width at the caudal pole.

IMAGING

PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Mill Pond VC

Liver/ Gallbladder

REFERRING VET

Dr. Thayer

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.

INVOICE

16136

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.

DATE

2/10/23



PATIENT

Lady Matteson

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.

SPECIES

Pancreas

Canine

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.

BREED

Free Abdomen

Mix

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

F/S

- Sonographically unremarkable urinary bladder and visible proximal urethra

AGE

- Normal bilateral kidneys - no evidence of pyelonephritis

2019

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Overall, sonographically unremarkable abdomen without overt pathology, specifically upper or lower urinary tract pathology as a definitive cause of the patient's recurrent UTIs.

50

Recheck urine C/S on a sterile urine sample, if not recently done, is suggested. Assessment of the vulva and vaginal vault for evidence of structural pathology, which may predispose to ascending infection, is recommended. If documented recurrent UTI, cystoscopy may be indicated without sonographic evidence of upper or lower urinary tract pathology.

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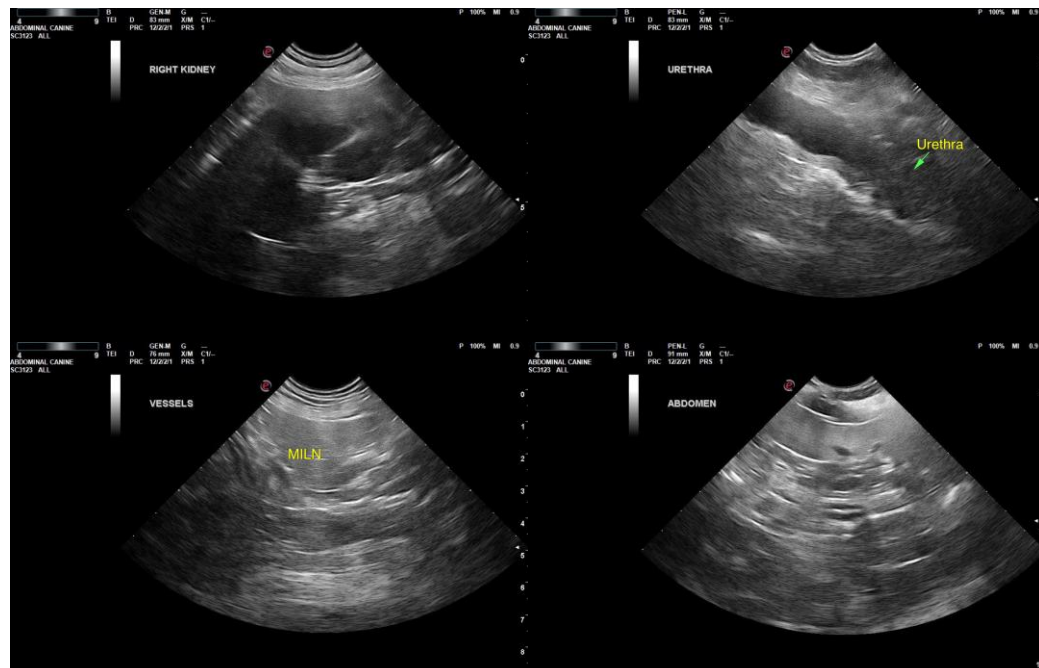
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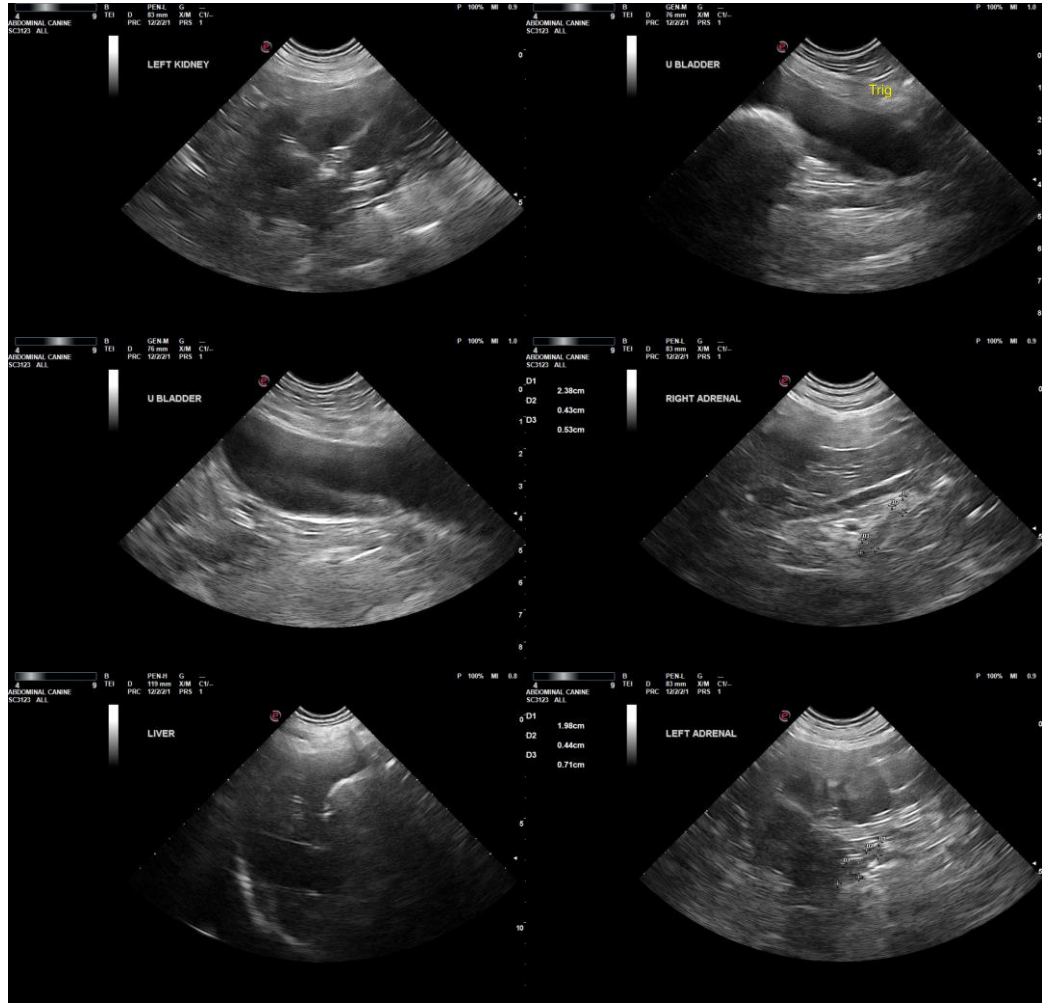
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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