



**PATIENT**

Coyote  
Bogosluskaya

**SPECIES**

Canine

**BREED**

Dalmation

**SEX**

MN

**AGE**

2.5 years

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Budd Lake AH

**REFERRING VET**

Dr. Horn

**INVOICE**

16155

**DATE**

2/14/23

**PRESENTING CLINICAL SIGNS**

Owner reports urinary accidents and increased frequency of urination. Hx of urate crystalluria so patient has been on low purine Royal Canin UC diet since Oct 2021. Switched to Purina HA diet at the end of Oct 2022.

Abnormal PE/Chem/CBC/UA Results: UA: normal, no crystals, USPG 1.010

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone containing anechoic urine with moderate, dependent mineral to multiple, variably sized, small calculi. An example of a larger dependent calculus measured 0.56 cm in diameter. A mild ventroapical to apical polyploid cystitis pattern was present. No evidence of urinary bladder tumors was noted. The apical urinary bladder wall width measured 0.53 cm width.

The residual prostate was free of pathology measuring 0.95 cm in diameter.

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. The left kidney measured 5.3 cm in length. The right kidney measured 5.2 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 1.7 cm length x 0.41 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 2.7 cm length x 0.43 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. 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 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. Normal to adequate hepatic vascular volume was present. No evidence of a portosystemic shunt was noted. The gallbladder was mildly subnormal in size containing anechoic content, likely secondary to the presence of gastric ingesta. 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 moderate, variably echogenic, ingesta exhibiting subtle progressive distal acoustic shadowing, likely consistent with recent meal ingestion.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental ingesta / chyme was noted.

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***

- Moderate dependent urinary bladder mineral / small calculi with mild ventroapical to apical polyploid cystitis pattern
- Normal bilateral kidneys
- Normal liver - no evidence of a portosystemic shunt

***Secondary Findings***

- Gastrointestinal ingesta - suspect likely recent meal ingestion

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine C/S on a sterile urine sample to rule out underlying infection is recommended. Continued dietary modification specific for urate urolithiasis +/- Allopurinol in conjunction with dietary therapy may be considered. Sonographic monitoring for evidence of persistence or resolution of urinary bladder calculi is suggested. Cystotomy with urinary bladder flush +/- mural biopsies for histopathology +/- C/S may ultimately be indicated.



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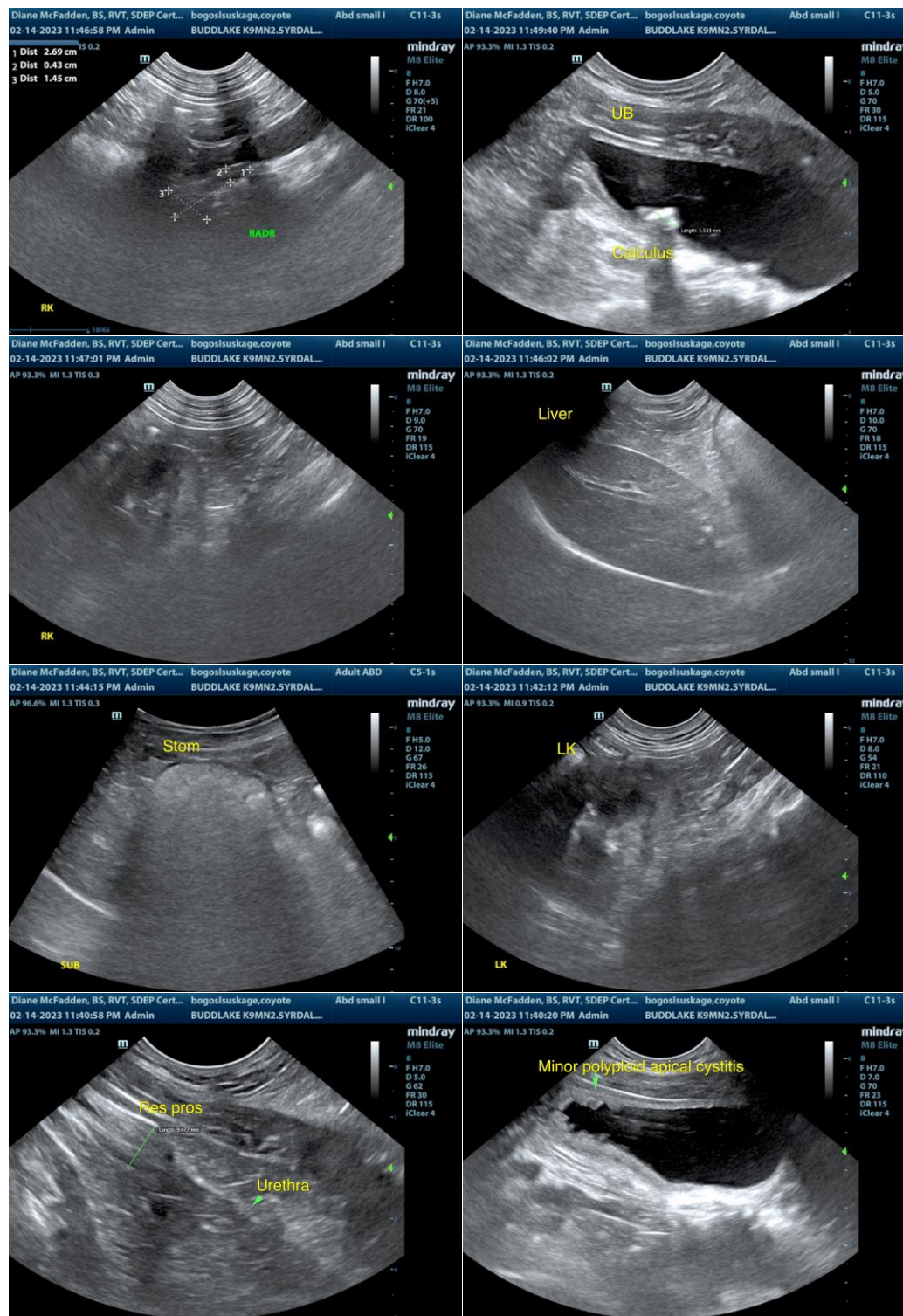
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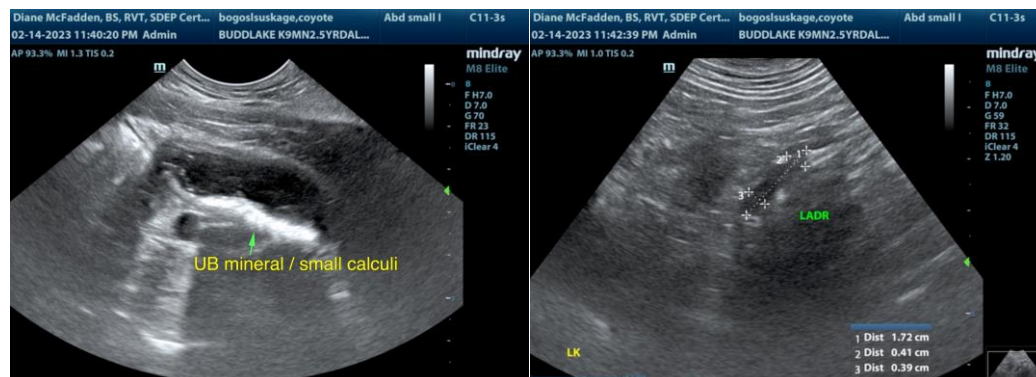
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com