



PATIENT

Frankie Mauch

SPECIES

Canine

BREED

Cane Corso

SEX

FS

AGE

7 years

WEIGHT

70 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Aldershot AH

REFERRING VET

Dr. Wallace

INVOICE

16195

DATE

2/16/23

PRESENTING CLINICAL SIGNS

urine leaking, mild to moderate recession of vulva with small amount of pooling liquid at tip of vulva ventrally Current Medications Trazadone, Gabapentin, Calming Care

Abnormal PE/Chem/CBC/UA Results: 2701 - URINALYSIS COLLECTION METHOD CYSTOCENTESIS COLOUR (URINE) Dark Yellow CLARITY (URINE) Clear SPECIFIC GRAVITY (URINE) 1.042 pH (URINE) 6.5 PROTEIN (URINE) 1+ (0.3 g/L) GLUCOSE (URINE) Negative KETONES (URINE) Negative BLOOD (URINE) Negative BILIRUBIN (URINE) Negative UROBILINOGEN (URINE) Trace WBC 0-2 /HPF RBC 0-2 /HPF BACTERIA None Seen CRYSTALS None Seen EPITHELIAL CELLS 1+ Transitional epithelial cells (1-2 /HPF) 2671 - URINE CULTURE SOURCE CYSTOCENTESIS URINE CULTURE RESULTS Status: FINAL No growth/Aucune croissance

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone containing anechoic urine with no sediment or calculi. No evidence of urinary bladder inflammatory or neoplastic criteria was noted. The proximal urethra exhibited subjective decreased tone to a depth of 4.0-5.0 cm, measuring approximately 0.8 cm in diameter. No obvious or visualized evidence of proximal urethra obstructive pathology or tumors was noted.

No evidence of pathology was noted in the area of the uterine remnant.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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 8.3 cm in length. The right kidney measured 9.1 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 4.1 cm length x 0.92 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 0.93 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.



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Liver/ Gallbladder

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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.

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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 contained strongly shadowing ingesta, which is nonspecific and likely suggestive of post prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO, monitoring for evidence of gastric emptying vs. persistent shadowing ingesta is suggested.

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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.

Pancreas

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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

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Mild distended yet sonographically unremarkable urinary bladder
- Mild decreased proximal urethral tone - no overt or visualized obstructive criteria
- Normal bilateral kidneys

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Secondary Findings

- Shadowing gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Vulvar recession or vaginal vault urine pooling may be an issue in this patient. Screening BRAF Assay is recommended. Gross inspection of the vaginal vault for evidence of structural abnormalities and/or cystoscopy is likely ideal. Empirically, Phenylpropanolamine trial, assuming normal BP, and/or hormonal trial, given the potential for incontinence, with assessment of clinical response may be considered.

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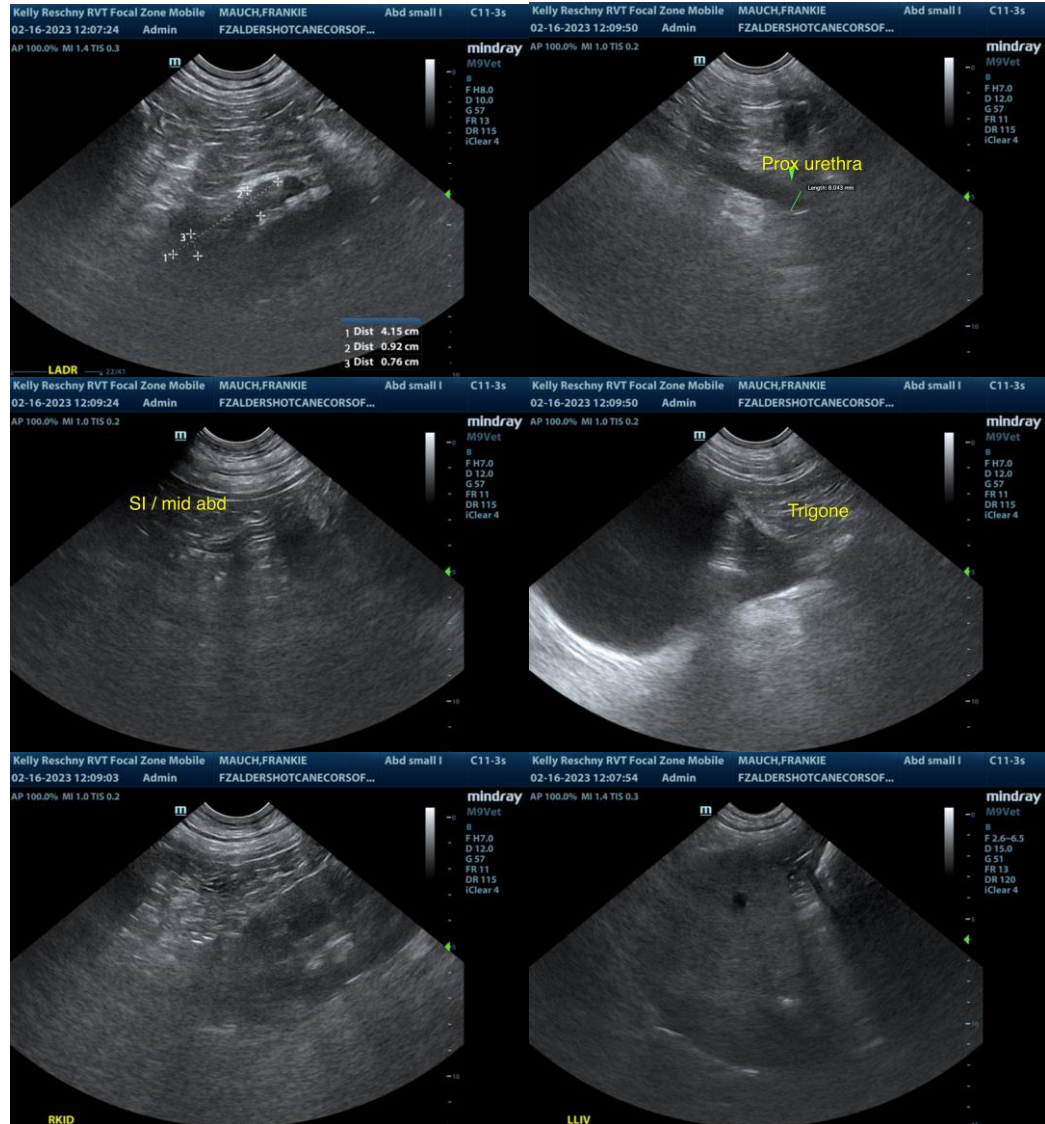
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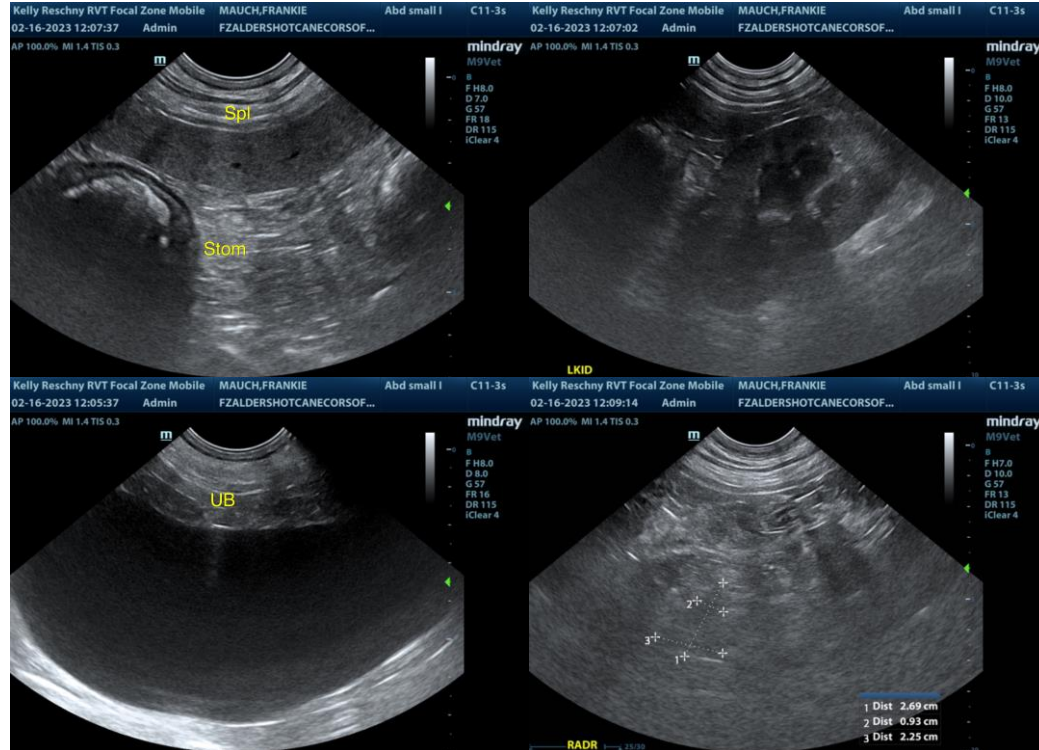
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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