



PATIENT PRESENTING CLINICAL SIGNS

Todd Lee PU/PD, UTI'S, HYPOTHYROID, HYPOSTHENURIA

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. The visible proximal urethra to a depth of 3.0 cm was sonographically unremarkable exhibiting normal structure 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.

BREED The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter. No evidence of pathology was noted in the area of the residual prostate.
 Keeshond MN

SEX The area of the aortic trifurcation was free of pathology.

AGE 2012 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 medullary mineral was present. No evidence of pyelectasia was present. The left kidney measured 5.3 cm in length. The right kidney measured 6.0 cm in length.

WEIGHT 31.7

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.43 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.65 cm width at the cranial pole. No evidence of subnormal adrenal size, hyperplasia, or neoplastic criteria was noted.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

PA Mobile - Stanglein

REFERRING VET

Dr. Meyer

Liver/ Gallbladder

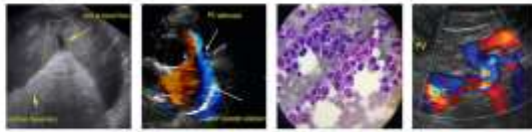
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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PATIENT *Gastrointestinal*

Todd Lee 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.

SPECIES 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.

Canine Normal visible colon wall layers were present with apparent formed feces in lumen.

BREED *Pancreas*

Keeshond 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.

SEX

MN *Free Abdomen*
No overt lymphadenopathy or peritoneal effusion was present.

AGE **ULTRASONOGRAPHIC FINDINGS**

- 2012
- Overtly normal urinary bladder, residual prostate, and visible proximal urethra
 - Mild age-related renal changes with pinpoint medullary mineral, no overt pyelonephritis
 - Otherwise, unremarkable abdomen

WEIGHT
31.7

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY Overall, no evidence of abdominal visceral, specifically upper or lower urinary tract or adrenal pathology was noted.

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

Pending ACTH Stimulation test, further renal staging to include recheck urine culture and sensitivity if not recently done or 7 days post completion of antibiotics, as well as baseline UPC +/- Leptospirosis titers/PCR, if potential exposure or if clinically indicated.

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

If documented recurrent UTI, ideally based on culture and sensitivity results, a higher dose shorter frequency antibiotic regime such as Clavamox or Enrofloxacin 20 mg/kg PO SID for 3-4 days may prove more effective at eliminating persistent infection. Otherwise, an obvious cause of the patient's clinical signs was not overt evident.

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Dr. Meyer 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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13414 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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SPECIES

Canine

BREED

Keeshond

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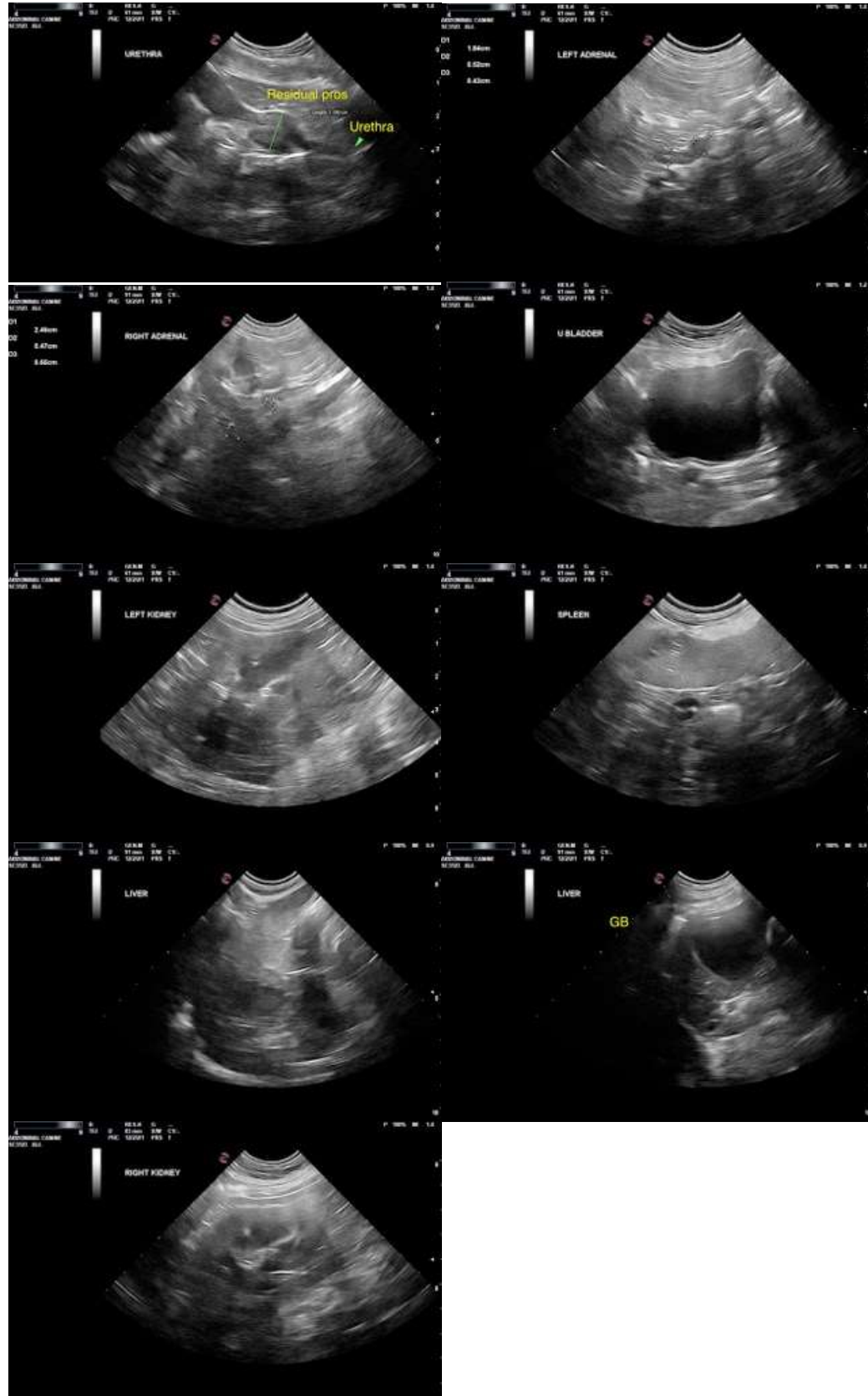
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com