



**PATIENT**

Cash Unrau

**SPECIES**

Canine

**BREED**

Collie Lab X

**SEX**

Spayed Female

**AGE**

6

**WEIGHT**

37 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Ramsay AC

**REFERRING VET**

Dr. Patabendi

**INVOICE**

21361

**DATE**

3/1/23

**PRESENTING CLINICAL SIGNS**

History of recurrent UTI's that respond to treatment then return after treatment is complete. Was on Clavaseptin for 2 weeks until 5 days ago Cysto done for US culture and sensitivity.

Abnormal PE/Chem/CBC/UA Results: UA done in Nov pH8 and lots of WBC UA done in Feb pH is 5 no WBC or RBC and Sg 1009.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no mineral, sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 6.0 cm in length. The right kidney measured 6.3 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 0.50 cm width at the caudal pole and 0.35 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 0.69 cm width at the caudal pole and 0.59 cm width at the cranial 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**

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.

**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.

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.



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

Cash Unrau **Pancreas**

**SPECIES** 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 was evident.

Canine

**Free Abdomen**

**BREED** No overt lymphadenopathy or peritoneal effusion was present.

Collie Lab X **ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female No sonographic evidence of upper or lower urinary tract pathology as an obvious contributing factor or cause of recurrent UTIs. No evidence of congenital abnormality, i.e., ectopic ureter, urachal remnant, etc., as well as no evidence of renal or urinary bladder neoplastic criteria. Examination of the vulva and vaginal vault for evidence of structural abnormalities or evidence of urine pooling, which may predispose to ascending infection, is recommended. Correlation with pending culture and sensitivity is recommended. If documented UTI on sterile urine sample, and ideally, based on culture and sensitivity results, a higher dose/shorter frequency antibiotic regimen, i.e., clavaseptin or fluroquinolone 20 mg/kg PO SID for 3-4 days may prove more effective at eliminating persistent infection. Cystoscopy may ultimately be considered if recurrent UTIs.

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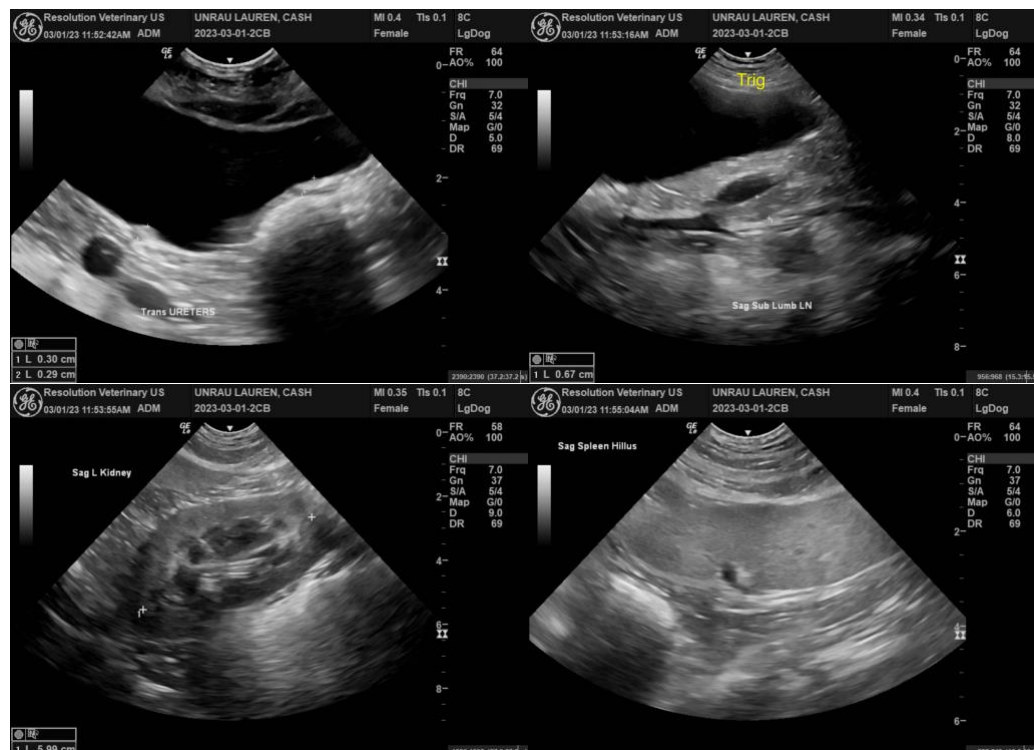
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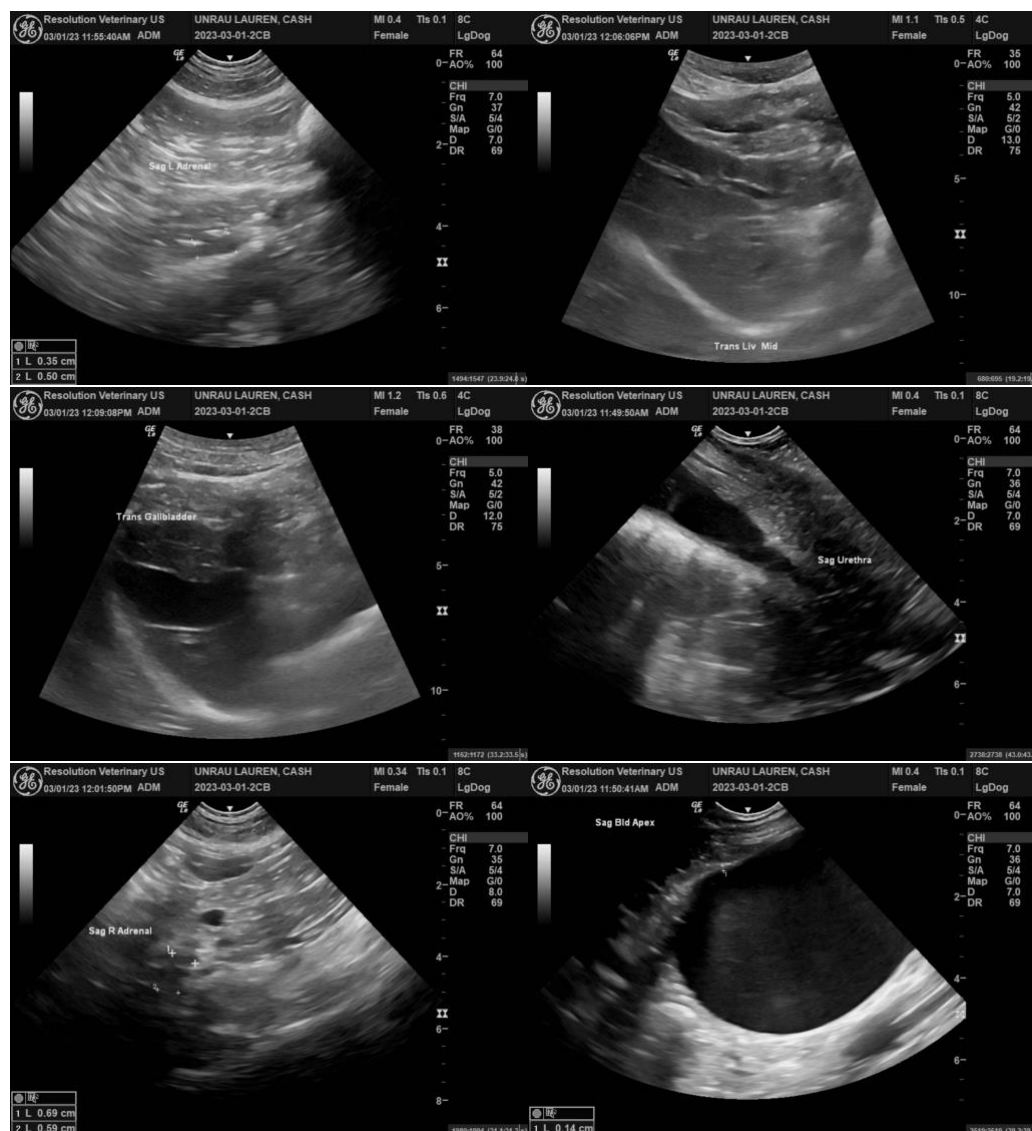
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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