



**PATIENT PRESENTING CLINICAL SIGNS**

Kali Townsend

History: 1/31 UTI with rods, rx clavaseptin for 10 days, repeat US sowed a few Wbc and struvite crystals, no bacteria, dog asymptomatic 2/14 polakuria returned, restarted clavaseptin, UA two weeks later showed mod WBC, mod cocci, Ph 6, SG 1.042, heamturia, few squam and transitional cells

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Lab

The urinary bladder was normal in size and tone. No evidence of inflammatory mural criteria. No evidence of masses. Primarily anechoic urine was present with mild nondependent particulate to hyperechoic sediment. The sediment may indicate mild cellular or crystalline debris. No calculi noted. At least one overtly normal ureteral papilla was visualized. The area of the cystourethral junction and visible proximal urethra, to a depth of 4.0 cm, exhibited normal structure and tone. No evidence of proximal urethral urine retention or dilation. Aortic trifurcation was normal.

**SEX**

Intact Female

**AGE**

15 Weeks

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 5.7 cm in length. The right kidney measured 5.8 cm in length.

**WEIGHT**

23 Pounds

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole and 0.42 cm width at the cranial pole.

**INTERPRETED BY**

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole.

**Spleen**

**IMAGING PERFORMED BY**

Kelly Reschny

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**

Tillsonburg VC

**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.

**REFERRING VET**

Dr. Reed

**Gastrointestinal**

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14142

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**

3/2/22



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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.

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 was evident.

**BREED**

Lab

**Other**

No evidence of pathology associated with the uterus or bilateral ovaries.

**SEX**

Intact Female

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal urinary bladder and visible proximal urethra, mild nondependent particulate to hyperechoic urinary bladder sediment
- Normal bilateral kidneys, no signs of pyelonephritis

**AGE**

15 Weeks

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

23 Pounds

Overt evidence of upper or lower urinary tract pathology as a possible cause of recurrent urinary tract infection was not definitively evident. No signs of congenital lower urinary tract abnormalities, such as urachal remnant or obvious ectopic ureter was noted. Assessment of the vulva and potential vaginal vault for evidence of structural abnormality which may predispose to ascending infection could be considered. If recurrent documented UTI, based on sterile urine culture and sensitivity, a higher dose/shorter frequency course of antibiotic may prove more effective at eliminating infection (i.e., Enrofloxacin or Clavaseptin 20 mg/kg PO SID for 3-5 days, ideally based on culture and sensitivity results). If recurrent UTI and/or clinical concern for small to non-visualized congenital abnormality, cystoscopy or lower urinary tract contrast study may be indicated.

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**REFERRING VET**

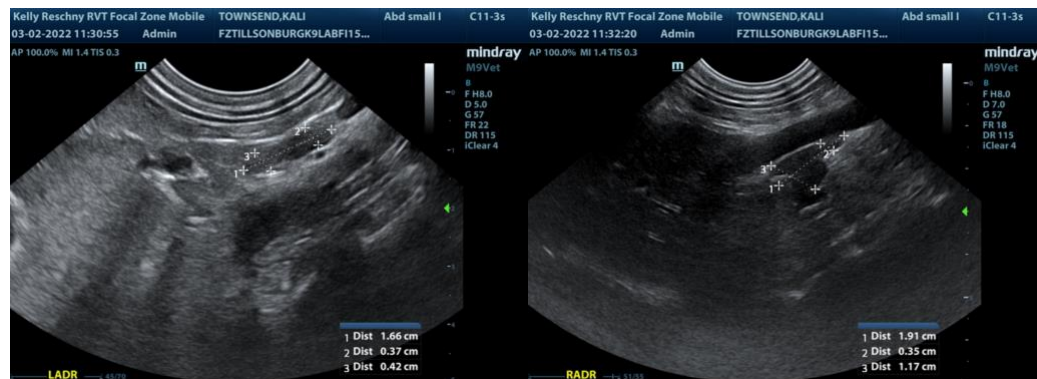
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**PATIENT**

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**SPECIES**

Canine

**BREED**

Lab

**SEX**

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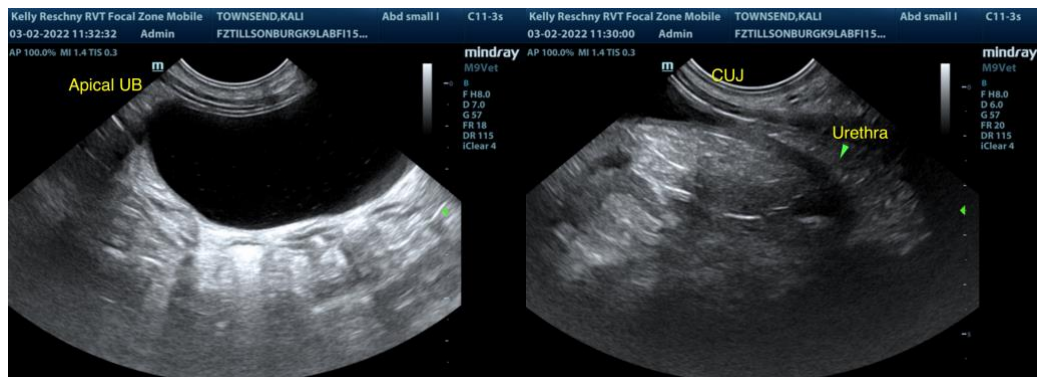
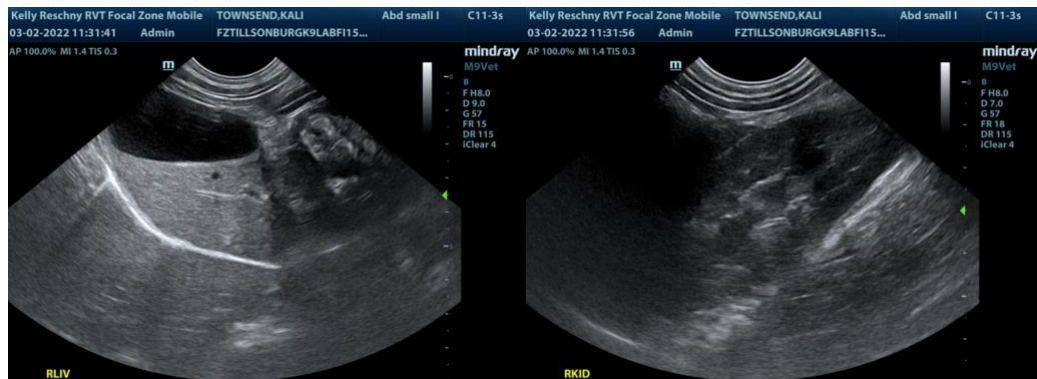
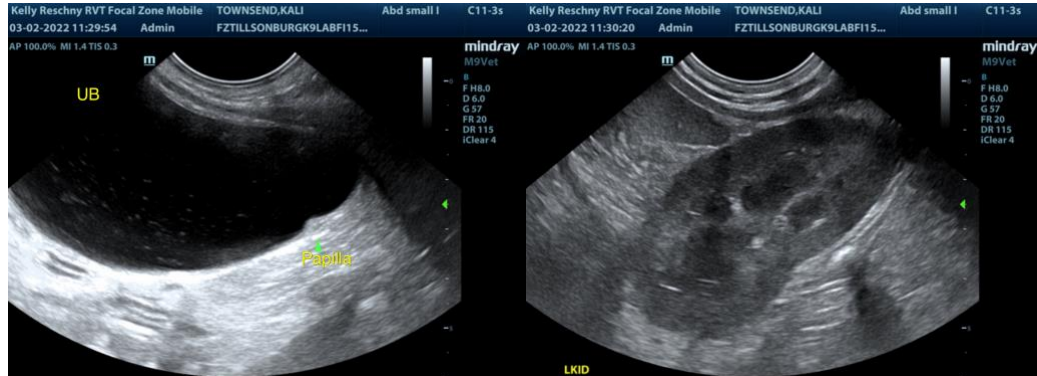
Dr. Reed

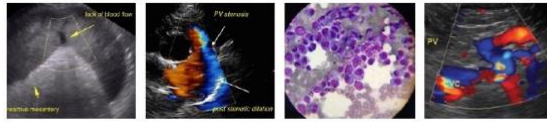
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**PATIENT**

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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.

**SPECIES**

Canine

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.

**BREED**

Lab

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**SEX**

Intact Female

**AGE**

15 Weeks

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