



PATIENT PRESENTING CLINICAL SIGNS

Luna Fontino Hematuria, pyuria

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder presented normal in size and tone. Mildly prominent dorsal, ventral and apical bladder wall exhibiting uniform mural echogenicity without evidence of mural mineralization was observed. The apical bladder wall measured 0.27 cm in width. Anechoic urine was present in the lumen with moderate to marked nondependent particulate to pinpoint mineralized sediment and well as dependent sand extending into the area of the urinary bladder neck, cystourethral junction and was noted in the proximal urethral lumen to a depth of 3 cm. Mildly prominent proximal urethra exhibiting overall normal structure and tone measuring 0.5 cm in diameter was observed. No overt evidence of congenital abnormalities such as ectopic ureter or urachal remnant.

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

AGE 2015 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 6.5 cm in length. The right kidney measured 6.4 cm in length.

WEIGHT 65

Adrenal Glands

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole and 2.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width at the caudal pole and 2.0 cm length.

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

IMAGING PERFORMED BY 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.

HOSPITAL NAME
Easton AH

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. No indication of a portosystemic vascular anomaly was noted. 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. Nankman

INVOICE 10233ag

Gastrointestinal

DATE 3/25/22 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.



PATIENT

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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 were evident.

BREED

Pitbull

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

- Moderate to marked urinary bladder sediment to sand with suspect mild cystitis.

AGE

2015

- Concurrent nonobstructive proximal urethral luminal sand with potential mild urethritis.
- Sonographically unremarkable bilateral kidneys-no evidence of pyelonephritis.
- Mild gallbladder debris-likely incidental possibly owing to fasting or possible nonclinical cholestasis.

WEIGHT

65

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck urine C/S 7 days post completion of recent antibiotic is suggested. If recurrent documented positive C/S, higher dose shorter frequency antibiotic regimen for infection and cystitis such as Baytril or Clavamox 20 mg/kg PO SID for 5 days may prove more effective at eliminating recurrent infection. An obvious nidus of recurrent infection within the kidneys or bladder was not definitively evident. Assessment of the vulva and vaginal vault for evidence of structural pathology which may predispose to ascending infection +/- cystoscopy may be indicated for further assessment.

INTERPRETED BY

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IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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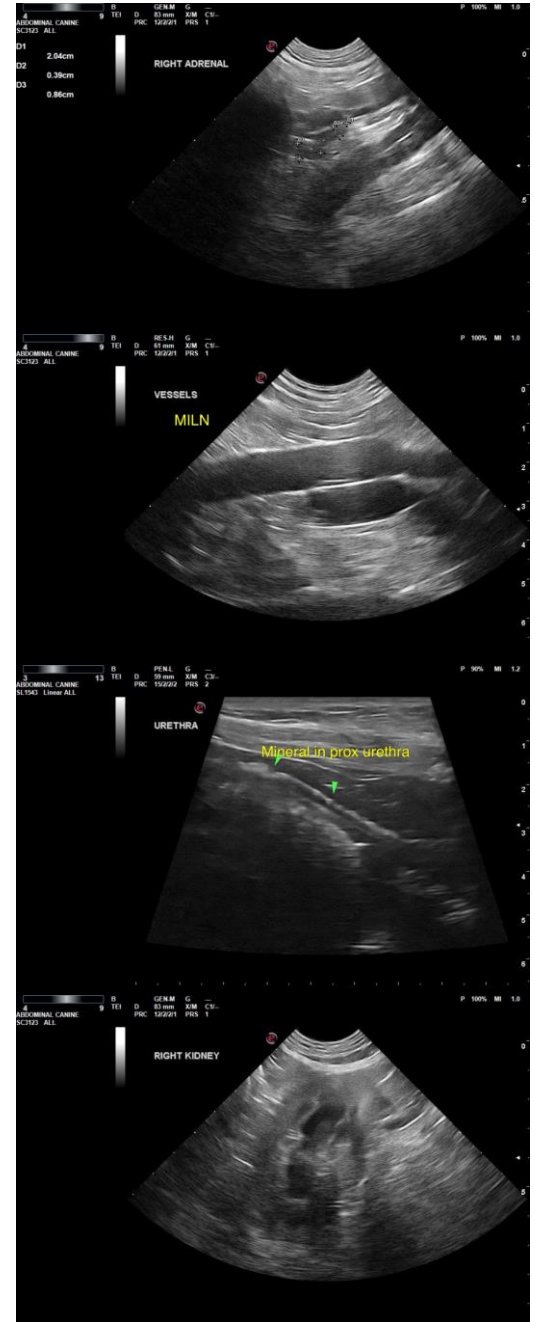
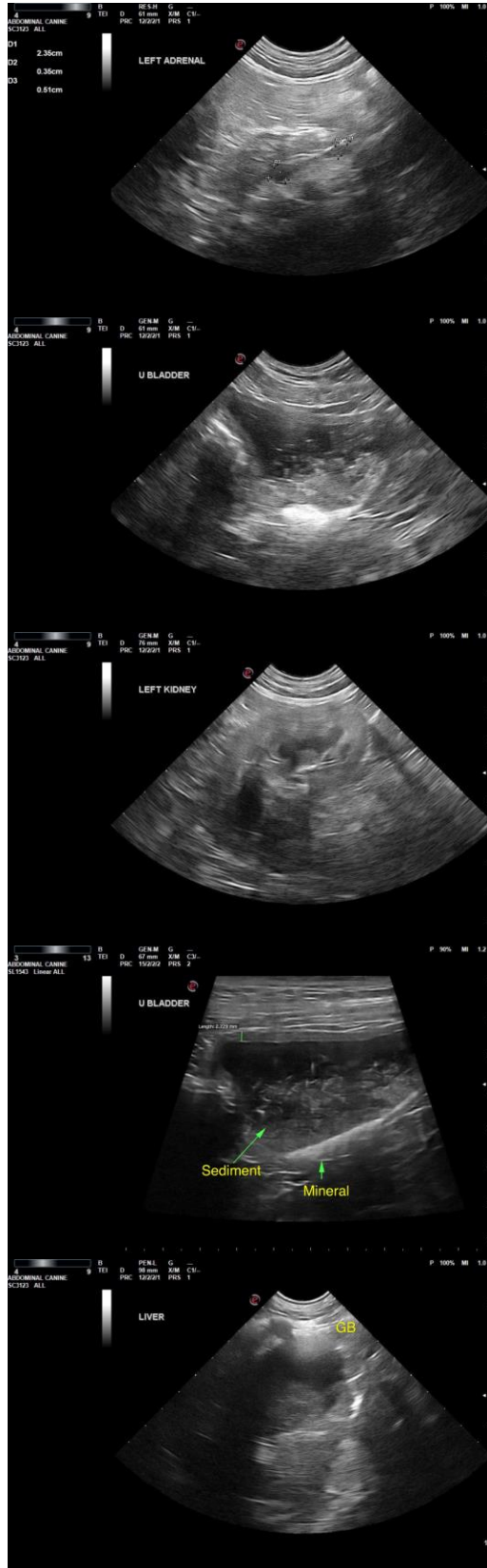
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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