



PATIENT	PRESENTING CLINICAL SIGNS
Bailey Alexander	Neuro events, looking for potential causes or contributing factors in the abdomen. Consulted with neurologist, who requested AUS. History of L nephrectomy and ureterectomy (surgical clip at level of bladder) when Dx with ectopic ureter as a puppy. On PPA and DES since, which control majority of urinary incontinence.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: BW: WNL UA: Protein 1+, otherwise WNL. UPC and Tick panel: normal RADS: WNL ECG done today after US: HR varied from 65 to 78, no VPCs and a normal rhythm over span of ECG.
BREED	
Labrador Retriever	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
SEX	The urinary bladder and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. A small tubular structure within the area of the ureteral papilla was present containing anechoic content measuring 0.6 cm in diameter. The structure appeared to be within the trigone to cystourethral junction lumen.
FS	
AGE	Normal size and margination were present in the right kidney. 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 was not visualized owing to previous nephrectomy. The right kidney measured 7.9 cm in length.
9yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
75lb	
INTERPRETED BY	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 0.73 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 0.87 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Karen Ebersole	The spleen exhibited normal size and contour with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary mildly expansive well demarcated hypoechoic nodule was present in the mid craniolateral spleen measuring 1.5 cm in diameter. No splenic masses. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
HOSPITAL NAME	Liver/Gallbladder
Scanvet	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	Gastrointestinal
Dr. Cote	
INVOICE	
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DATE	
03/27/2023	



PATIENT

Bailey Alexander

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic ingesta with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

BREED

Labrador Retriever

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

Pancreas

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.

SEX

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

9yr

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Suspect small residual left ureterocele.
- Sonographically unremarkable right kidney.
- Non-specific mildly expansive solitary splenic nodule-hyperplasia, hematopoiesis, focal splenitis, small hematoma or emerging neoplasia all potentials.
- Sonographically unremarkable normal volume liver.
- Gastric ingesta-probable recent meal ingestion.

WEIGHT

75lb

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small suspected residual ureterocele is likely associated with the left ureter given patient history and is likely incidental yet may be of clinical significance if evidence of recurrent urinary tract infection or incontinence. Assuming normal clotting status and using a 25g needle, a splenic nodule FNA for screening cytology is warranted for further assessment.

IMAGING PERFORMED BY

Karen Ebersole

Sonographic monitoring of the splenic nodule for evidence of progression with potential for future splenectomy if evidence of progressive or multiple emerging nodules is recommended. Overall sonographically no overt definitive visceral pathology as an obvious cause of potential neurological episodes.

HOSPITAL NAME

Scanvet

REFERRING VET

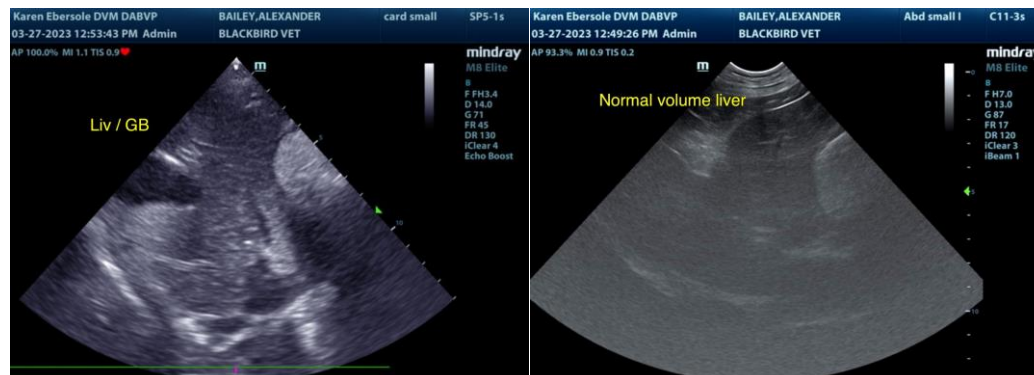
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Bailey Alexander

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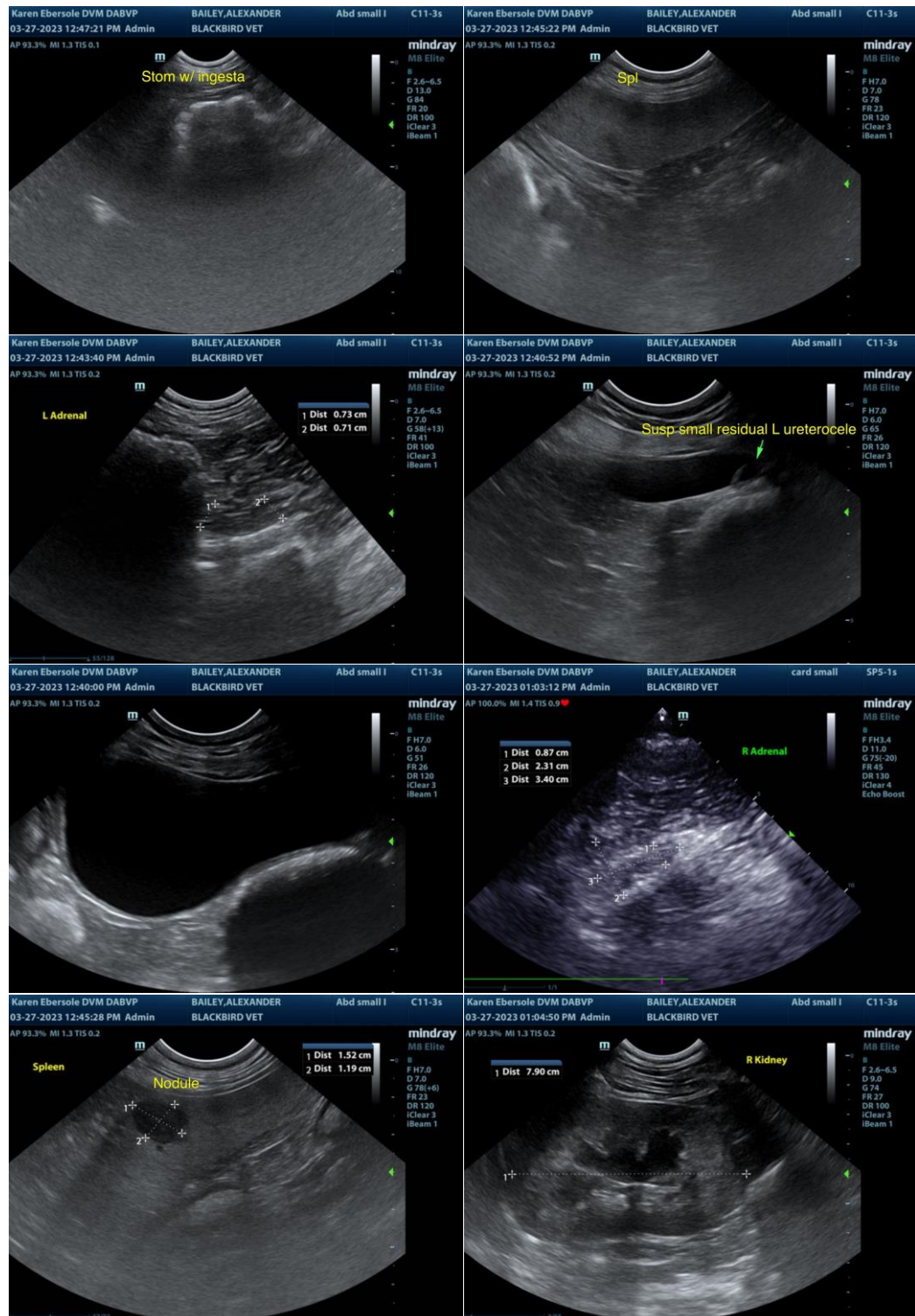
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

Bailey Alexander

SPECIES

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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Canine

BREED

Labrador Retriever

SEX

FS

AGE

9yr

WEIGHT

75lb

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