



PATIENT

Fern Gibson

PRESENTING CLINICAL SIGNS

Urinary frequency. Hematuria.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed Breed /
Retriever

The urinary bladder was normal in size and tone containing moderate anechoic urine with moderate, nondependent, particulate sediment. Mildly prominent generalized urinary bladder walls noted primarily in the mid-ventral apical and mid-dorsal urinary bladder were present. The apical urinary bladder wall width measured 0.28 cm. Overt evidence of a congenital abnormality such as urachal remnant or obvious ectopic ureter was not noted. No macro-calculi were noted. The urethra exhibited overtly normal structure and tone to a depth of 3.0 cm.

SEX

F/S

The area of the aortic trifurcation was free of pathology.

AGE

4 months

No overt pathology was noted in the area of the uterine remnant.

WEIGHT

10.5 kg

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 pyelectasia or renal dysplasia. The left kidney measured 5.6 cm in length. The right kidney measured 5.6 cm in length.

INTERPRETED BY

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 0.35 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 0.38 cm width at the caudal pole and 0.35 cm width at the cranial pole.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

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

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Dr. Sasa Karagic

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.

INVOICE

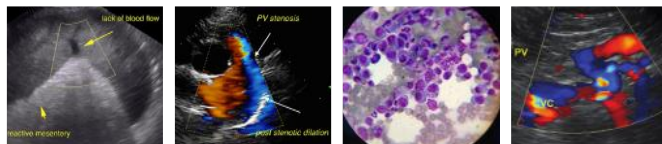
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DATE

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing, ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained generalized to nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.

SPECIES

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

BREED

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Retriever

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 were evident.

SEX

F/S

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

4 months

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

10.5 kg

- Mild cystitis with moderate nondependent sediment
- Sonographically unremarkable bilateral kidneys
- Gastrointestinal ingesta - probable post prandial presentation

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on a sterile urine sample is recommended with potential antibiotic therapy based on urine culture and sensitivity results.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

Overt evidence of congenital abnormalities such as ectopic ureter was not evident in this study. However, if continued to recurrent documented urinary tract infection and/or evidence of continued pollakiuria or incontinence, sonographic reassessment of the urinary bladder is recommended.

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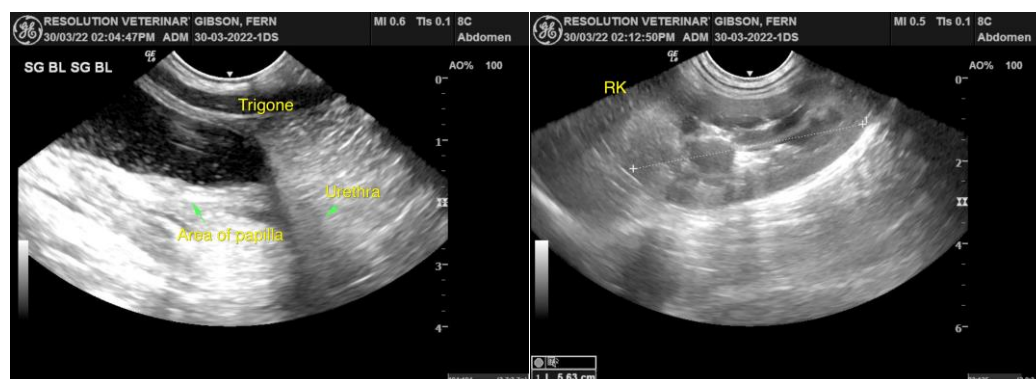
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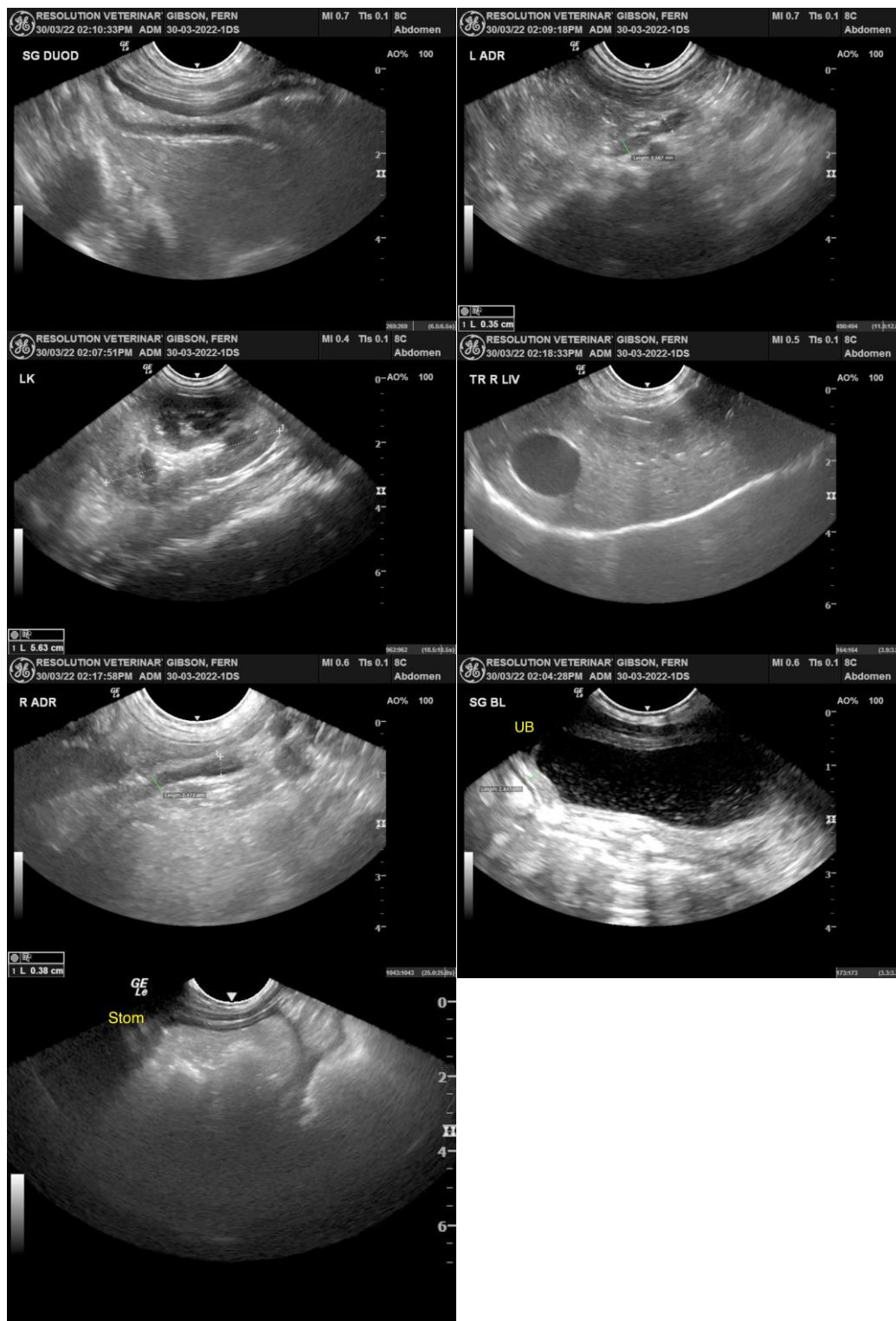
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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