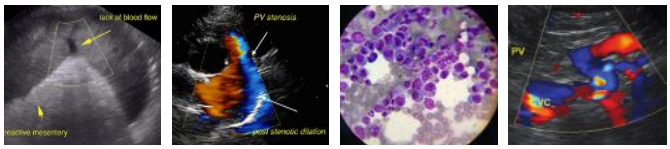
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Elsa Belanger

SPECIES
Canine

BREED
Black Mouth Cur X

SEX
Spayed female

AGE
7 years

WEIGHT
63 pounds

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

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
ScanVet

REFERRING VET
Dr. Sanders/Dr. Lane

INVOICE
10125ag

DATE
03/04/2022

PRESENTING CLINICAL SIGNS

History: History of hematuria, pyuria and transitional cells in the urine. Presented 12/2021 for pollakiuria and licking at her vulva. Treated with Clavamox and Carprofen; symptoms resolved. US recommended to R/O radiolucent stone or other abnormality. On Trazodone, Gabapentin and Sertraline for severe anxiety. Sedated with Torbugesic and Acepromazine IV for US.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of proximal urethra loss of tone or urine retention. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 6.4 cm in length. The right kidney measured 6.6 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 0.62 cm width at the caudal pole and 0.64 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 0.55 cm width at the caudal 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.

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

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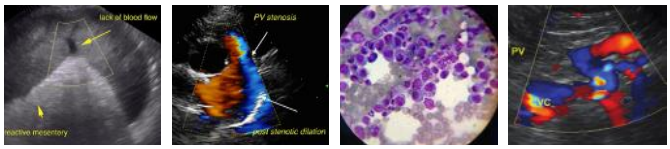

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Pancreas

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.

Free Abdomen

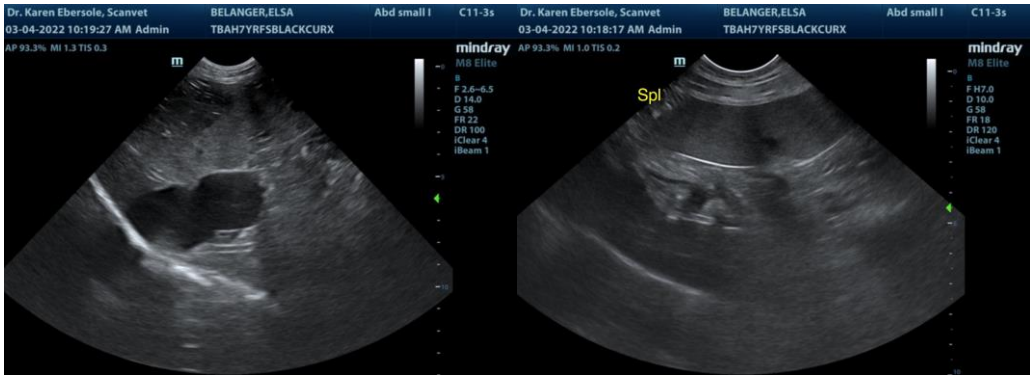
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visible proximal urethra.
- Normal bilateral kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally normal abdomen without evidence of abdominal visceral specifically upper or lower urinary tract pathology. No evidence of pyelonephritis, cystitis, urinary bladder calculi/sediment or neoplastic disease. An obvious cause of the patient's clinical signs was not overtly evident. The potential for distal urethral tract abnormality or vaginal vault abnormality cannot be definitively excluded. Cytospin cytology of a urine sample to assess for abnormal transitional cells +/- BRAF assay could be considered. Correlation with pending urine C/S recommended.



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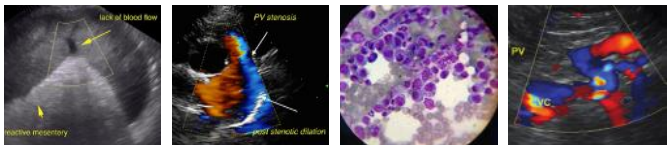

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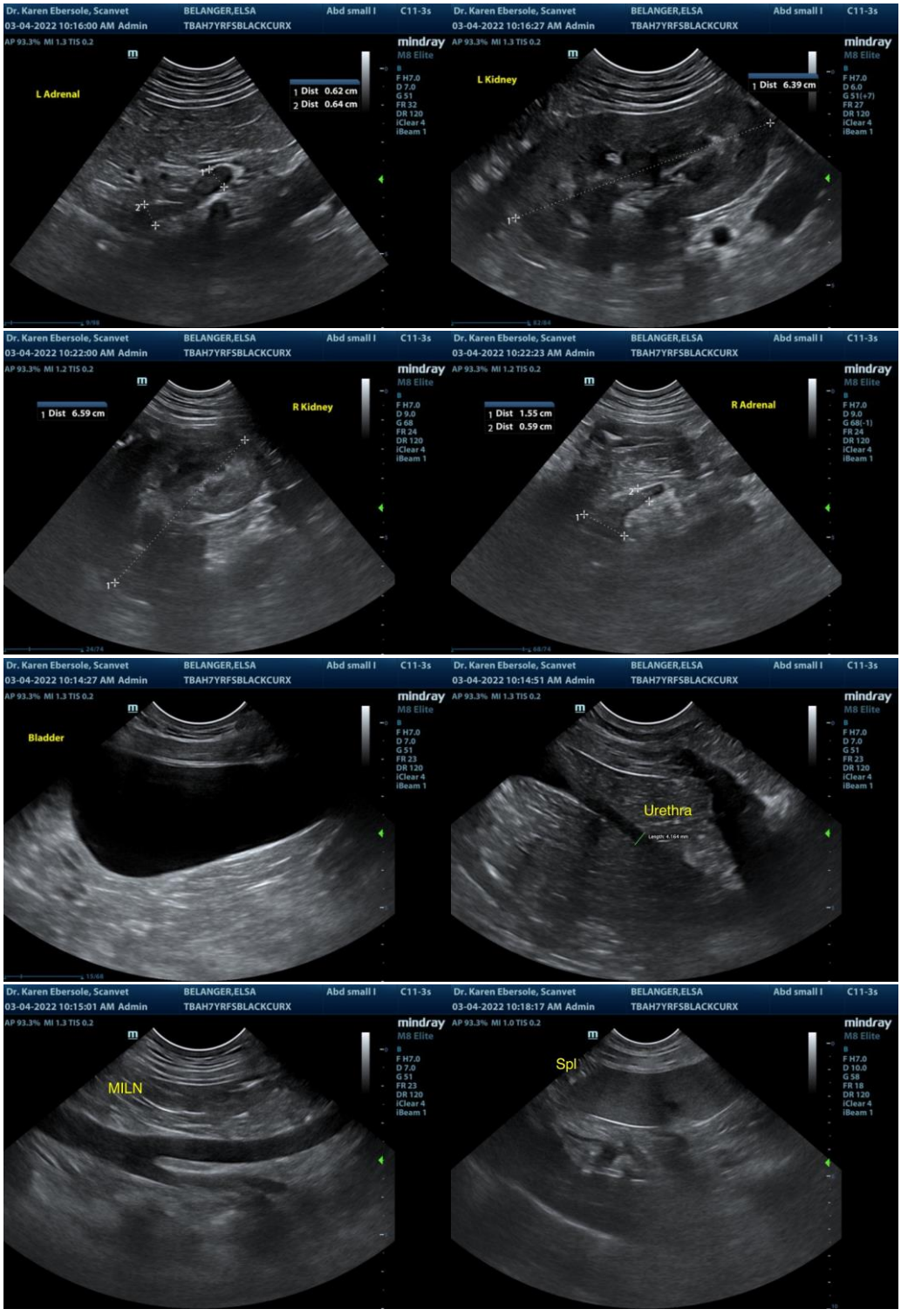

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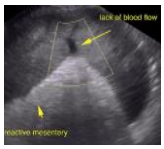

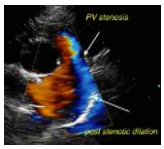

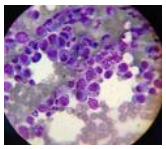
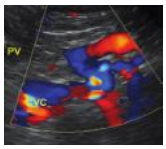

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com