



PATIENT

Lumi Villaneuva

SPECIES

Canine

BREED

Samoyed

SEX

Female

AGE

12 months

WEIGHT

40

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Nyberg

HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Tracy Nyberg

INVOICE

13448

DATE

3/8/22

PRESENTING CLINICAL SIGNS

Since 8 weeks old has had recurrent UTI's--E.Coli on all C&S and has seemed to resolve but continues to recur. Currently eating C/D, cranberry supplement, and daily fortiflora. Spoke with internist at Idexx and they recommend further work-up

Abnormal PE/Chem/CBC/UA Results: Chem: WNL Last U/A performed: hematuria, WBC, rods, pH 5, USG 1.034

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. The urinary bladder walls were overtly normal without overt evidence of inflammatory criteria. Anechoic urine was present in the bladder with no sediment or calculi. The urethra was normal in structure and tone to a depth of 2.0 cm

The visualized uterus dorsal to the urinary bladder and ventral to the colon was sonographically unremarkable. No overt pathology was noted in the area of the left and right ovaries.

Both kidneys exhibited subjective borderline subnormal size, given the size and breed of the patient, with primarily maintained symmetrical contour and subtle nonuniform to mixed echogenic areas of the left and right renal cortex. Mild loss of corticomedullary border demarcation was noted. Mild pyelectasia was present in the left kidney. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 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 0.50 cm width at the caudal pole and 0.48 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 0.59 cm width at the caudal pole and 0.58 cm width at the cranial 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/ 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.

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.



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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.

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

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Subjective potential for subnormal bilateral kidney size with mild loss of corticomedullary border demarcation, minor left kidney pyelectasia - possible mild dysplasia
- Overtly normal urinary bladder and visible proximal urethra

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

Although not definitive, the kidneys exhibited a potential for borderline to mild subnormal renal size, given the size and breed of the patient, with potential for mild dysplastic changes. The mild left kidney pyelectasia is nonspecific, potentially secondary to mild dysplastic renal changes while the possibility of low-grade left kidney pyelonephritis cannot be excluded. Overt evidence of lower urinary tract congenital abnormalities such as urachal remnant or obvious ectopic ureter was not noted. However, if clinical signs suggestive of ectopic ureter i.e., incontinence, urine dribbling, etc. are present, the possibility of a small ectopic ureter cannot be definitively excluded.

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Ideally, based on urine culture and sensitivity results, a higher dose / shorter frequency antibiotic regime i.e., Clavamox or Enrofloxacin 20 mg/kg PO SID for 3-5 days may prove more effective at eliminating persistent Infection. Additional renal staging including baseline UPC could be considered if evidence of proteinuria. If recurrent documented infection, additional imaging of the lower urinary tract which may include excretory urography or cystoscopy to rule out non-visualized urethral, vaginal vault, or nonobvious congenital abnormality may be indicated.

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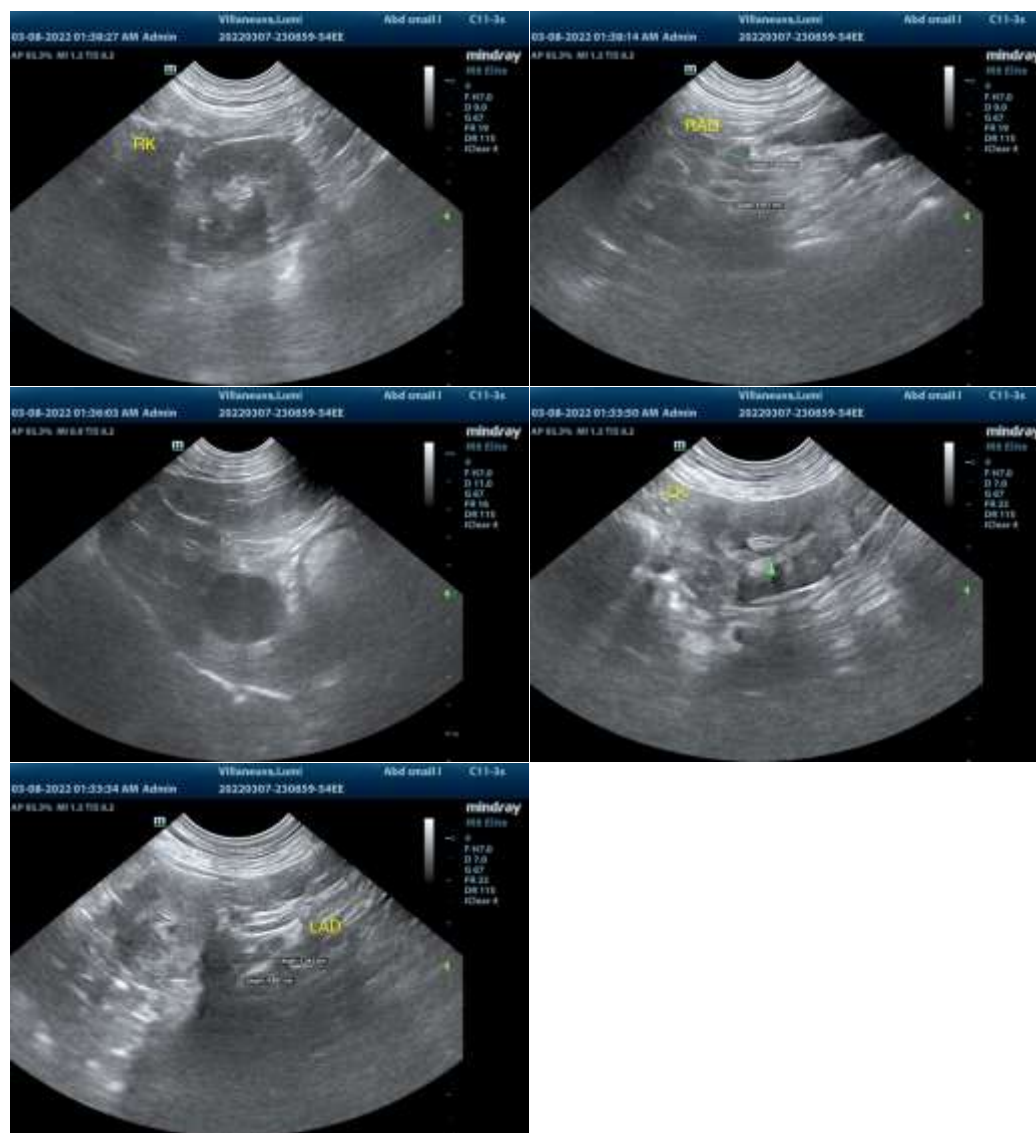
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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