


PATIENT

 Fern Stayer-
 Mahoney

SPECIES

Canine

BREED

Wirehair Vizsla

SEX

F/I

AGE

17 weeks

WEIGHT

9 kg.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Patti Mayfield DVM

HOSPITAL NAME

Pawtown VC

REFERRING VET

 Lauren Stayer-
 Mahoney DVM

INVOICE

16573

DATE

4/12/23

PRESENTING CLINICAL SIGNS

DVM pet: - Adopted at 8 weeks old. She had bad diarrhea for 2 days when first adopted, resolved quickly. - She started with stranguria, pollakiuria, & accidents in her kennel at about 9 weeks old. UA showed hematuria & pyuria with rods. Started 1 week of clavamox. On antibiotics, she does great & clinical symptoms resolve. - Off antibiotics for 3 days & symptoms return. Repeat UA & then urine culture (on a free catch sample; poorly compliant & wiggly puppy). - E.coli on culture sensitive to many things. - Treated with clavamox for 2 weeks. Symptoms resolved on antibiotics - 3 days off antibiotics & symptoms returned. - Treated with cefpodoxime for 10 days & symptoms resolved. - Has been off cefpodoxime since March 31. Has had 2 urinary accidents in the house (these could have been potty training mistakes). -- No urine leaking. Sleeps 8hrs w/o needing to urinate. -- Will go on a 20min walk & not urinate one time. -- 2 urinary accidents recently in the house, so UA once again performed. Some pyuria, so I decided to get a culture (via cystocentesis). - Ecoli on culture again. Sensitive to many things -- Aside from urinary issues, appears to be a normal puppy. Eating well. Growing well. Normal stool. I do not feel like she has a hooded vulva.

Abnormal PE/Chem/CBC/UA Results: PE: -- Unremarkable; following AUS today (and with benefit of sedation), both vaginal and rectal exam performed. -- NSF on vaginal exam -- Possible neck of bladder palpable by rectal exam 2/20/23 UA (free catch): -- USG: 1.048 -- Pyuria, >50 WBC/HPF -- Hematuria, >50 RBC/HPF -- Rods present * Started 1 week clavamox 2/28/23 * 3 days off ABX * UA (free catch): -- USG, 1.052, pH: 6 -- pyuria, 34 WBC/HPF -- hematuria, 18 RBC/HPF -- No noted bacteriuria by sedivue -- No crystalluria or abnormal cells UA & Urine C/S (3/2/23): Free catch -- USG: 1.026, pH: 6 -- Pyuria, 30-50 WBC/HPF -- Hematuria, 3-5 RBC/HPF -- Bacteriuria, Marked rods (>40/CFU) -- E.coli (50,000-100,000 CFU): S to ALL * Treated with 2 weeks of Clavamox* UA: 3/20/23 (free catch) * 3 days off Clavamox * -- USG: 1.039, pH: 6 -- No pyuria, no hematuria, no bacteriuria 3/23/23: Clinical signs returned and patient started on 10 days of Cefpoxime. 3/31/23: Discontinued Cefpodoxime 4/4/23: UA (free catch) USG: 1.004 pH: 6.5 -- Pyuria, 7 WBC/HPF -- No hematuria -- No bacteriuria 4/7/23 Urine C&S (cysto) -- E.coli, 10,000-50,000 CFU/mL -- S to all 4/10/23 Blood work: CBC: -- HGB: 13.2 g/dL (13.4-20.7) CHEM: -- BG: 129 mg/dL (63-114) -- TP: 4.8 g/dL (5.5-7.5) -- GLOB: 2.0 g/dL (2.4-4.4) -- All kidney and liver parameters wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder was normal in size and tone with a sonographically unremarkable urinary bladder wall, without evidence of inflammatory criteria. Anechoic urine with mild nondependent particulate sediment, which may indicate nondependent cellular debris / protein, crystalline debris, or mucus, was present. At least 1 visualized ureteral jet was present. The area of the cystourethral junction and proximal urethra were not definitively visualized owing to pelvic overshadowing.

No overt pathology was noted in the area of the uterus.

The area of the aortic trifurcation was free of pathology.

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



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with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 6.6 cm in length. No evidence of renal dysplasia or pyelectasia was noted.

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

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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.

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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 containing primarily anechoic content with minor incidental gallbladder debris. The cystic and common bile ducts were normal. No evidence of inflammatory criteria was noted.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate echogenic, nonshadowing ingesta, sonographically consistent with food and likely recent meal ingestion or post prandial presentation without signs of obstruction or foreign material.

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Patti Mayfield DVM

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental intestinal ingesta was noted.

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

Pancreas

REFERRING VET

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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

- Overtly normal urinary bladder size / tone with mild urinary bladder sediment, pelvic shadowing over area of cystourethral junction and proximal urethra
- Normal bilateral kidneys - no evidence of congenital renal disease or inflammatory criteria



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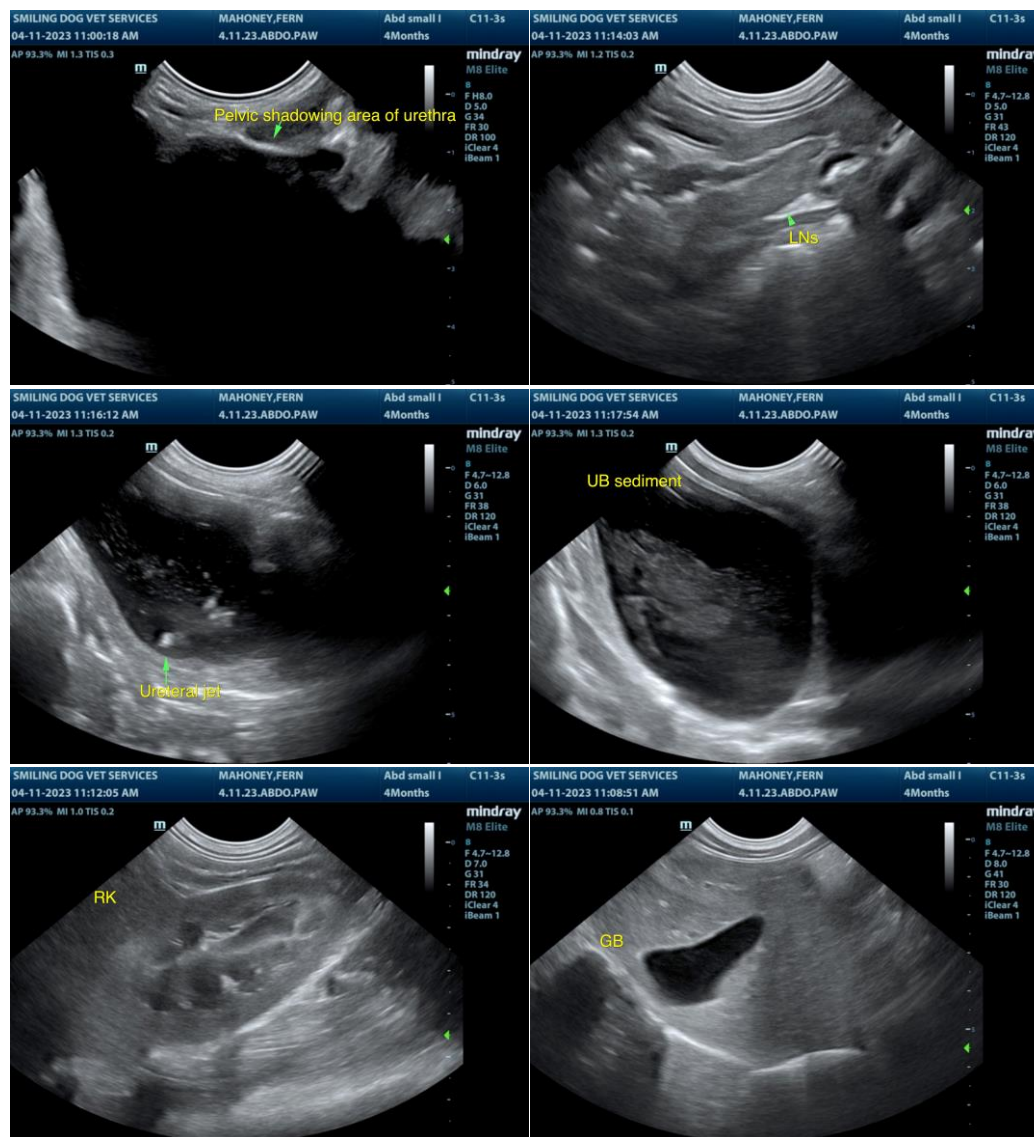
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The definitive cause or nidus for the current urinary infection in this patient was not obvious. Given the non-visualized cystourethral junction and proximal urethra secondary to pelvic overshadowing, the possibility of a structural or congenital abnormality in this area or potentially caudal location of at least a portion of the urinary bladder within or adjacent to the pelvic inlet could be possible. Cystoscopy for visualization of the vaginal vault and urethra for evidence of structural or congenital pathology as a contributing factor, as well as contrast imaging such as excretory urography, are likely ideal.

The evidence of at least 1 ureteral jet, as well as lack of urine leakage or incontinence may indicate ectopic ureter is less likely, yet cannot be definitively excluded.





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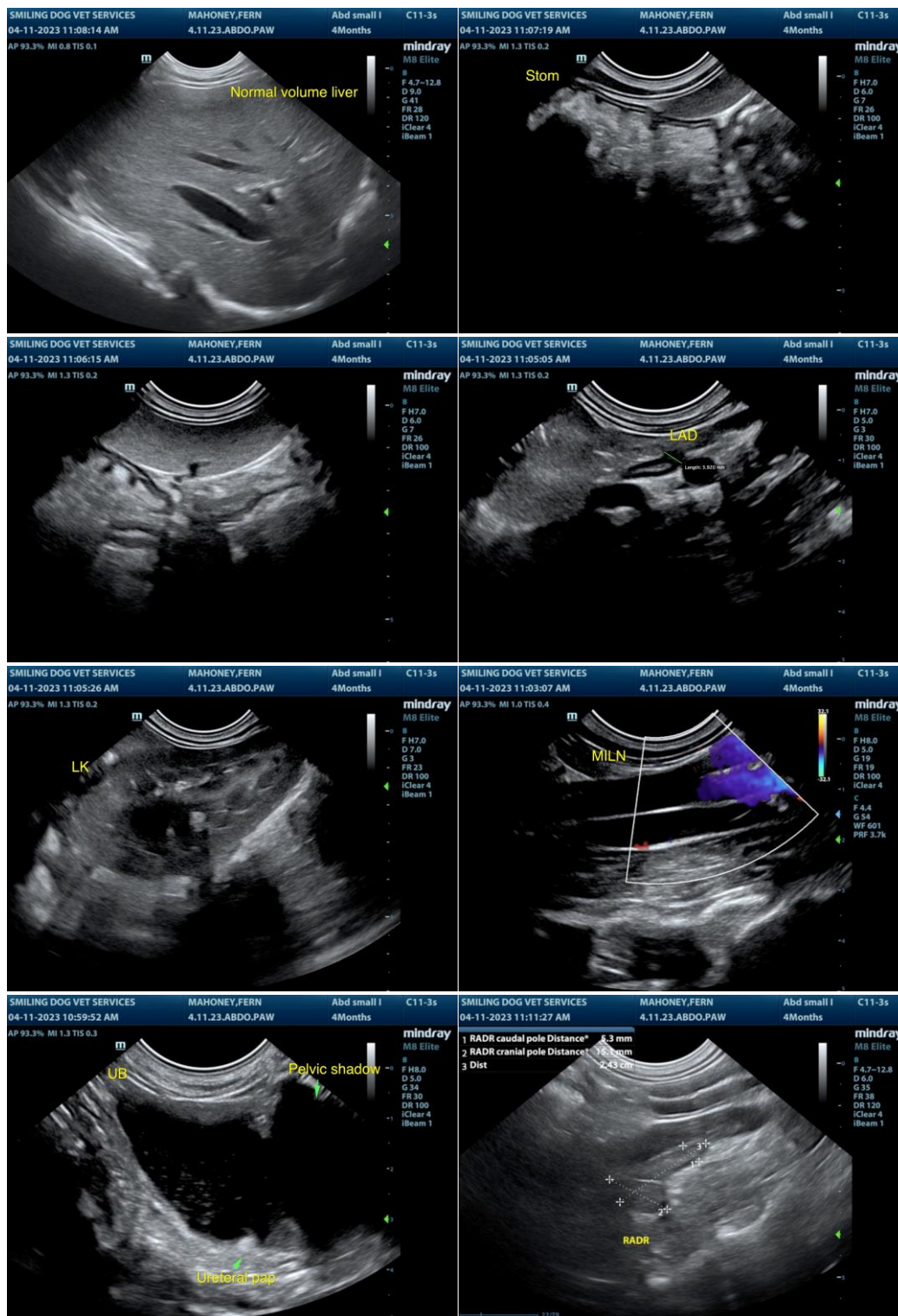
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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