

**PATIENT**

Chloe Kane

SPECIES

Canine

BREED

King Charles Cavalier

SEX

Spayed female

AGE

11 years

WEIGHT

18 pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Aspan

INVOICE

10361ag

DATE

04/12/2022

PRESENTING CLINICAL SIGNS

History: Chronic UTI since Sept of 2021, Treated with antibiotics but soon to return. No radiographs taken. Last exam on 4/8/22 a 4/6 heart murmur was noted. Started on enalapril. Fluctuating PH was noted on multiple UA's.

Abnormal PE/Chem/CBC/UA Results: UA on 2/15/22 PH 8 UA on 4/8/22 PH 6.5 and bacteria rods present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3 cm. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. The echogenicities were (small, variably sized, large) with (symmetrical, asymmetrical) contour. An example of an echogenicity measured 1.5 cm in diameter with likely smaller adjacent dependent areas of mineral to small calculi noted. The apical urinary bladder wall measured 0.56 cm in width. Mild concurrent particulate urinary bladder sediment was noted which may indicate cellular or crystalline debris.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of nonobstructive mineral were noted in both kidneys. Minor pyelectasia was noted in the left kidney. The left kidney measured 4.4 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

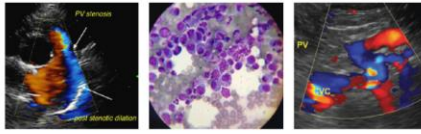
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.85 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

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 and mild luminal debris. The cystic and common bile ducts were normal.

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fredgromalak@gmail.com**PATIENT****Gastrointestinal**

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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.

SPECIES

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.

Canine

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

BREED**Pancreas**

King Charles Cavalier

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX**Free Abdomen**

Spayed female

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

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- Cystic calculus with suspect concurrent minor adjacent mineral to micro calculi, concurrent apical cystitis.
- Mild chronic renal changes with focal nonobstructive medullary mineral with, minor left kidney pyelectasia.
- Mild gallbladder debris (non-mucocele)
- Minor pancreatic remodeling-age related pancreatic changes-incident.

WEIGHT

18 pounds

ULTRASONOGRAPHIC FINDINGS**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Cystotomy with calculi removal, UB flush, UB wall biopsies for histopathology and tissue C/S to assess for chronic embedded infection is recommended. The left kidney pyelectasia is suspected to be secondary to chronic renal changes or potential intermittent passing of mineral from the kidney to the UB. No overt evidence of left kidney pyelonephritis was noted.

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Post cystotomy and ideally based on C/S results a higher dose, shorter frequency antibiotic regimen such as enrofloxacin or clavamox 20 mg/kg PO SID for 5 days given the likelihood of cystitis may possibly be more effective at eliminating recurrent infection.

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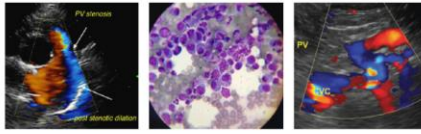
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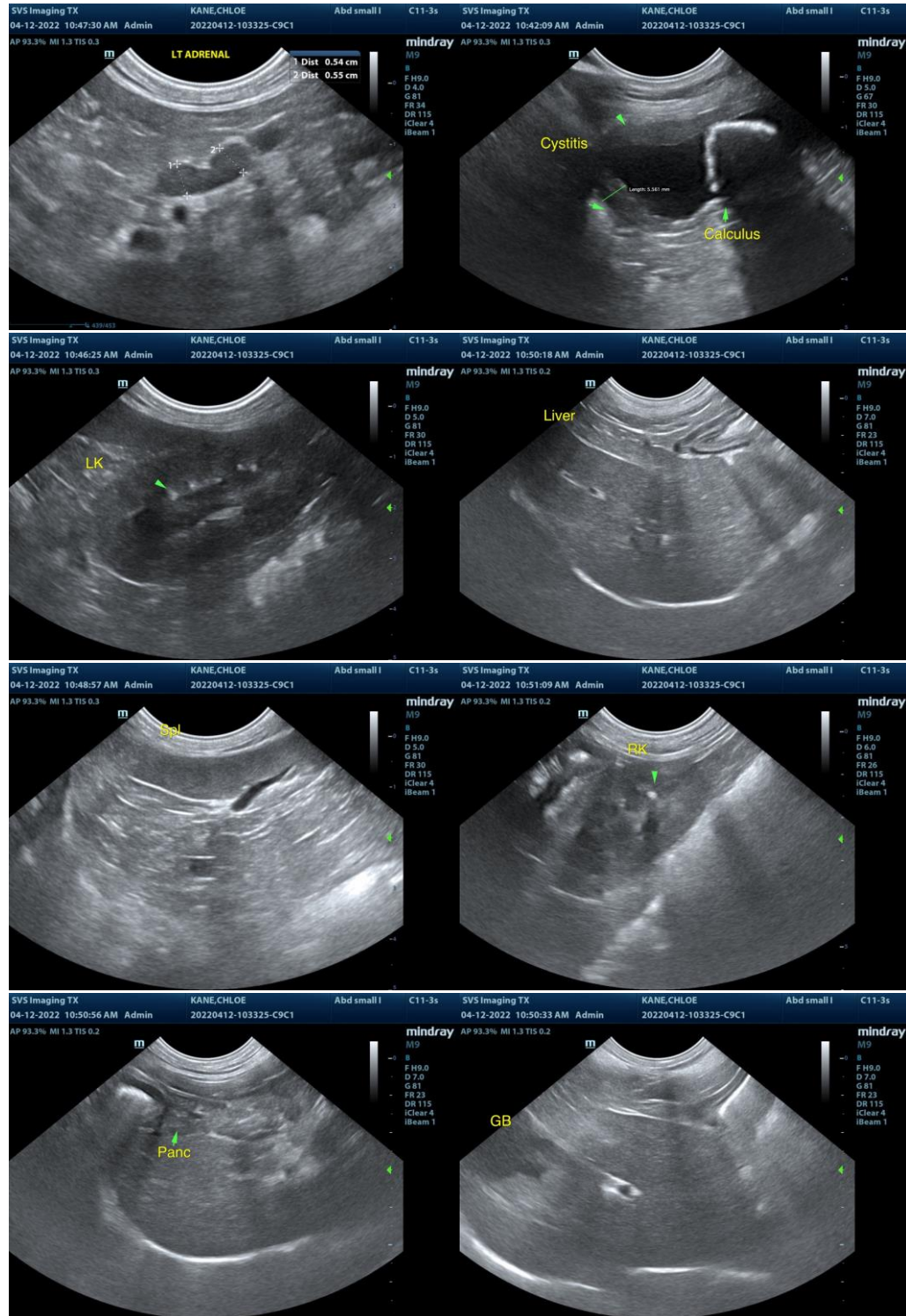
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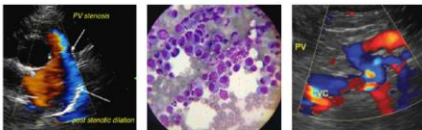
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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.

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

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