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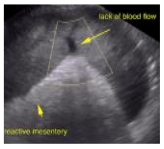

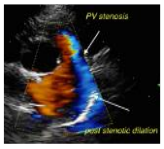

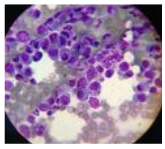
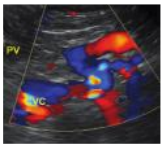

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1-800-838-4268 info@sonopath.com

PATIENT

Ava McAndrew

SPECIES

Canine

BREED

Mastiff Mix

SEX

FS

AGE

4 years

WEIGHT

95 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Cohen

INVOICE

16595

DATE

4/12/23

PRESENTING CLINICAL SIGNS

History of PU/PD for 2 years. Urinary accidents +++. Treated with antibiotics once 2 years ago. Butorphanol IV for sedation.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 7/9, dry vulva. CBC/Chem/T-4: WNL UA (most recent, 3/9/23): SG 1.013, pH 5.5, WBC 6-10/HPF, Urine sample via cysto collected today. Na:K ratio 30

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 with no evidence of pelvic dilation or pyelectasia. The left kidney measured 7.0 cm in length. The right kidney measured 7.0 cm in length. No evidence of renal dysplasia or nephritis criteria was noted.

Adrenal Glands

The bilateral adrenal glands exhibited subjective potential for borderline subnormal size based on caudal pole width measurement in light of body weight, which is subjective. No evidence of adrenomegaly or adrenal tumors was noted. Homogeneous adrenal parenchyma was present with maintained symmetrical capsule contour. The left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland measured 0.50 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/ 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 nonorganized mild hyperechoic gallbladder debris primarily in the cranial lumen. The cystic and common bile ducts were normal.

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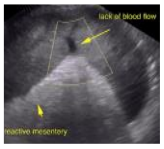

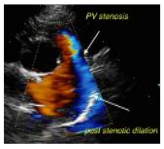

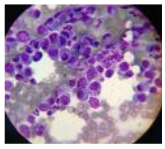
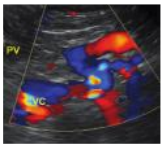

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Gastrointestinal

The stomach presented sonographically normal visualized gastric walls. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing, sonographically consistent with food.

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 mechanical / metabolic ileus, obstruction, or foreign material.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Normal bilateral kidneys
- Subjective borderline subnormal bilateral adrenal glands - nonspecific
- Sonographically unremarkable liver exhibiting subjective adequate vascular volume

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant visceral pathology.

Recheck urinalysis, as well as screening C/S and baseline UPC level, if evidence of proteinuria and lack of inflammatory sediment, is suggested. Although sodium/potassium ratio is >27, screening cortisol level is suggested to assess for or rule out occult Addison's Disease. Hepatic dysfunction and/or Leptospirosis are considered less likely possible differentials.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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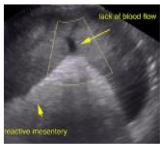

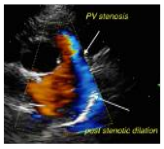

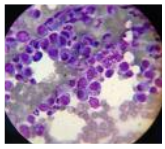
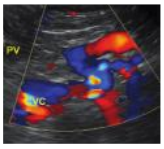

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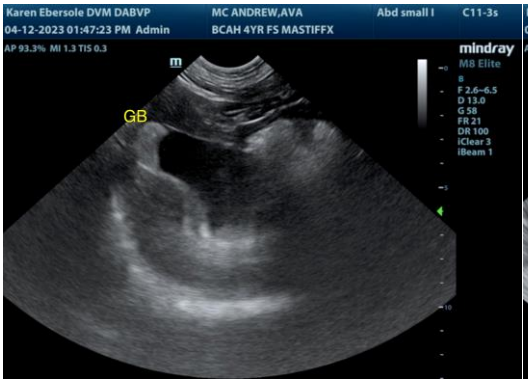

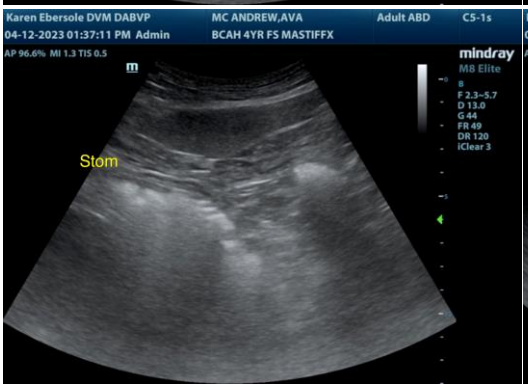

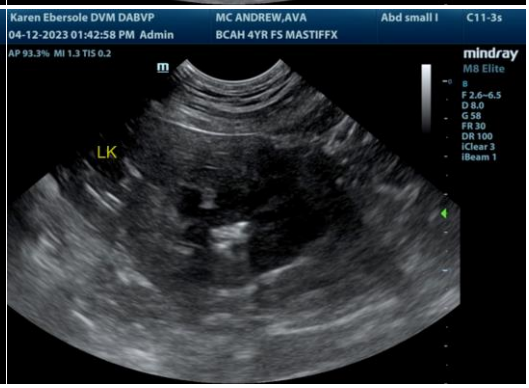

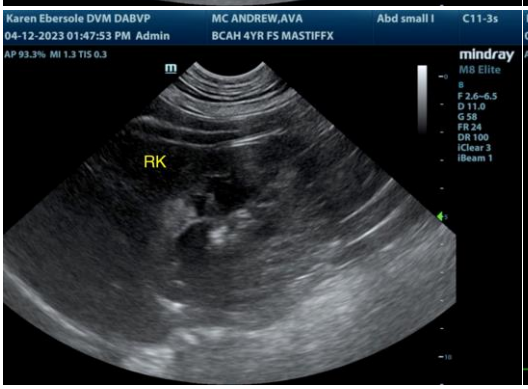

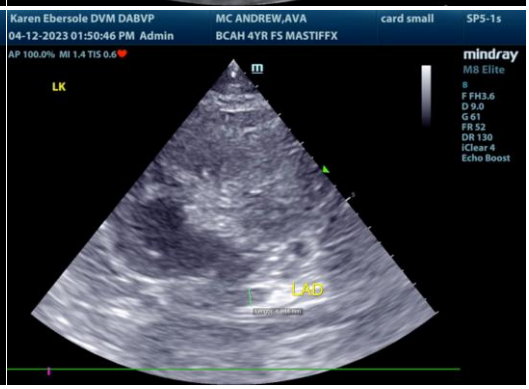

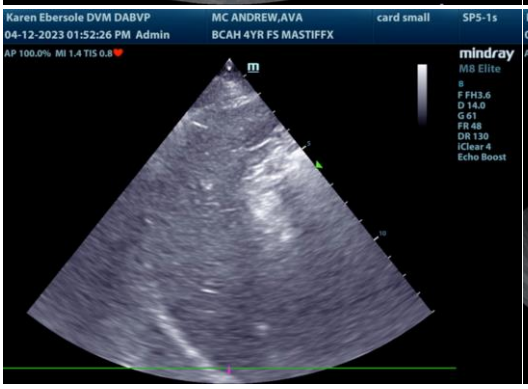
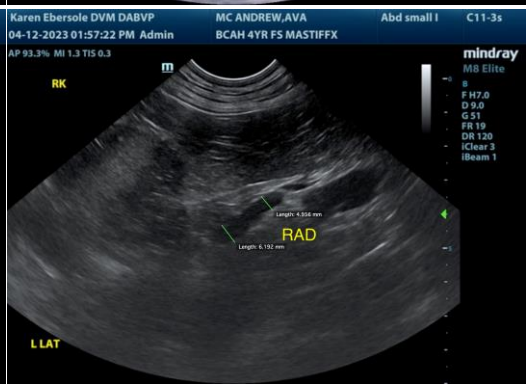

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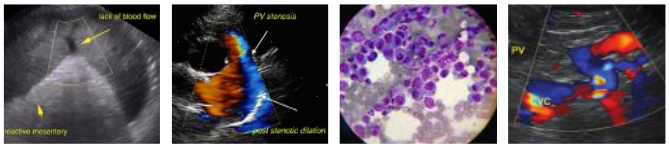

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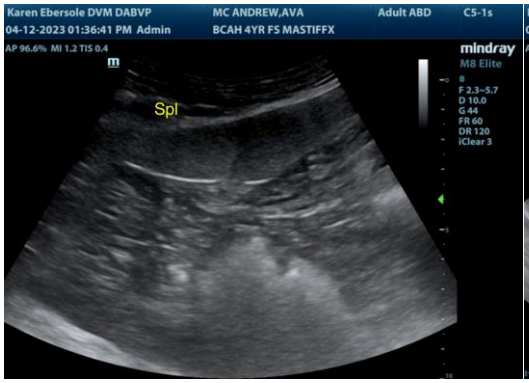

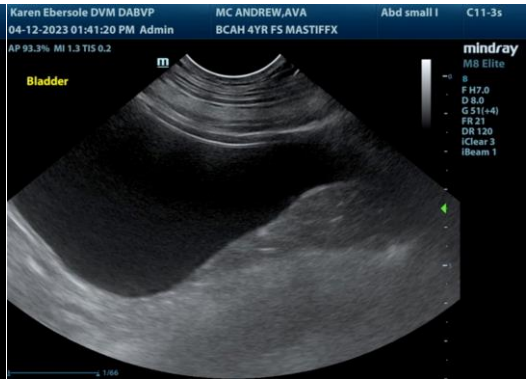

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com