



PATIENT

Kali Aalpowl

SPECIES

Canine

BREED

Lab

SEX

F

AGE

5 mos

WEIGHT

30 lbs.

PRESENTING CLINICAL SIGNS

4/17/23 5 mos intact female lab presents for ultrasound due to repeat UTIs; she has been doing well since the last course of Clavamox which just finished a few days ago but history below shows chronicity of issue On PE today, great coat and body condition, nsf externally GI/GU (including normal vulvar conformation) Sedated with Torb/dexdom for scan

HISTORY: 12/29/2023 Presented for new puppy exam at 9 weeks old, owners express concern for frequent urination (urinating every few minutes; grossly normal external GI/GU on PE), which had increased during the first week after they acquired her. Rx Amoxi 100mg po q12h X 10d 1/12/2023 UTI symptoms, UA showed a lot of WBC, rods present, USG 1.032, rx'd Clav 125 map.o. q12h X 10d 2/27/2023 Recheck due to return UTI symptoms Free catch: lots of WBCs, pH 5.0, USG 1.040 added Cranadin due to concern for recurrent UTI's; Cysto sample under sedation, submitted for culture Rx'd Amoxi and Rimadyl Urine culture results showed E.coli sensitive to Clavamox, changed to Clav 3/2/2023 Rx: Clavamox 3/27/2023 Recheck, finished UTI meds 2 weeks prior, lethargy and malodorous hind end, thought might be anal sacs but they were empty; BAR at time of visit and PE unremarkable USG 1.060, trace protein Leuk 25/uL 4/1/2023 Presented for frequent urination X 24h MEDS: Cranberry supplement Diagnostics: UA: pH 7, few WBC's, USG 1.029, possible cocci (manual; none automated) Rx: CLavamox 250 mg p.o. q12h X 14d

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan/Pacific
Crest Mobile Veterinary
Service

HOSPITAL NAME

Pacific Crest Mobile
Veterinary Service

REFERRING VET

Dr. Kelley/Nooksack
Animal Hospital

INVOICE

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DATE

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with sonographically unremarkable urinary bladder wall without evidence of cystitis criteria. Anechoic urine was present with no sediment, mineral, or calculi. The area of the ureteral papillae was overtly normal with visualized ureteral jet/jets within the urinary bladder lumen on Power Doppler. The trigone and cystourethral junction were free of pathology. The urethra exhibited overtly normal structure and tone to a depth of 4.0 cm.

The uterus and bilateral ovaries were free of pathology.

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. The left kidney measured 6.7 cm in length. The right kidney measured 6.7 cm in length. No evidence of dysplasia or pyelectasia was noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole and 0.33 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 0.53 cm width at the caudal pole.



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Spleen

Kali Aalpowl

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. Normal vascular volume was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

WEIGHT

30 lbs.

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.

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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

Intermittent scant pocket of benign, physiologic, free fluid was present. Intermittent mildly prominent benign mesenteric lymph nodes, consistent with immunologic immaturity, were noted.

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ULTRASONOGRAPHIC FINDINGS

- Overtly normal urinary bladder and visible proximal urethral
- Normal bilateral kidneys

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Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of upper or lower congenital disease such as renal dysplasia, pyelonephritis, urachal remnant, or definitive ectopic ureter was noted. Recheck urine C/S on a sterile urine sample is suggested 7 days post-completion of the current antibiotic protocol.

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Although no definitive evidence of congenital lower urinary tract abnormality, technically a small congenital abnormality may be difficult to visualize sonographically and cannot be definitively excluded, especially if recurrent documented urinary infection. Contrast imaging such as excretory urography and/or cystoscopy may be considered if continued abnormal urination and/or recurrent documented infection.



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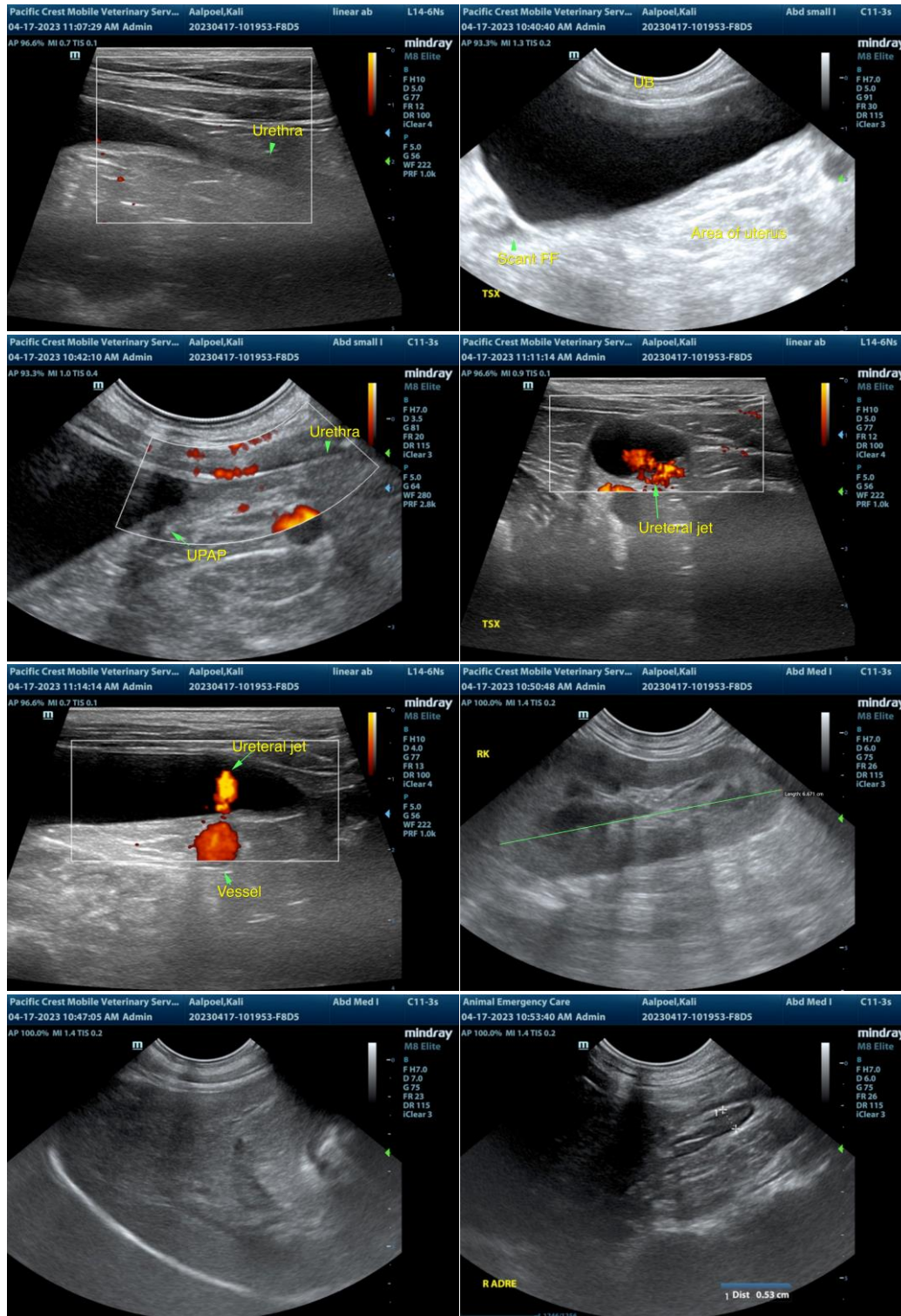
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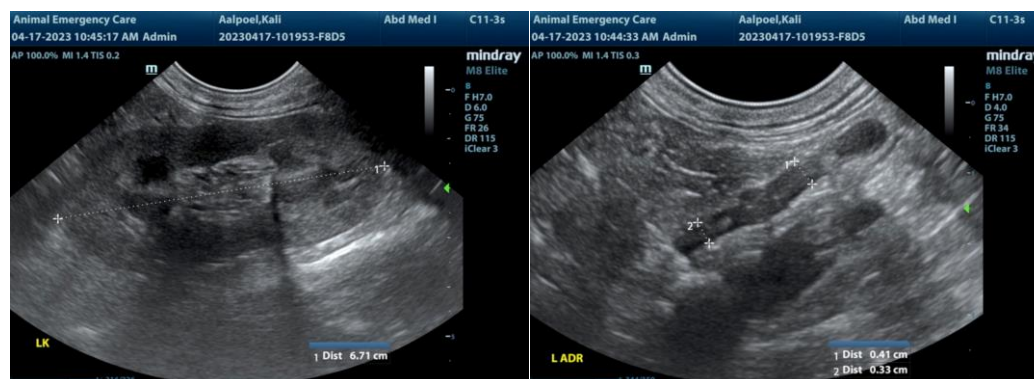
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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