



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Louie Armstrong	Came in end of March for having urinary accidents in the house. PE normal. Patient was placed on Amoxicillin/Clav for 10 days but the recheck urinalysis showed no improvement and still showed pyuria and hematuria. Patient eats a partial raw food diet. No obvious urinary calculi on rads.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: High RBC and WBC counts (greater than 50/hpf) Urine sp. grav 1.050 Bloodwork showed slight elevation in ALT 133. Culture showed no growth.
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Daschund	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no sediment, mineral, or calculi. Subjective unremarkable ureteral papillae were present with subjective visualized ureter at the level of the ureteral papillae. No evidence of inflammatory or neoplastic changes was noted. No evidence of cystitis criteria was noted.
MI	
<b>AGE</b>	The prostate was mildly prominent in size with symmetrical capsule contour and homogeneous parenchyma. No evidence of prostatic cysts was noted. The prostate measured 2.5 cm in diameter. The prostatic and post prostatic urethra was overtly normal in structure and tone to a depth of 4.0 cm.
1yr	
<b>WEIGHT</b>	The left and right testicles were sonographically unremarkable.
4.8 kg	The area of the aortic trifurcation was free of pathology.
<b>INTERPRETED BY</b>	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 4.1 cm in length. The right kidney measured 4.6 cm in length.
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Crystal Hill	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.2 cm length x 0.37 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 1.5 cm length x 0.45 cm width at the caudal pole.
<b>HOSPITAL NAME</b>	
Acton Vet Clinic	
<b>REFERRING VET</b>	<b>Spleen</b>
Dr. Gajadhar	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.
<b>INVOICE</b>	<b>Liver/ Gallbladder</b>
16620	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
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<b>PATIENT</b>	normal in appearance without signs of congestion. Normal hepatic 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.
Louie Armstrong	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	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.
<b>BREED</b>	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.
Daschund	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
MI	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.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
1yr	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
4.8 kg	<ul style="list-style-type: none"> <li>• Normal bilateral kidneys - no evidence of pyelonephritis or dysplasia</li> <li>• Overtly normal urinary bladder and visible proximal urethra - no evidence of cystitis criteria, calculi, or overt congenital defect i.e., urachal remnant or ectopic ureter</li> <li>• Sonographically unremarkable prostate for young intact male canine - no evidence of prostatitis</li> <li>• Sonographically unremarkable liver with normal hepatic vascular volume</li> </ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP	A definitive cause of the patient's urinary accidents and urinalysis abnormalities was not obvious. No overt evidence of congenital upper or lower urinary tract abnormality was noted. If the pattern of urinary accidents is more incontinence as opposed to active urination, technically the possibility of a small non-visualized congenital defect, which may at times be difficult to visualize ultrasonographically, cannot be definitively excluded. Correlation with urinalysis obtained directly from the urinary bladder via clean centesis could be considered if previous urinalysis were on free-catch urine samples.
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	
Acton Vet Clinic	
<b>REFERRING VET</b>	
Dr. Gajadhar	
<b>INVOICE</b>	
16620	
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**PATIENT**

Louie Armstrong

**SPECIES**

Canine

**BREED**

Daschund

**SEX**

MI

**AGE**

1yr

**WEIGHT**

4.8 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Acton Vet Clinic

**REFERRING VET**

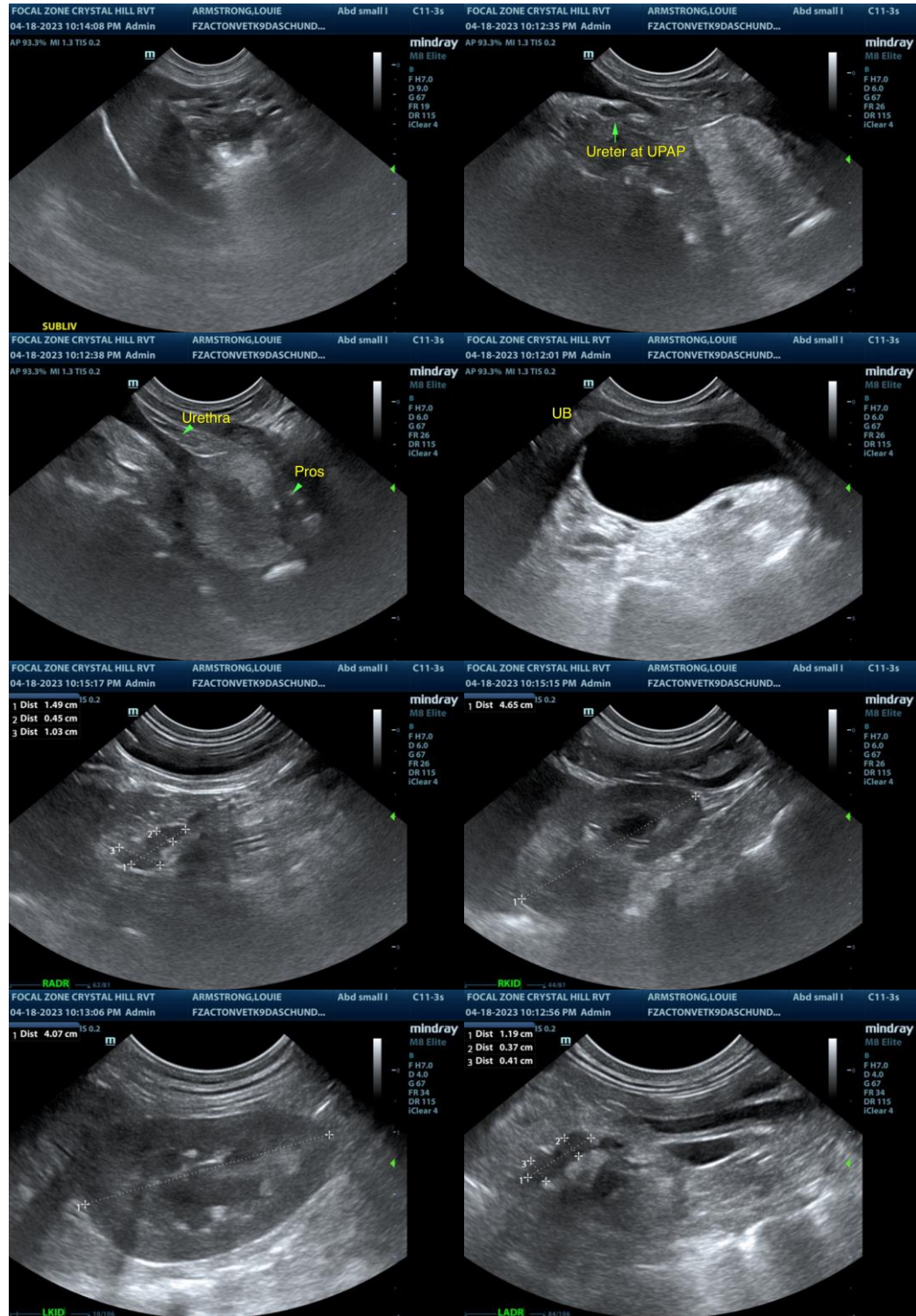
Dr. Gajadhar

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## PATIENT

Louie Armstrong

## SPECIES

Canine

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.

## BREED

Daschund

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.

## SEX

MI

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

1yr

## WEIGHT

4.8 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Crystal Hill

## HOSPITAL NAME

Acton Vet Clinic

## REFERRING VET

Dr. Gajadhar

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