



PATIENT

Tinkerbelle Allspach

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

6 years

WEIGHT

66.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evendale-Blue Ash
Pet Hospital

REFERRING VET

Dr. Goodman

INVOICE

13720

DATE

4/22/22

PRESENTING CLINICAL SIGNS

History of chronic, recurrent UTI's and a hooded vulva. Finished treating the most recent one on 4/15 with cefpodoxime (cultured on 3/26 as *Proteus mirabilis*). Recheck culture on 4/15 showed no growth. Last UTI prior to March was on 7/29/21 and cultured as *E. coli*. Treated with cefpodoxime and cultured no growth on 8/11/21. Patient has had about 7 UTI's since 2018 that have all been treated with Cefpodoxime. Presented today for urinating blood (finished cepo on 4/15). She was painful on her abdomen around where her bladder is when the ultrasound probe was over it. In house UA showed rods and a culture was sent to the lab - results pending. Abdominal radiographs performed - unremarkable. Administered buprenex for patient comfort and sent home amoxi tri clav (375mg + 62.5mg, 1 tab of each BID for 7d pending culture). patient is intermittently on cranadin, she is not currently on it. owners wipe vulva with a baby wipe when she comes in from urinating.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. The urinary bladder walls were sonographically unremarkable without evidence of inflammatory or neoplastic criteria. Primarily anechoic urine was present with mild, primarily dependent particulate sediment. No evidence of calculi was noted. The urethra exhibited normal structure and tone to a depth of 4.0 cm.

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 pyelectasia in either the left or right kidney. The left kidney measured 6.1 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.38 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 0.62 cm width at the caudal pole and 0.59 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/ 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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.

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

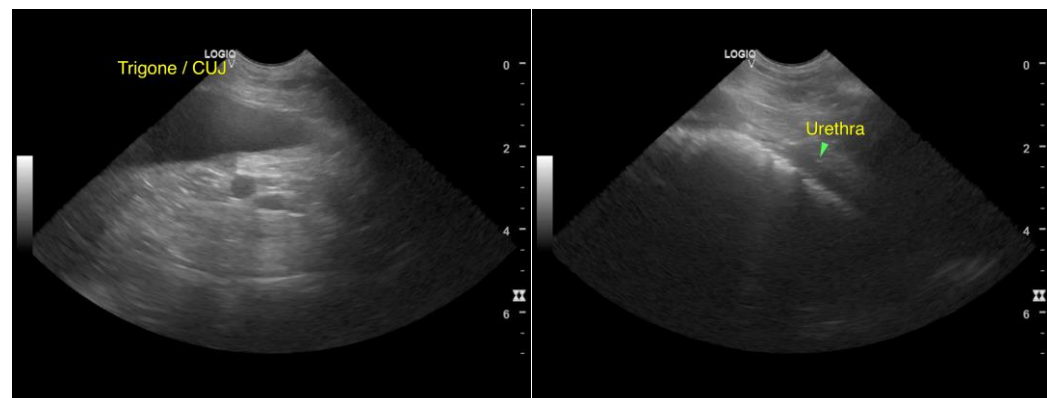
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder with mild primarily dependent particulate sediment
- Normal visible proximal urethra
- Normal bilateral kidneys - no evidence of pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No signs of upper or lower urinary tract pathology as a potential underlying factor or nidus for recurrent infection, potentially indicating recurrent ascending infection in this patient. Potential for minor pyuria is possible. Pending urine culture and sensitivity results, a higher dosage / shorter frequency antibiotic regimen, i.e., Clavamox or Enrofloxacin at 20 mg/kg PO SID for 3-5 days may prove more effective at eliminating recurrent infection. Recheck urine culture and sensitivity if positive culture is confirmed in 7 days following completion of antibiotics. Potential for mild cystitis is possible yet no sonographic evidence of significant urinary bladder inflammatory criteria.





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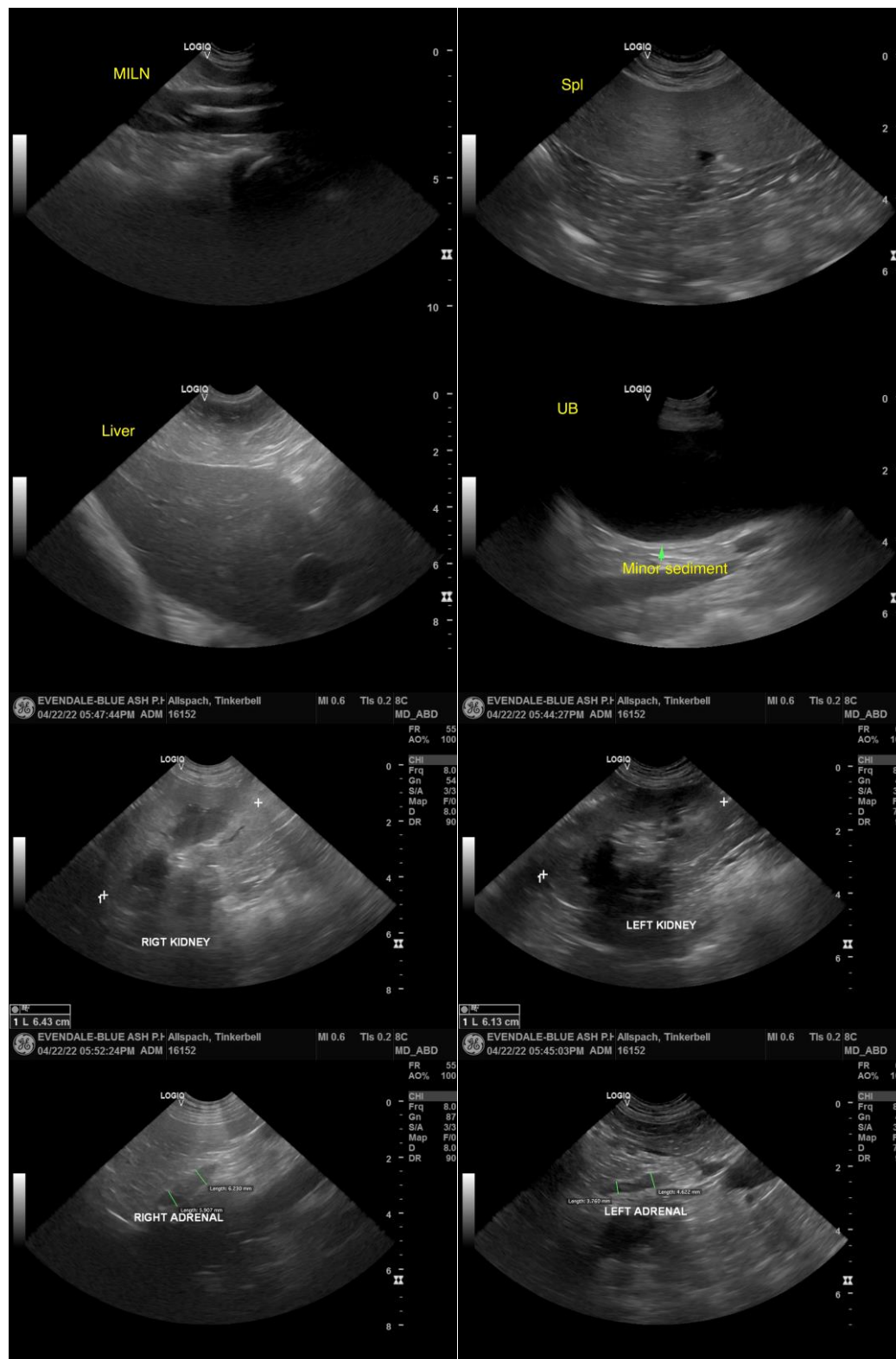
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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