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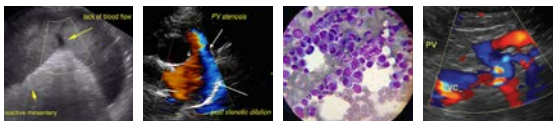

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Dixie Vedder

SPECIES

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

4 Years

WEIGHT

121 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

INVOICE

47001

DATE

4/27/23

PRESENTING CLINICAL SIGNS

Hematuria - no bacteria Radiographic Findings no radiograph taken, dog has to be sedated to do radiograph - elected to skip to sedation for ultrasound since will reveal same things and more. Primary Question/Differential to Be Answered in This Exam underlying cause of hematuria?

Abnormal PE/Chem/CBC/UA Results: CBC/Superchem all normal. Blood in urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. No evidence of urinary bladder macrocalculi or mineral.

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 9.6 cm. The right kidney measured 9.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.4 cm length x 0.66 cm at the caudal pole. The right adrenal gland measured 3.3 cm length x 1.0 cm 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

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.

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.

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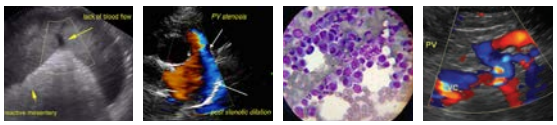

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Pancreas

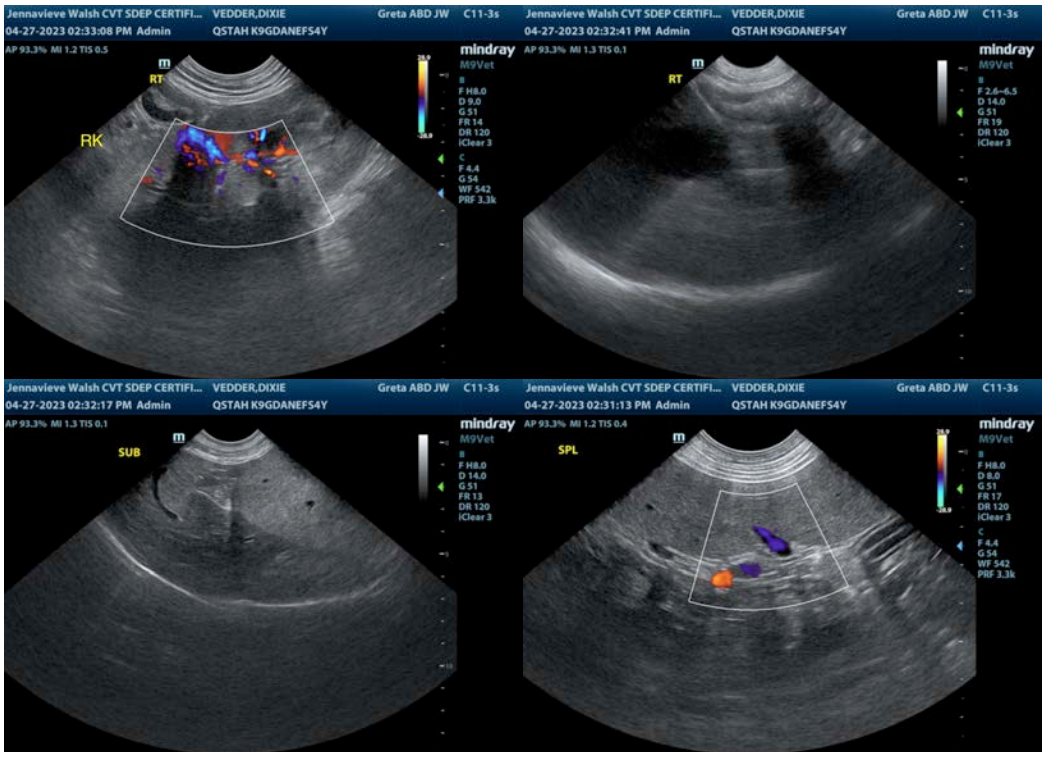
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder/visible proximal urethra with moderate urinary bladder sediment.
- Normal bilateral kidneys – No evidence of nephritis, dysplasia, or pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of structural upper or lower urinary tract pathology, a definitive cause of the hematuria was not obvious. The urinary bladder sediment may be consistent with cellular debris/protein, consistent with hematuria, with potential for crystalline debris, lipid, or mucus. Screening culture and sensitivity suggested on sterile urine sample, even though no reported bacteriuria. Depending upon degree of hematuria, microscopic hematuria may be monitored, while if gross hematuria, cystoscopy would likely be ideal. If a definitive cause of the hematuria is not obvious with underlying infection ruled out, idiopathic renal hematuria may be a consideration in this patient.



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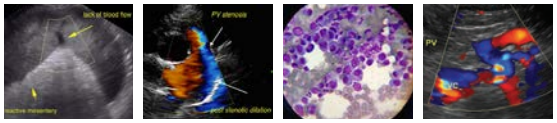

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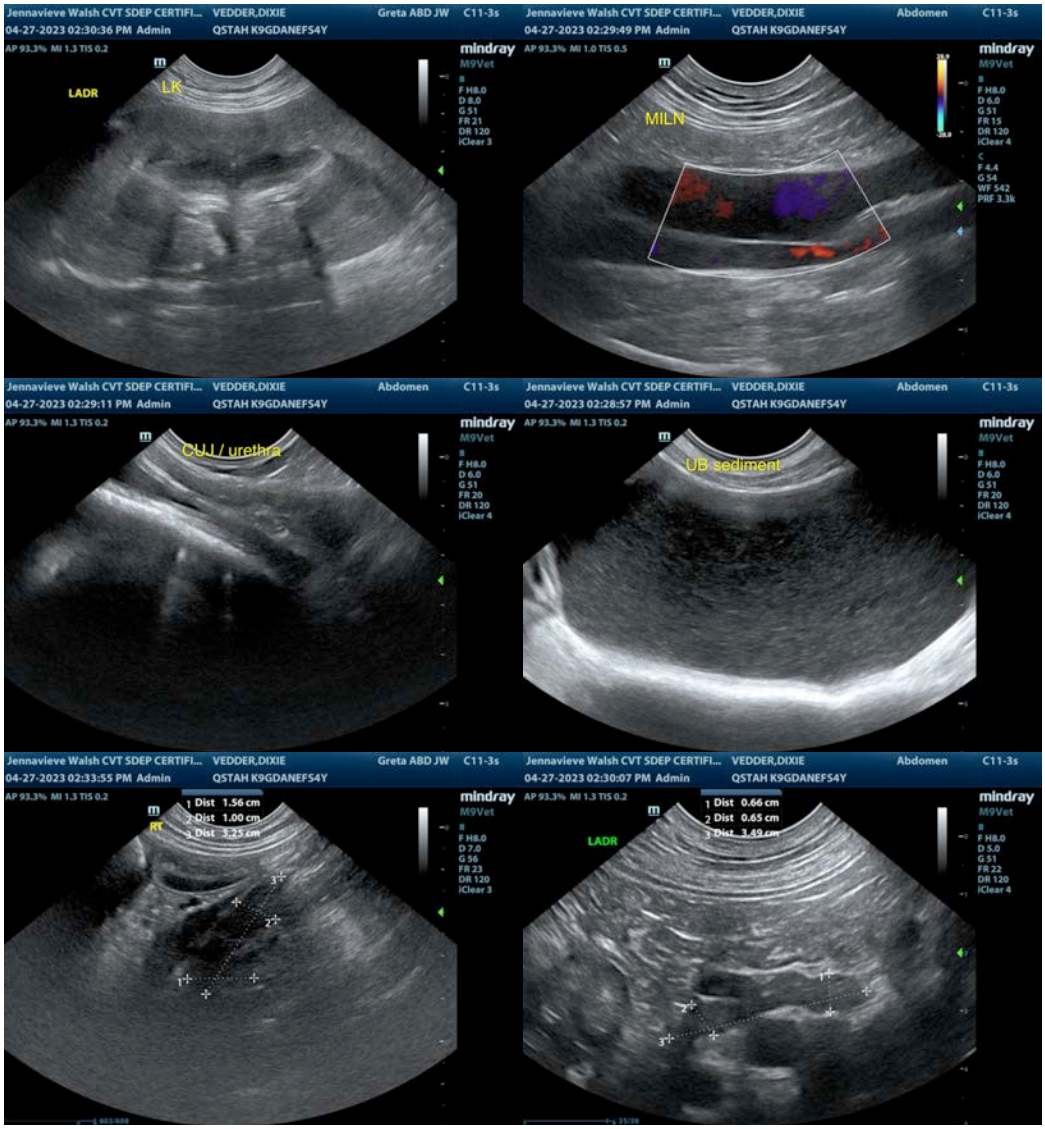

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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