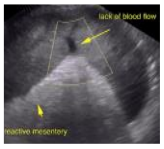
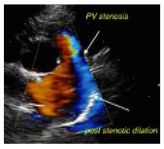
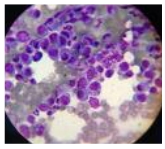
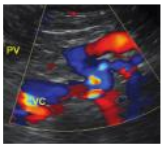
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Riley Egge

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

2 years

WEIGHT

54.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Lane

INVOICE

13760

DATE

4/28/22

PRESENTING CLINICAL SIGNS

Recurrent UTIs for the last year. Currently eating RC SO diet. Recent episode of incontinence. US to R/O underlying bladder issues that may be causing the recurrent UTI/incontinence.
Abnormal PE/Chem/CBC/UA Results: UA (4/11): SG 1.008, pH 5.0. BW (2/8): TP 5.3, Alb 3.0, Glob 2.3. No stress leukogram. Resting Cortisol 1.2.

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 structure 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 and without evidence of medial iliac or sublumbar lymphadenopathy. No evidence of pathology was noted In the area of the uterine remnant.

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. The left kidney measured 6.1 cm in length. The right kidney measured 6.6 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 0.57 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to patient size / conformation without overt pathology, subjectively measuring 0.5 cm width at the caudal pole.

Spleen

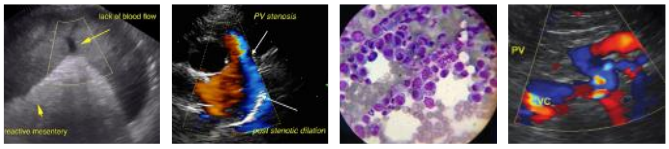
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 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.



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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.

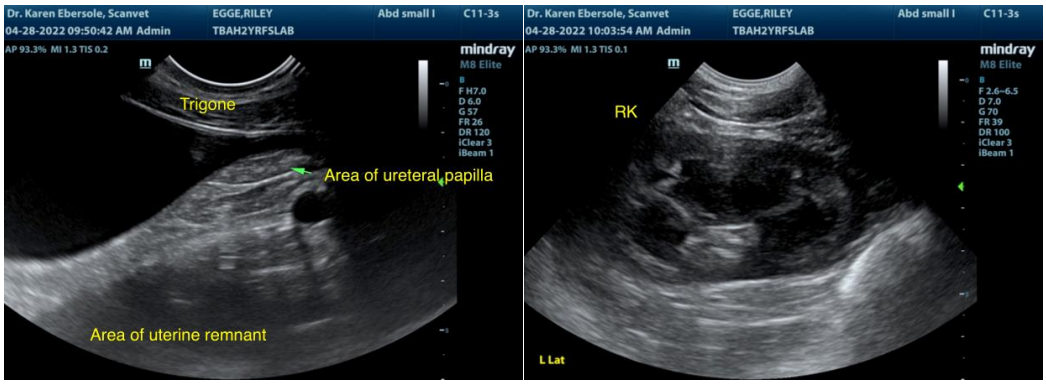
ULTRASONOGRAPHIC FINDINGS

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of upper or lower urinary tract pathology or congenital defects, i.e., renal dysplasia, pyelonephritis, urachal remnant, obvious ectopic ureter, renal or cystic calculi, etc., as an obvious cause of the patient's recurrent urinary signs. Recheck urine culture and sensitivity on a sterile urine sample is recommended if not recently done.

Given the resting cortisol level (<2.0) and absence of reported stress leucogram, a full ACTH Stimulation test is warranted, especially if evidence of PU/PD in the face of decreased urine specific gravity. If documented recurrent infection based on urine culture and sensitivity, further assessment may include gross inspection of the vulva and vaginal vault for evidence of abnormalities which may predispose to ascending infection, cystoscopy +/- advanced imaging, i.e., excretory urography or CT with contrast. Proin or Incurin trial may be considered if persistent / progressive incontinence and assuming normal blood pressure.



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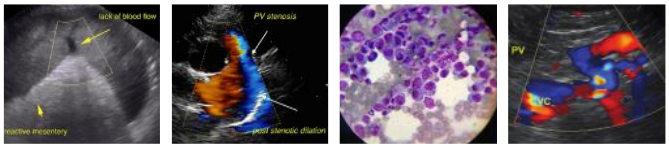

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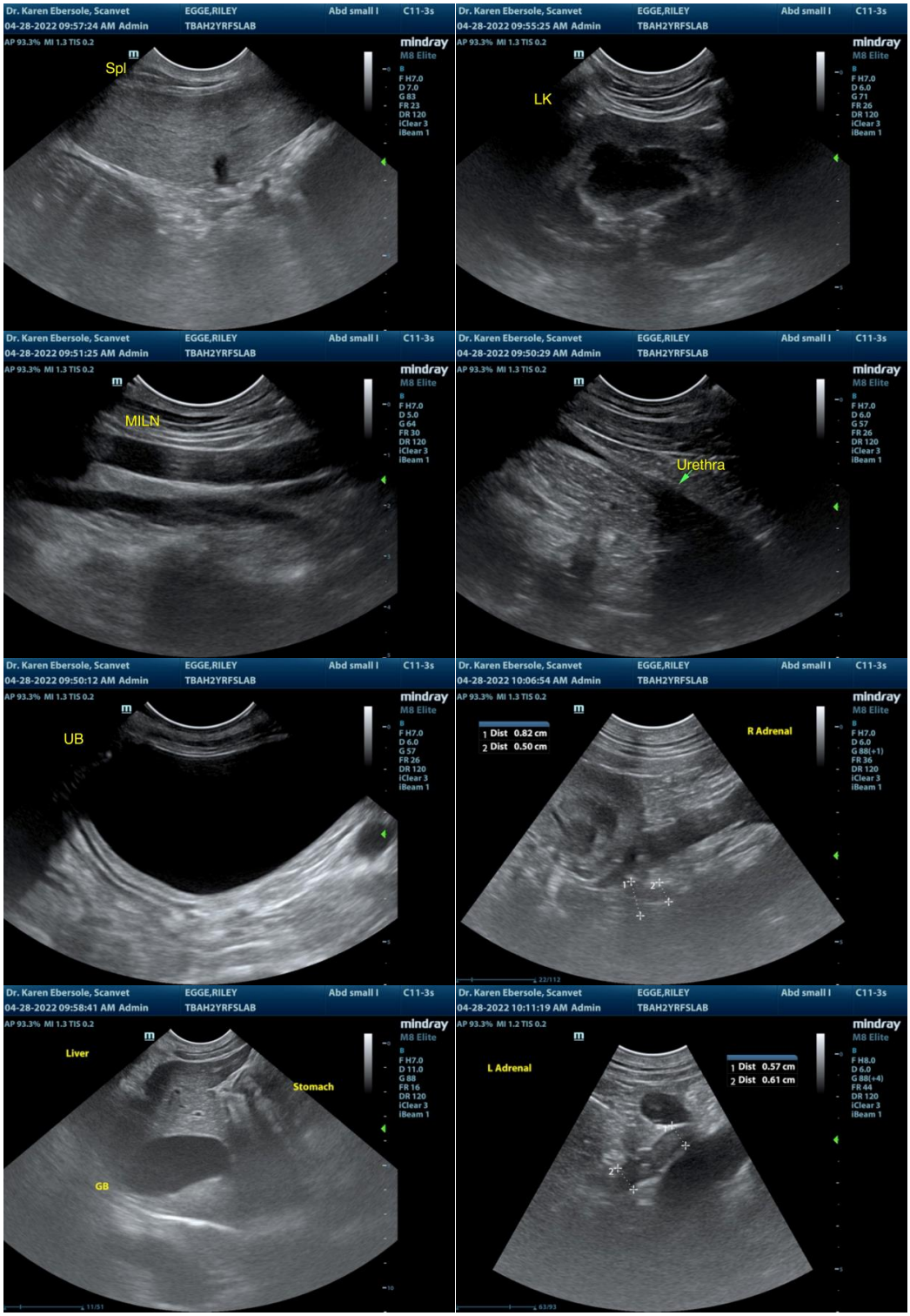

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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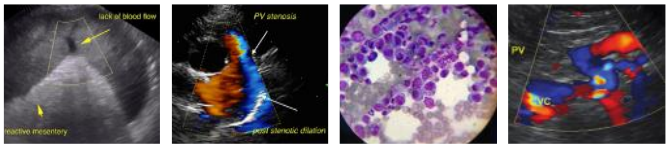

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com