



**PATIENT**

Rosie Griffin

**SPECIES**

Canine

**BREED**

Red Heeler

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

67 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Nicole Gotfredson

**HOSPITAL NAME**

Buffalo VC

**REFERRING VET**

Dr. Gary Gotfredson

**INVOICE**

14589

**DATE**

4/4/22

**PRESENTING CLINICAL SIGNS**

History: Urinary incontinence for the past year. Has been on antibiotics and DES/Proin. While on medications the incontinence goes away.

Abnormal PE/Chem/CBC/UA Results: Urinary culture pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. Mildly prominent ventral apical urinary bladder wall, exhibiting homogeneous mural echotexture and without evidence of mural mineralization, measuring approximately 0.65 cm in width was present. No other evidence of urinary bladder inflammatory or neoplastic criteria. Anechoic urine was present, without evidence of significant sediment or calculi. The area of the trigone and cystourethral junction were overtly normal without evidence of pathology. The proximal urethra exhibited potential subjective decreased tone at a depth of 1.0 cm. The proximal urethra width measured 0.38 cm. Aortic trifurcation was normal.

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 5.8 cm in length. The right kidney measured 6.1 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 0.40 cm width at the caudal pole and 0.42 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.40 cm in width.

**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 contained ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, non-shadowing ingesta consistent with normal food without signs



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of ileus, obstruction or foreign material. Normal visible colon wall layers were present with apparent formed feces in lumen.

## Pancreas

## SPECIES

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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.

## BREED

Red Heeler

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## SEX

Spayed Female

## Primary Findings

- Mild apical cystitis pattern
- Subjective mild decreased proximal urethral tone.
- Sonographically unremarkable bilateral kidneys

## AGE

6 Years

## Secondary Findings

- Gastrointestinal ingesta- consistent with postprandial presentation

## WEIGHT

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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

Pending urine culture and sensitivity, appropriate antibiotic therapy, ideally based on urine culture and sensitivity results, may be indicated. If recurrent UTI is documented, a higher dose of shorter frequency antibiotic regimen given the presence of cystitis (i.e., enrofloxacin or clavamox at 20 mg/kg PO SID for at least 5 consecutive days) and recheck urine culture and sensitivity 7-days post completion of antibiotics, may prove beneficial. If no evidence of underlying infection, continued DES/Proin therapy for potential incontinence would be reasonable. No evidence of lower urinary tract neoplastic criteria or other significant pathology.

## IMAGING PERFORMED BY

Nicole Gotfredson

## HOSPITAL NAME

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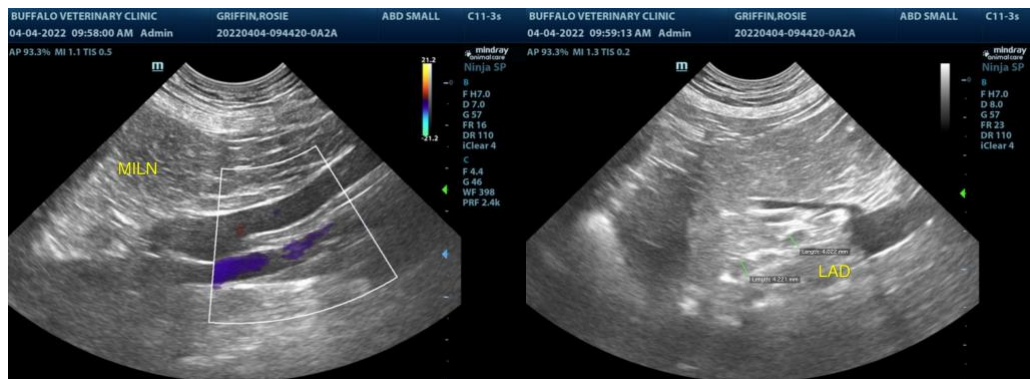
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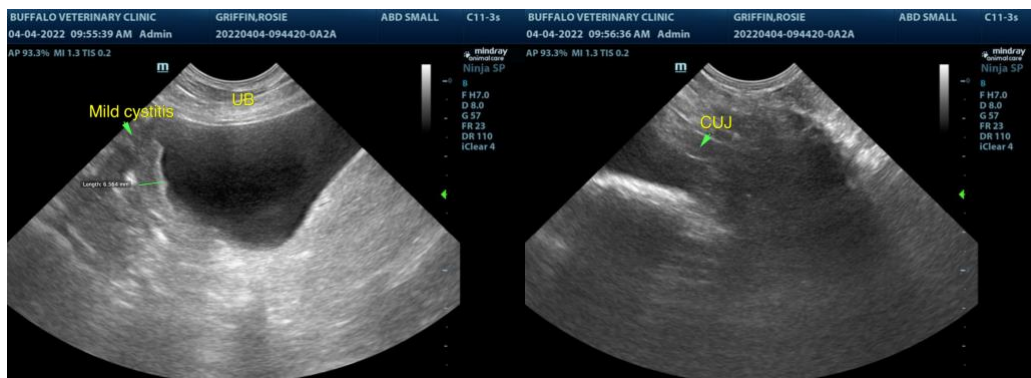
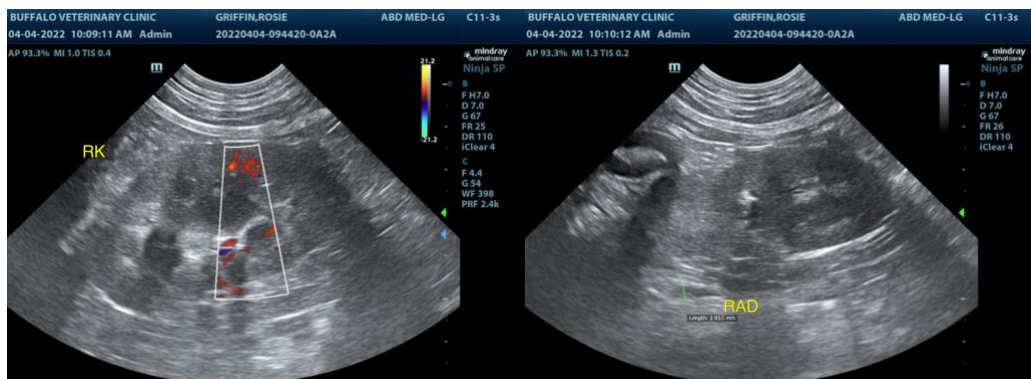
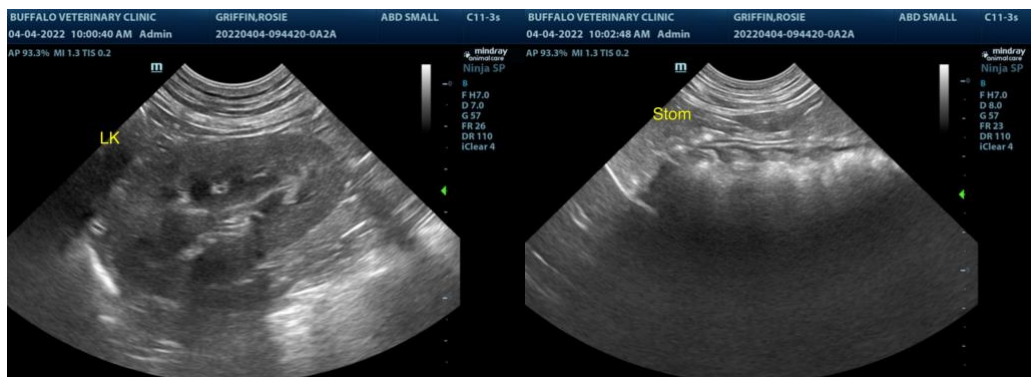
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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