



PATIENT PRESENTING CLINICAL SIGNS

Nova Inman Chronic UTI's for ~1 year, responds to Clavamox. ALP 182 Renal parameters wnl USG 1.040 pH 7.0 3+ pro 3+ blood marked cocci 2+ crystals

SPECIES Medication: Clavamox

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

French Bulldog The urinary bladder was normal in size and tone. Mildly thickened bladder wall most notable in the ventral and apical bladder exhibiting symmetrical luminal surface contour and homogenous mural echogenicity were present. No evidence of mural mineralization or bladder tumors. The ventral urinary bladder wall measured 0.51 cm in width. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate non-dependent to focally adhered hyperechoic sand to macrocalculi extending into the bladder neck and proximal urethra. No evidence of obstruction. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX FS

AGE 2016 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 5.0 cm in length. The right kidney measured 5.1 cm in length.

WEIGHT 30.3 The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

INTERPRETED BY *Adrenal Glands*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.45 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 0.60 cm width at the caudal pole and 0.58 cm width at the cranial pole.

IMAGING PERFORMED BY *Spleen*
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME Orefield VC 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.

REFERRING VET *Liver/Gallbladder*

Schlofer 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.

INVOICE 13403ag *Gastrointestinal*

DATE 04/04/2023



PATIENT

Nova Inman

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta and luminal gas with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental ingesta and mild to moderate gas with no signs of ileus, obstruction or foreign material.

BREED

French Bulldog

Normal visible colon wall layers were present with apparent formed to semi 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 was evident.

SEX

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

2016

ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern with dependent to non-dependent focally adhered luminal sand/micromineral.
- Overtly normal proximal urethra structure/tone with mild non-obstructive luminal mineral.
- Normal bilateral kidneys-no evidence of pyelonephritis.
- Sonographically normal liver/gallbladder.

WEIGHT

30.3

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of upper or lower urinary tract structural abnormality as a definitive nidus for relapsing infection. Based on C/S results, a higher dose/shorter frequency antibiotic regimen i.e., enrofloxacin or similar 20 mg/kg PO SID x 3-5 days may prove more effective at eliminating relapsing/embedded infection. Assessment of the vulva, vaginal vault and non-visualized urethra for evidence of structural pathology which may predispose to ascending infection may be considered. A urinary diet given sand / mineral / crystalluria may prove beneficial.

INTERPRETED BY

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

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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ARDMS/RVT

HOSPITAL NAME

Orefield VC

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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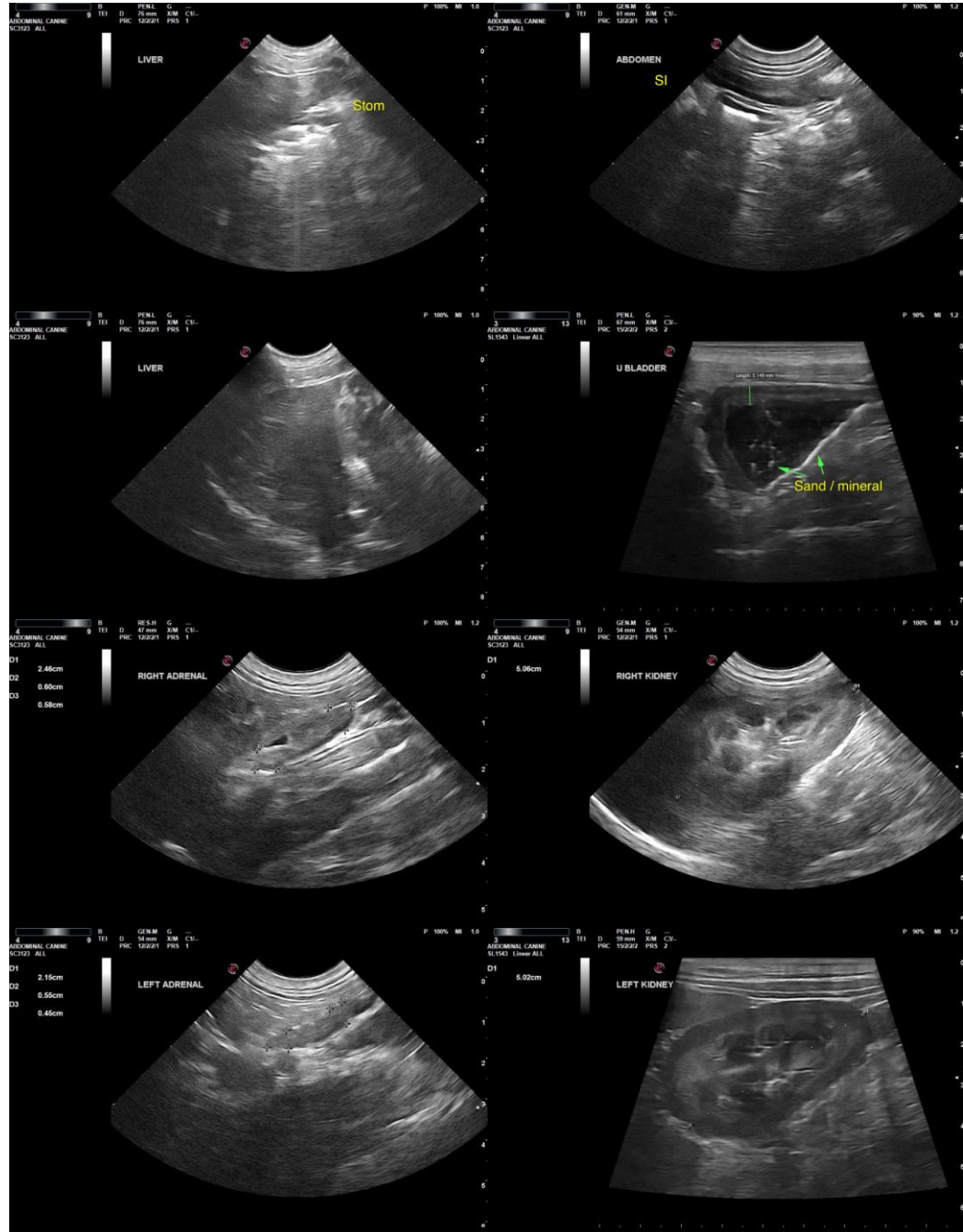
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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