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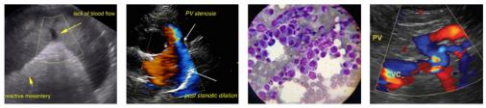

SonoPath
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PATIENT

Maddie Curran

SPECIES

Canine

BREED

Labrador Retreiver X

SEX

Spayed female

AGE

11.5 years

WEIGHT

50.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County Veterinary Service

REFERRING VET

Dr. Ragon

INVOICE

10321ag

DATE

04/08/2022

PRESENTING CLINICAL SIGNS

History: Hematuria, UTI. e. coli. possible renomegaly. On proin, SO diet, gabapentin for OA *Sedated with torb/alfaxan

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented normal in size and tone with generalized mildly prominent ventral apical and dorsal urinary bladder walls extending into the area of the trigone and cystourethral junction The ventral bladder wall measured 0.3 cm in width. The visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate nondependent particulate to swirling sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of neoplastic changes were noted.

Normal size and margination was 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 6.0 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.47 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 0.54 cm width at the caudal pole and 0.41 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder exhibited mild subjective distension containing primarily anechoic luminal content and moderate nondependent to inspissated nonorganized luminal debris. The gallbladder walls were sonographically normal without evidence of neoplastic criteria, inflammation or choleliths. 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.

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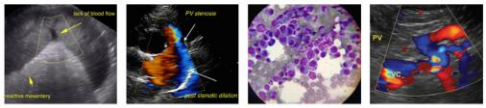

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

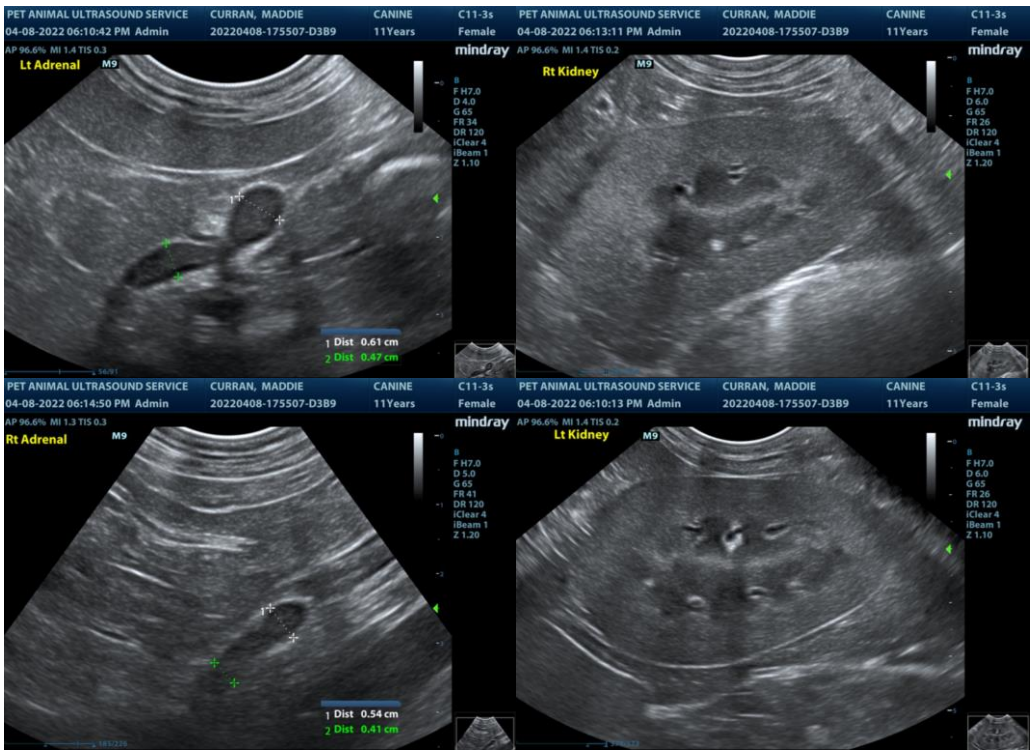
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild generalized cystitis pattern with nondependent to swirling particulate sediment.
- Normal bilateral kidneys-no evidence of pyelonephritis.
- Hepatic parenchymal remodeling.
- Moderate nondependent to inspissated nonorganized GB debris-possible early noninflamed mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Antibiotic therapy ideally based on urine C/S results recommended if not currently instituted. If documented infection recurs, a higher dose shorter frequency antibiotic regimen like clavamox or enrofloxacin 20 mg/kg PO SID for 3-5 days may prove more effective at eliminating persistent infection. An obvious nidus of infection within the lower urinary tract was not evident although the possibility of emerging bacterial cystitis cannot be definitively excluded. No evidence of concurrent left or right renal pathology was seen. Recheck urine C/S 7 days post completion of antibiotic therapy is suggested. Ursodiol therapy is recommended with monitoring for evidence of increasing cholestasis.



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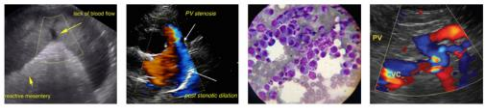

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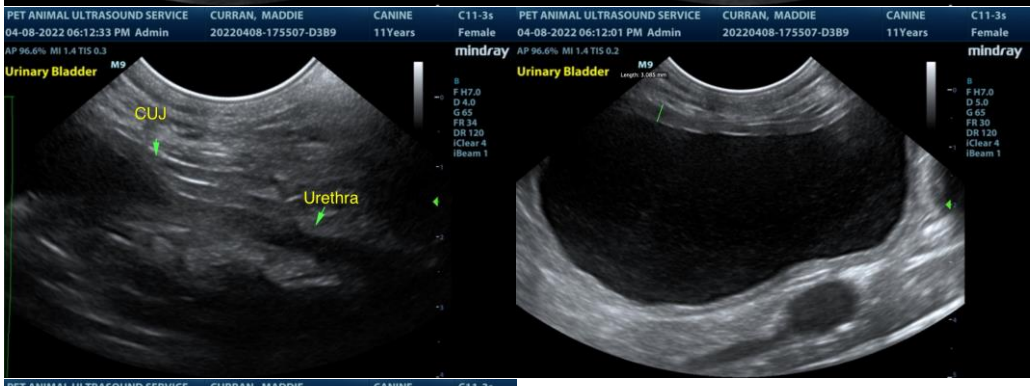

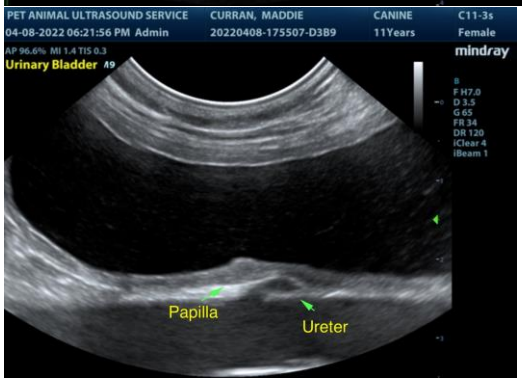

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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