



PATIENT PRESENTING CLINICAL SIGNS

Brody Walton 2nd opinion for UTI, accidents in house, PU/PD, USG 1.002-1.005 Labs: unremarkable CBC and chemistry panel. Urinalysis: specific gravity 1.005, neg protein and glucose, PH 6.5, no bacteria seen.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Lab

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness 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.

SEX

MN

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

AGE

2015

The area of the aortic trifurcation was free of pathology.

WEIGHT

77.3

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 7.0 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

INTERPRETED BY

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 2.9 cm in length x 0.52 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.9 cm in length x 0.50 cm width at the caudal pole.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

White Haven VH

Liver/ Gallbladder

REFERRING VET

Dr. Dengler

The liver exhibited potential for mild subjective subnormal size. 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.

INVOICE

15252

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

DATE

5/18/22



PATIENT

Brody Walton

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.

SPECIES

Canine

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

BREED

Lab

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.

SEX

Free Abdomen

MN

No overt lymphadenopathy or peritoneal effusion was present.

AGE

2015

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder
- Normal bilateral kidneys- no evidence of dysplasia, pyelonephritis, etc.
- Potential mild subnormal liver- nonspecific
- Normal bilateral adrenal glands

WEIGHT

77.3

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No overt evidence of upper or lower urinary tract pathology as a possible nidus contributing factor to recurrent infection. The potential mild subnormal liver size is nonspecific and likely a normal patient variant given the lack of hepatic enzyme elevations. No overt evidence of a portosystemic shunt given the lack of renal and cystic calculi.

IMAGING

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ARDMS/RVT

Given the PU/PD, further assessment may include a recheck urine culture and sensitivity on sterile urine sample +/- baseline UPC. Adrenal screening with resting cortisol to rule out occult Addisons disease +/- fasting and postprandial bile acids to rule out hepatic dysfunction (considered unlikely given the lack of reported hepatic enzyme elevations and normal albumin, glucose, cholesterol and BUN levels). If persistent subnormal urine specific gravity and if a definitive cause based on additional diagnostics cannot be determined, potential consideration for rare diseases such as diabetes insipidus could be considered.

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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.



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Brody Walton

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