



PATIENT

I-Rock Barry

SPECIES

Canine

BREED

Chihuahua

SEX

M/N

AGE

10y 11m

WEIGHT

Not Provided

PRESENTING CLINICAL SIGNS

Urinary/Reproductive: Having problem urinating Strains or suddenly goes Assessment : on AB 2 courses, Straining to go still Bladder tense, Swollen to painful to fully evaluate, concern for stone or tumor Collect urine run in house UA No Bacteria on stained slide

Current Medications gabapentin and metacam Radiographic Findings x-ray of Bladder lateral Bladder Not visible ,no stone ultrasound Bladder full of urine concern for tumor may need Dx ultrasound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal to mildly subnormal in size owing to a lack of significant urinary bladder distention with urine. No evidence of inflammatory urinary bladder criteria or urinary bladder tumors. Mild anechoic urine was present with no sediment or calculi. The proximal urethra was indistinctly visualized owing to pelvic overshadowing. No evidence of obstruction to urinary outflow, given the lack of urinary bladder overdistention.

The residual prostate was normal in size and appearance measuring approximately 0.60 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. A left kidney small cortical cyst was noted. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 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 1.7 cm length x 0.57 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 1.3 cm length x 0.46 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Companion Pet
Clinic

REFERRING VET

Dr. Mills

INVOICE

16726

DATE

5/2/23



PATIENT

Gastrointestinal

I-Rock Barry

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.

BREED

Chihuahua

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

SEX

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

M/N

Free Abdomen

AGE

10y 11m

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

Not Provided

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable non-distended urinary bladder
- Sonographically unremarkable residual prostate
- Mild chronic renal changes with small left kidney cortical cyst
- Minor pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there is no evidence of visceral, specifically upper or lower urinary tract or residual prostate, pathology as a definitive cause of the patient's urinary clinical signs. There is no evidence of urinary bladder or residual prostate neoplastic criteria or mineralization / calculi. Under sedation, the passage of a urinary catheter for further assessment of urethral patency, as well as screening BRAF Assay to assess for non-visible neoplastic criteria, could be considered. However, no evidence of obstruction to urinary outflow is noted.

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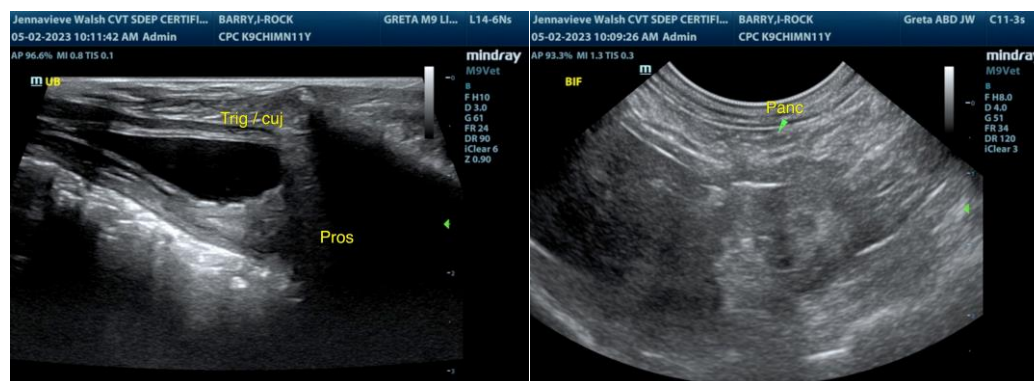
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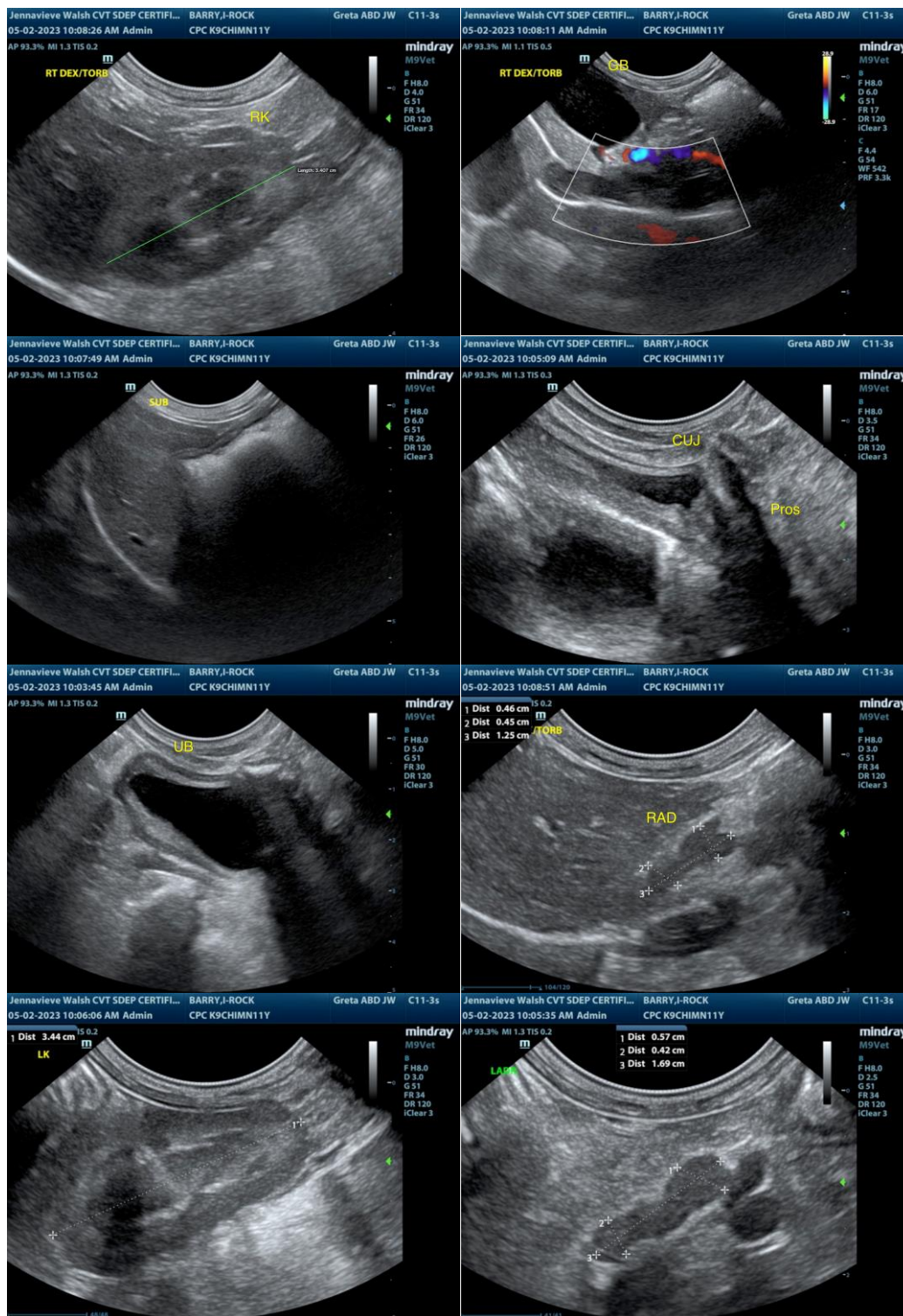
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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