



PATIENT

Kona Westcott

SPECIES

Canine

BREED

Pit Bull

SEX

MN

AGE

9.5 years

WEIGHT

77.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Blanced Veterinary
Care

REFERRING VET

Dr. Wright

INVOICE

13824

DATE

5/6/22

PRESENTING CLINICAL SIGNS

Patient initially came in Jan 2022 for urinary incontinence, and spinal injury. Ruptured T13-L1 at 2.5 y/o taking off in back yard; no surgery, crate rest Presented with valgus motion during walking - bilateral hind (esp. in the snow per O) Incontinence when sleeping or watching others urinate. Reduced Muscling Then March of 2022 P returned with strong smelling urine and worse urinary incontinence - UTI was present.

Abnormal PE/Chem/CBC/UA Results: Lab work run 1/2022 (Plechner protocol) - Adrenal Estrogen - High (25.18), Cortisol - High (6.55), IgA's - Low (52), IgG's -Low (724), IgM- Low (72); T3, T4 wnl Lab work run 3/2022 - Cholesterol slightly high (402), Low lymphocytes (797), HCT high (59.1), everything else WNL Urinalysis 3/2022 - Rods and Cocci Present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal size and tone without evidence of bladder overdistention. The urethra exhibited normal structure and tone to a dept of 5.0 cm. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic criteria were noted.

The residual prostate was normal in appearance without evidence of pathology, measuring 1.0 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 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 7.2 cm in length. The right kidney measured 6.5 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 0.68 cm width at the caudal pole and 0.71 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 0.82 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.



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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 containing primarily anechoic content with mild gallbladder debris. The gallbladder was otherwise normal. 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.

Normal visible colon wall layers were present with apparent 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

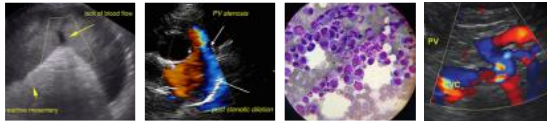
ULTRASONOGRAPHIC FINDINGS

- Overtly normal urinary bladder, residual prostate, and visible proximal urethra, minor urinary bladder sediment
- Normal bilateral kidneys
- Minor gallbladder debris - incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral pathology was noted.

The urinary bladder sediment may indicate cellular debris / protein, minor crystalline debris, or mucus. Urine culture and sensitivity on a sterile urine sample is recommended. If not done, given the most recent urinalysis results. Potential for nocturnal enuresis could be considered if incontinence is primarily noted while sleeping. If true incontinence is suspected, a Phenylpropanolamine trial could be considered with an assessment of clinical response and assuming normal blood pressure.



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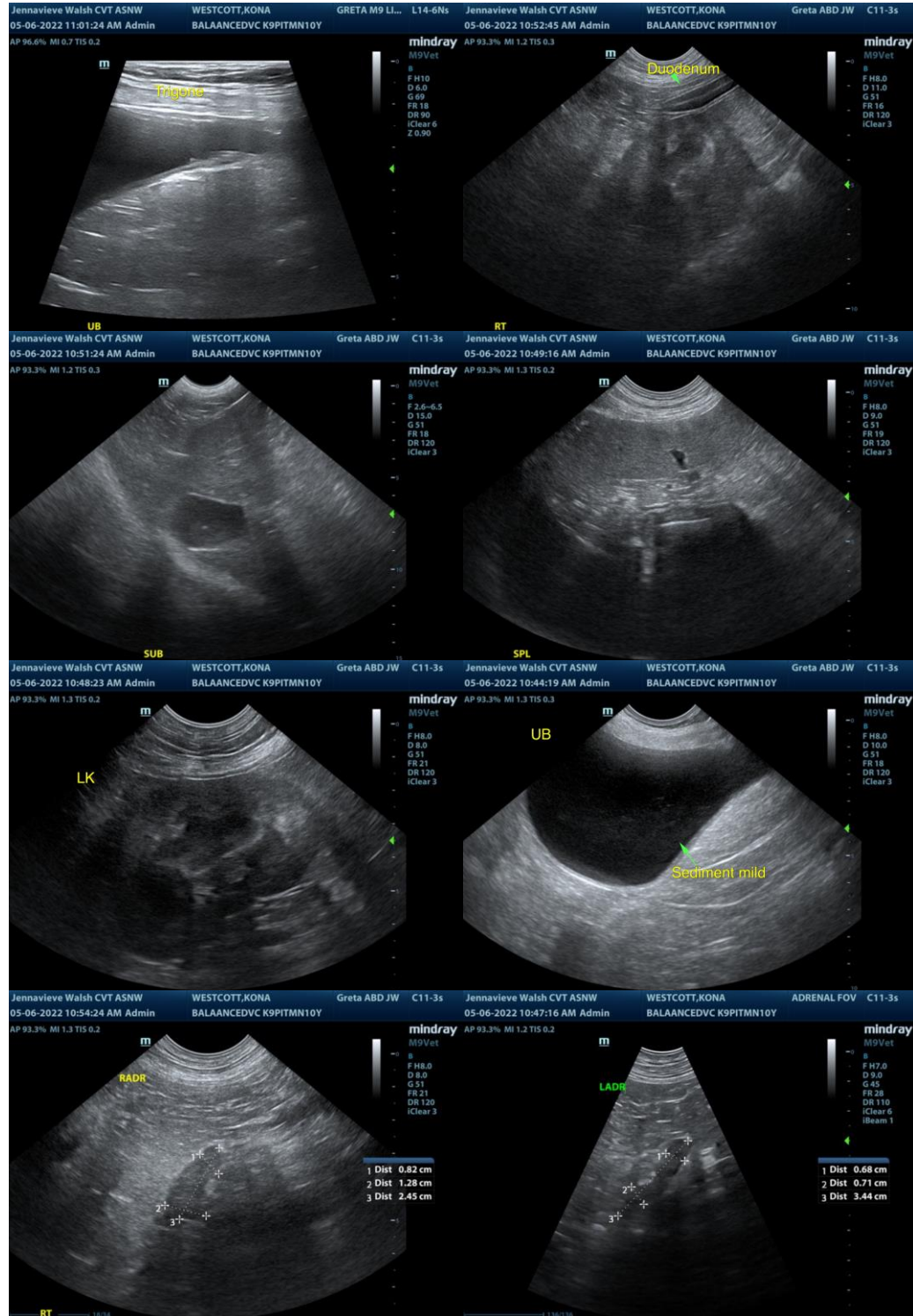
Dr. Wright

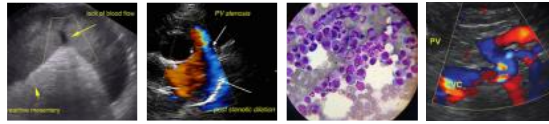
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com