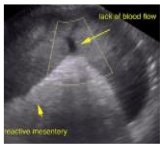
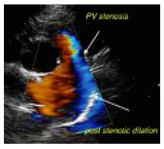
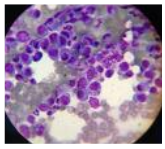
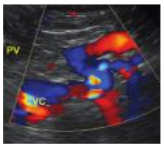
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™






SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Phoebe Achille

**SPECIES**

Canine

**BREED**

Bouvier

**SEX**

FS

**AGE**

2.5 years

**WEIGHT**

40 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

Pawtown Veterinary Care

**REFERRING VET**

Lauren Stayer DVM

**INVOICE**

16775

**DATE**

5/10/23

## PRESENTING CLINICAL SIGNS

Presented to Pawtown 1/2023 to establish care. Had history of UTI but was not currently having symptoms. - Previously seen at Hometown & VRCCO for UTI symptoms. Owner has declined xrays to screen for bladder stones. Patient also has had occasional vomiting/diarrhea that is typically well controlled on hydrolyzed diet but would like to have the intestines evaluated as well. Client reports intermittent vomiting associated with use of ABX, and last 3 days vomiting has been appreciated.

Abnormal PE/Chem/CBC/UA Results: PE: - overweight. Subtle vulvar recession, no vulvar discharge, but matted fur present. Diagnostics: - From what I can tell, the first UTI was diagnosed in September 2021 & treated w/ clavamox. —urine culture end of September 2021: positive for ecoli & treated w/ enrofloxacin. — Patient then had a urine culture in October 2021 that was negative (after antibiotic treatment). - Spayed October 2022. Blood work performed at this time & NSF - Urine culture November 2022 - ecoli. Treated with TMS - Urinalysis Dec 2022. Treated for UTI w/ clavamox. - 3/27/23 - Seen at Pawtown for UTI symptoms. Treated w/ cefpodoxime & carprofen. - 4/2023: Symptoms returned. Urine culture positive for ecoli. Treated w/ enrofloxacin - 5/2023: Culture obtained & positive for enterococcus. Currently treated with clavamox.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

No evidence of pathology was noted in the area of the uterine remnant.

No evidence of pathology in the area of the aortic trifurcation.

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 or pyelectasia. The left kidney measured 6.4 cm in length. The right kidney measured 6.9 cm in length.

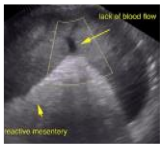
### *Adrenal Glands*

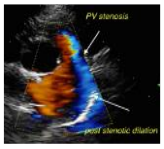
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.58 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.61 cm width at the caudal pole.

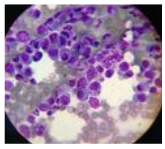
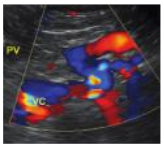
### *Spleen*

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™






SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Phoebe Achille

**SPECIES**

Canine

**BREED**

Bouvier

**SEX**

FS

**AGE**

2.5 years

**WEIGHT**

40 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

Pawtown Veterinary Care

**REFERRING VET**

Lauren Stayer DVM

**INVOICE**

16775

**DATE**

5/10/23

### *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.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction with normal visualized gastric wall layering.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental to generalized propensity for mildly prominent to hyperechoic jejunal submucosal layer. The jejunum wall measured up to 0.48 cm width. The ileocolic junction was free of pathology.

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

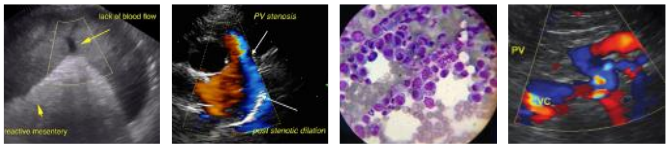
- Sonographically unremarkable urinary bladder and visible proximal urethra
- Normal bilateral kidneys
- Gastric ingesta - sonographically consistent with food
- Intact small bowel wall with subjective nonspecific mildly prominent jejunal submucosal layer

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of upper or lower urinary tract pathology or overt congenital abnormalities that would predispose to recurrent urinary infection. Gross inspection of the vulva and vaginal vault for evidence of urine pooling or non-visualized pathology which may predispose to ascending infection +/- cystoscopy may be considered.

Although nonspecific, the subjective mildly prominent jejunal submucosal layer may at times be associated with underlying inflammatory enteropathy or potential IBD. Continued hydrolyzed diet is recommended if gastrointestinal signs are well controlled. A GI panel to assess Cobalamin/Folate levels may be considered if recurrent or progressive gastrointestinal signs or evidence of weight loss are noted.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Phoebe Achille

**SPECIES**

Canine

**BREED**

Bouvier

**SEX**

FS

**AGE**

2.5 years

**WEIGHT**

40 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

Pawtown Veterinary Care

**REFERRING VET**

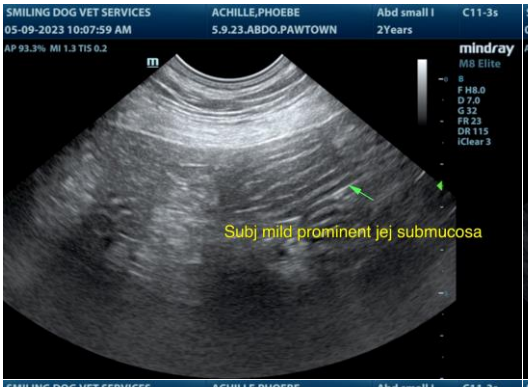
Lauren Stayer DVM

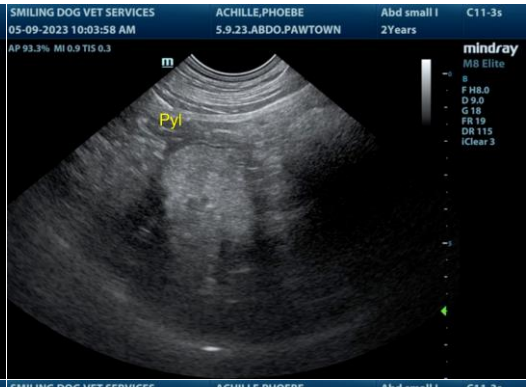
**INVOICE**

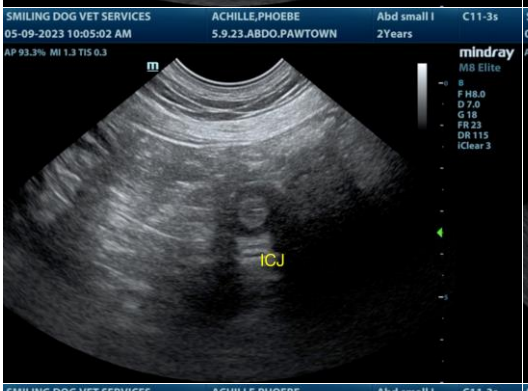
16775

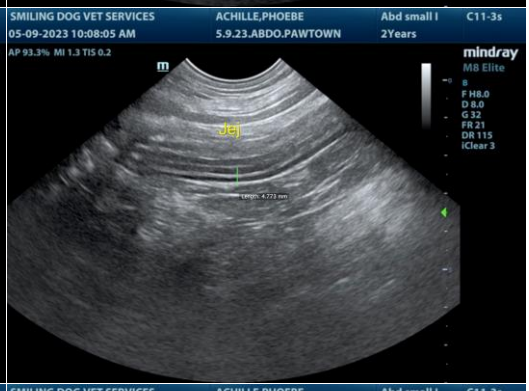
**DATE**

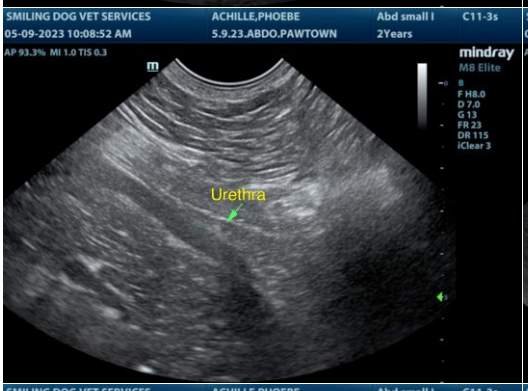
5/10/23

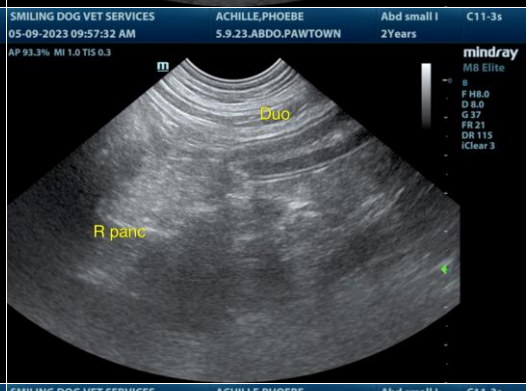


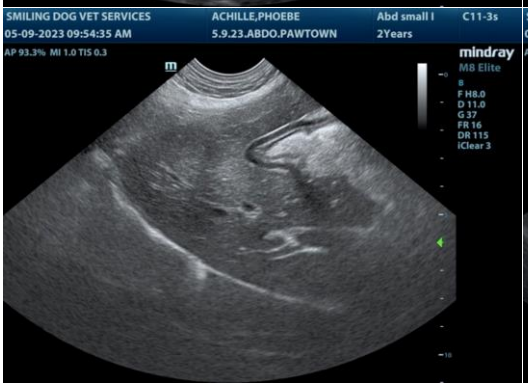



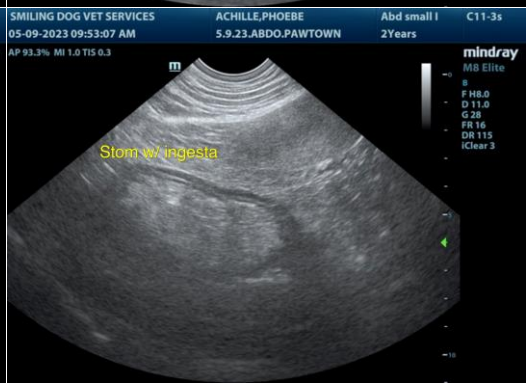



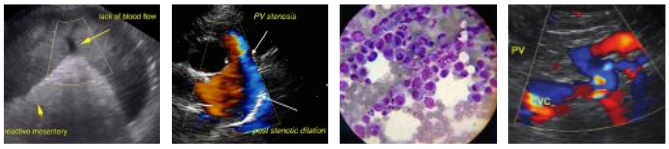





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Phoebe Achille

**SPECIES**

Canine

**BREED**

Bouvier

**SEX**

FS

**AGE**

2.5 years

**WEIGHT**

40 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

Pawtown Veterinary Care

**REFERRING VET**

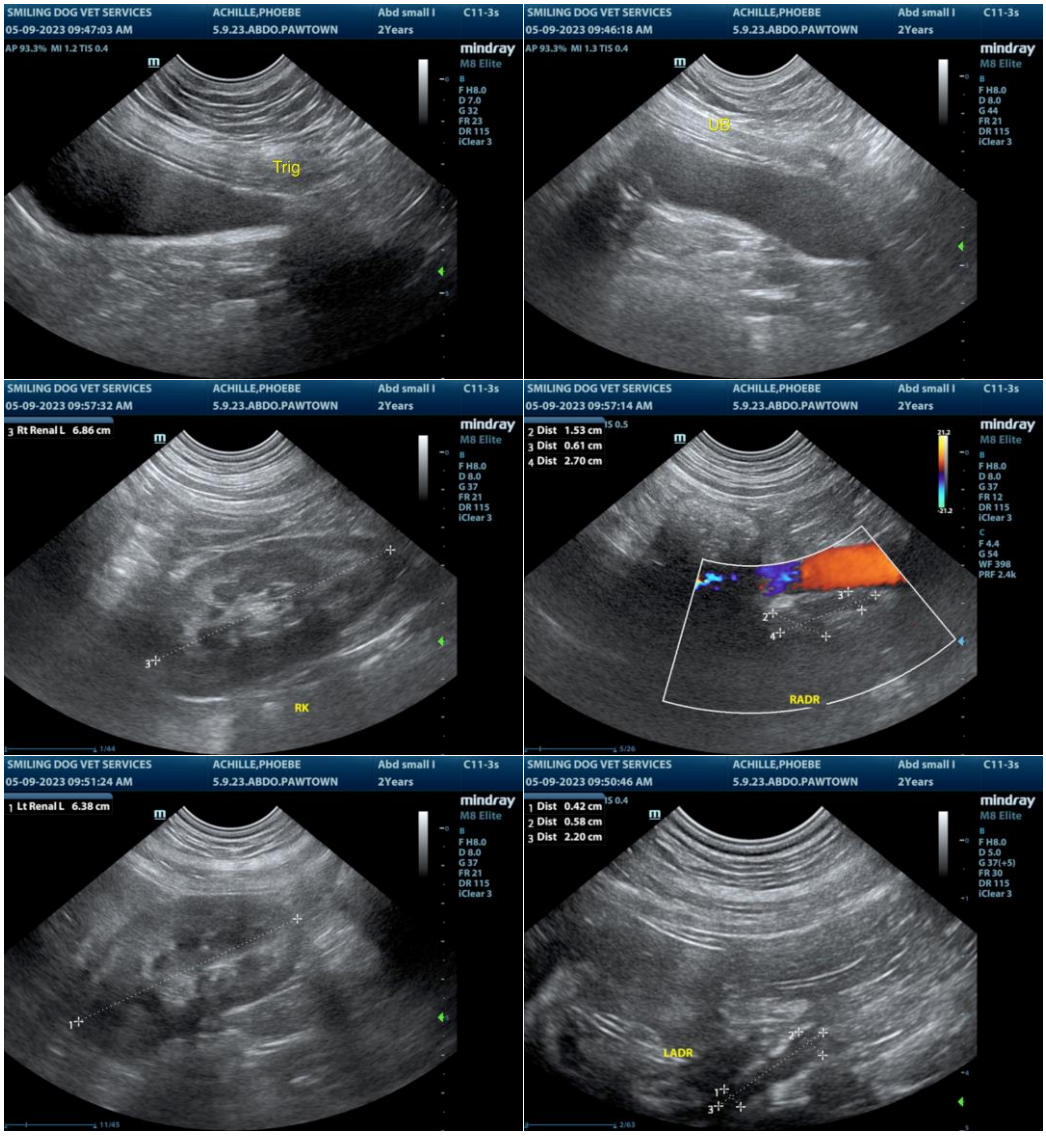
Lauren Stayer DVM

**INVOICE**

16775

**DATE**

5/10/23




**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)**
mac.daniel@sonopath.com