



PATIENT

Ruby Knapp

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Female Spayed

AGE

10

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Glamorgan AC

REFERRING VET

Dr. Murphy

INVOICE

14120

DATE

6/17/22

PRESENTING CLINICAL SIGNS

Persistent hematuria . Attending concerned about bladder mass. Limited exam kidneys / bladder only

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM AND ADRENAL GLANDS

Urinary System

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

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomodullary 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 pyelectasia or pyelonephritis. The left kidney measured 6.8 cm in length. The right kidney measured 6.1 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 0.59 cm width at the caudal pole and 0.52 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 0.55 cm width at the cranial pole.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visualized proximal urethra
- Normal bilateral kidneys - no evidence of pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of upper or lower urinary tract pathology i.e., neoplastic criteria, calculi, pyelonephritis, etc., as an obvious cause of the persistent hematuria.

Urine culture and sensitivity on a sterile urine sample is suggested if not done. Assessment of the vulva and vaginal vault for evidence of pathology as a cause of the hematuria may be indicated.





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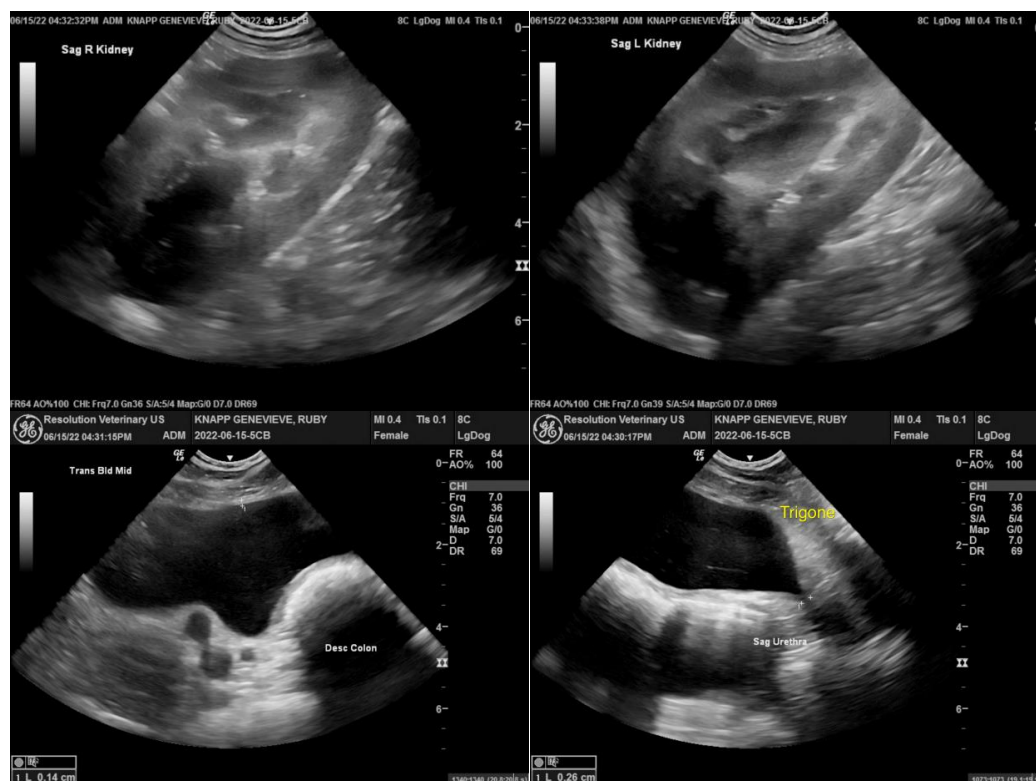
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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