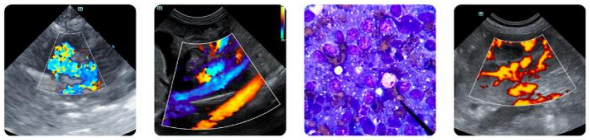


PATIENT

Bella Daley-Jones

SPECIES

Canine

BREED

Rottweiler Mix

SEX

FS

AGE

8 yrs

WEIGHT

63

INTERPRETED BY

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

IMAGING PERFORMED BY

Ray Caughman

HOSPITAL NAME

Dogwood Animal Hospital

REFERRING VET

Ray Caughman

INVOICE

10944

DATE

6/2/26

PRESENTING CLINICAL SIGNS

urinating every hour for last week, constantly seeking water

Abnormal PE/Chem/CBC/UA Results: Sodium 160, Protein 7.7, Globulin 4.2, AST 63, APL 200, Lipase 445, Hematuria, pyuria On Baytril for UTI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

No obvious 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. The left kidney measured 6.5 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

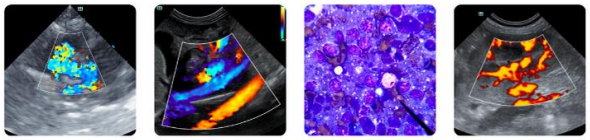
The left adrenal gland was indistinctly visualized with the visible left adrenal gland exhibiting potential borderline enlargement, subjectively measuring 0.77 cm width. The right adrenal gland was not definitively visualized.

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 presented subjectively mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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 minor, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented overall normal intact visible wall with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, progressively shadowing ingesta without signs of obstruction or foreign material. There was no overt obstruction to pyloric outflow.

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 formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically normal bilateral kidneys
- Sonographically normal urinary bladder and visible proximal urethra
- Possible borderline visualized left adrenomegaly
- Benign hepatopathy pattern
- Minor nonorganized gallbladder debris (non mucocele)

Secondary Findings

- Gastric ingesta – probable food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Monitoring of urinalysis and recheck urine culture and sensitivity 7 days post completion of current antibiotic is recommended. The liver is consistent with benign hepatopathy criteria with vacuolar or nonobstructive cholestatic hepatopathy in conjunction with ALP elevation favored. Definitive evidence of adrenal pathology was not obvious. Adrenal screening or workup is recommended given clinical signs. If adrenal disease is confirmed, sonographic reassessment of the adrenal glands, ideally under sedation, for further evaluation is suggested. Pending additional diagnostics, alternative etiologies may be considered with determination between primary polyuria or primary polydipsia.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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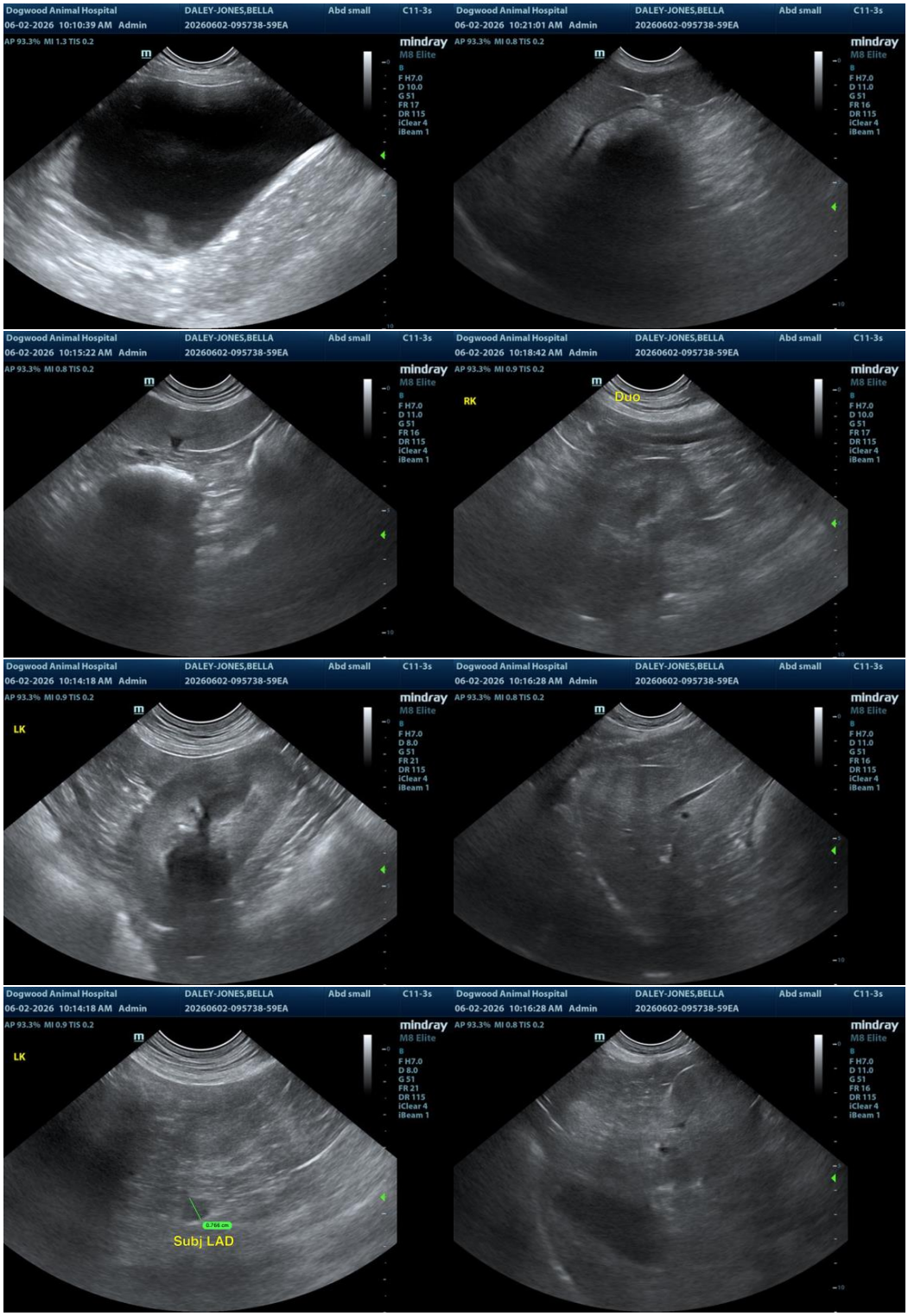

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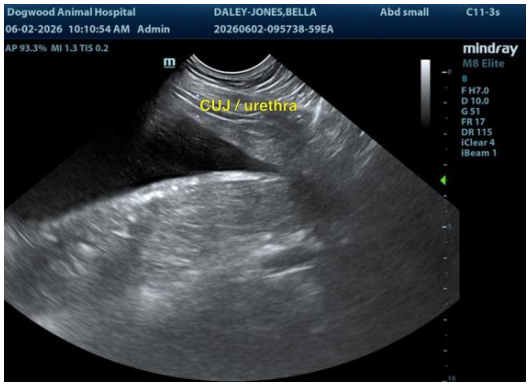

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com