



**PATIENT PRESENTING CLINICAL SIGNS**

Gracie Sabaral Grade II/VI heart murmur. Inappropriate urination/accidents around house. Re-occurring UTI's. Urine culture negative 5/23. BP: 95, 102, 104 mmHg. Having bi-cavity exams.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED**

Boston Terrier

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**SEX**

FS

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 pyelonephritis. The left kidney measured 5.7 cm in length. The right kidney measured 4.5 cm in length.

**AGE**

3yr

A solitary mildly prominent to enlarged medial iliac lymph node was present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The node measured 1.8 cm x 0.48 cm. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

**WEIGHT**

31.6lb

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.67 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 0.60 cm width at the caudal pole and 0.55 cm width at the cranial pole.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary discreetly hypoechoic nodule was present in the mid spleen measuring 0.31 cm in diameter. 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.

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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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Rachel Rogoff, DVM

**Gastrointestinal**

**INVOICE**

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The stomach presented intact variably prominent wall layering with a prominent gastric mucosa layer. Mildly prominent rugal folds were present. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured up to 0.55 cm in width.

**DATE**

06/23/2023

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. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.30 cm width.



**PATIENT**

Gracie Sabaral

Segmental mildly prominent visible colon wall layers were present with segmental empty colon lumen and segmental formed to semi formed fecal matter. The descending colon wall measured up to 0.45 cm in width.

**SPECIES**

Canine

**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 was evident.

**BREED**

Boston Terrier

**Free Abdomen**

No omental masses or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable urinary bladder and visible proximal urethra.
- Normal bilateral kidneys-no evidence of pyelonephritis.
- Discreet splenic nodule-benign, focal discreet hyperplasia or hematopoiesis probable.

**AGE**

3yr

**Secondary**

- Mildly prominent to thickened gastric and segmental colon wall- nonspecific.

**WEIGHT**

31.6lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of structural or congenital abnormality as an obvious cause of recurrent UTI or contributing factor to inappropriate urination. If recurrent documented UTI based on C/S, assessment of the vulva and vaginal vault for evidence of structural pathology which may predispose to ascending infection may be considered.

**INTERPRETED BY**

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

Potential for low grade or emerging gastritis or segmental colitis may be indicated if clinical signs consistent with gastritis or colitis arise.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

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Rachel Rogoff, DVM

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Boston Terrier

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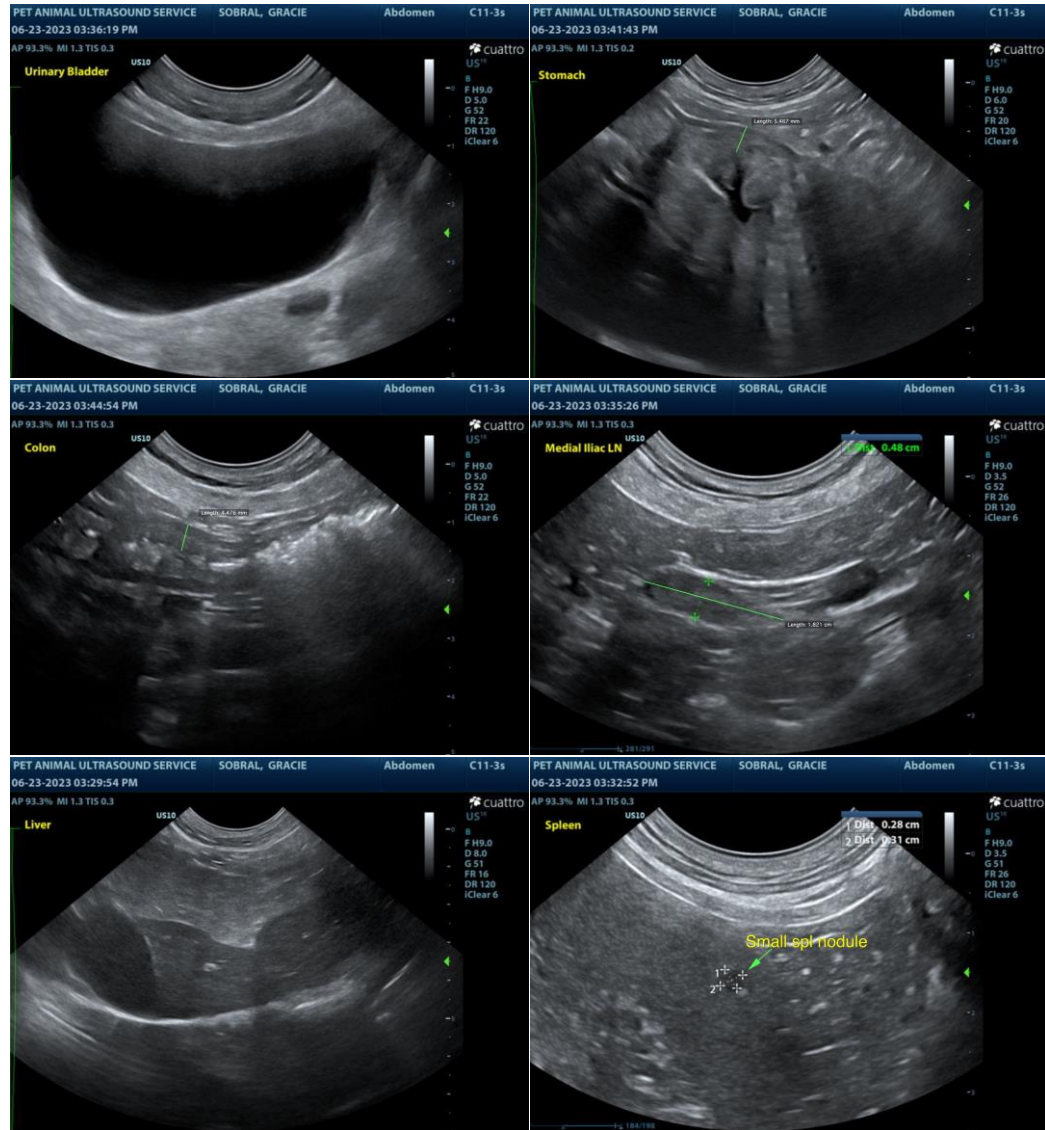
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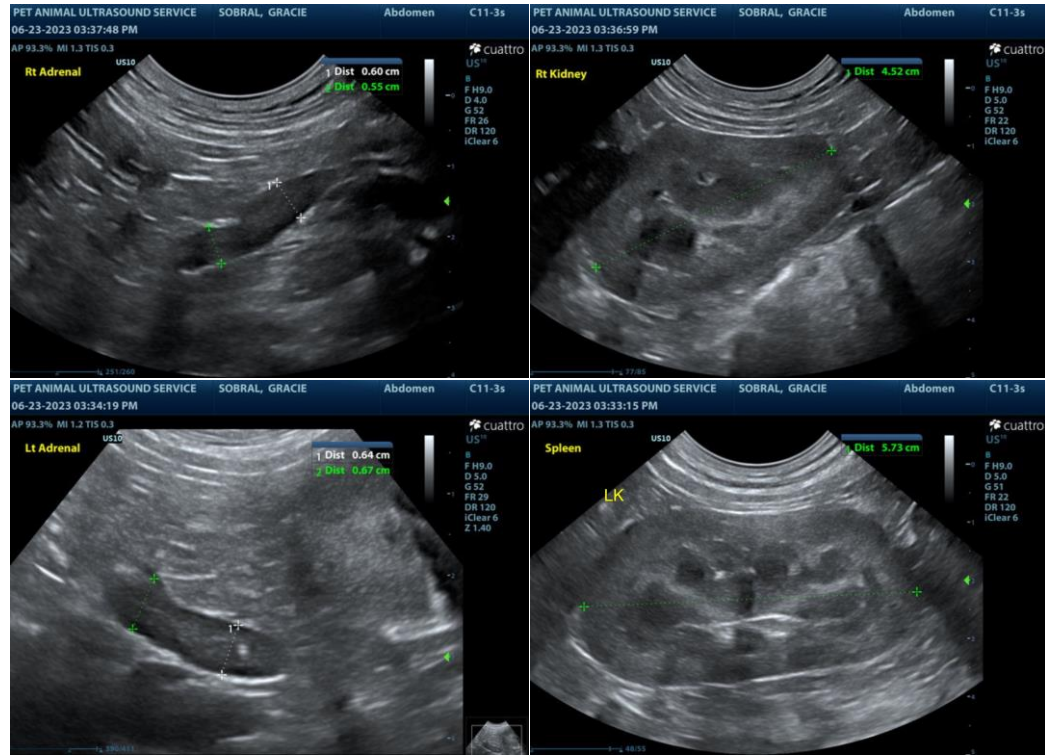
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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