



PATIENT

Dixie Holland

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

7 Years

WEIGHT

20 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Honorata Lenk

HOSPITAL NAME

Oaklawn AH

REFERRING VET

Dr. Honorata Lenk

INVOICE

16363

DATE

6/27/22

PRESENTING CLINICAL SIGNS

History: Dixie presented for a UTI. Her urine culture did show a bacterial infection. She was treated with 14 days of Clavamox. She has a lumen-filling effect on the US in her urinary bladder. R/o include Cystitis, stone, neoplasia.

Abnormal PE/Chem/CBC/UA Results: Essentially WNL. Other than bacteria/WBC on UA.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. The urinary bladder walls were overtly normal without evidence of significant inflammatory or neoplastic criteria. Anechoic urine was present with moderate dependent mineralize sand, along with nondependent particulate to pinpoint hyperechoic sediment was present and suspected mucus. No evidence of urinary bladder masses. The urethra was normal in structure and tone to a depth of 2.0 cm. Aortic trifurcation was normal.

No overt pathology in the area of the uterine remnant.

Normal size and margination was 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 3.7 cm in length. The right kidney measured 4.7 cm in length. Minor pinpoint medullary mineral present in both kidneys.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole and 0.40 cm width at the cranial 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.

Liver

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 was empty with no signs of ileus, obstruction or foreign material.



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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.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Mild to moderate dependent mineralized urinary bladder sand with concurrent nondependent particulate to pinpoint hyperechoic sediment and likely mucus
- Normal bilateral kidneys with pinpoint medullary mineral- no evidence of pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of urinary bladder masses or neoplastic criteria. Following manual bladder agitation, cystocentesis for urine collection with potential for cytospin and sediment analysis. Recheck urine culture and sensitivity 7-days following completion of current antibiotics suggested. Dissolution diet may be considered if evidence of crystalline debris. Sonographic monitoring of the urinary bladder for persistent/progressive sand/sediment and/or for dissolution after initiation of the dissolution diet therapy would be reasonable.

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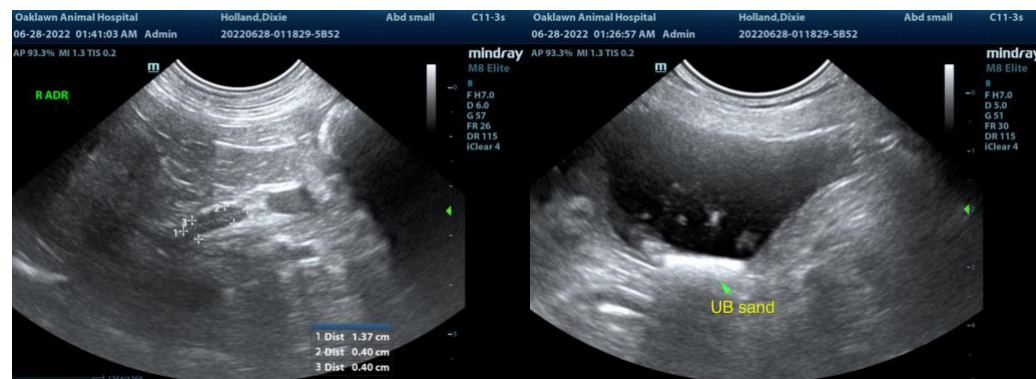
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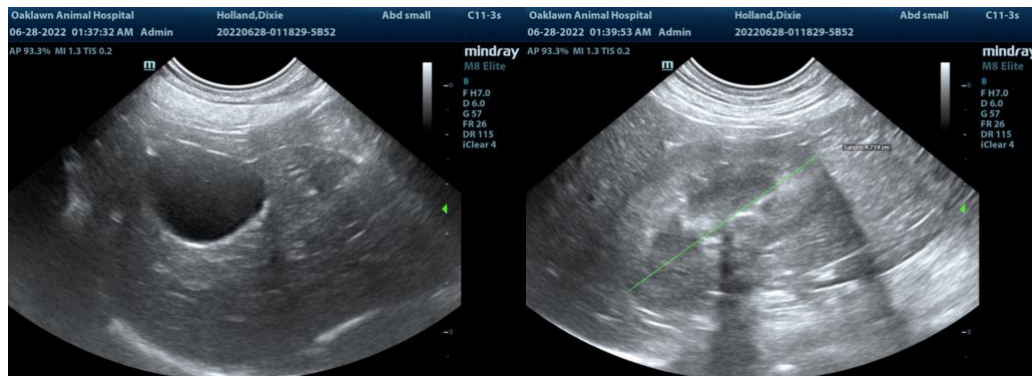
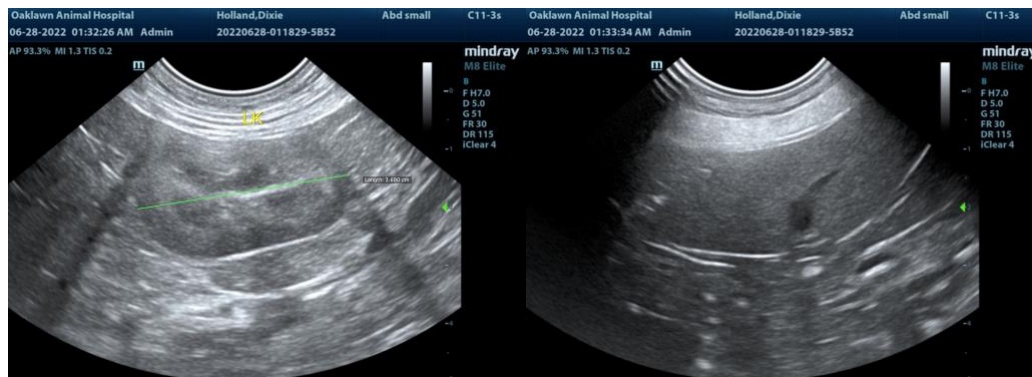
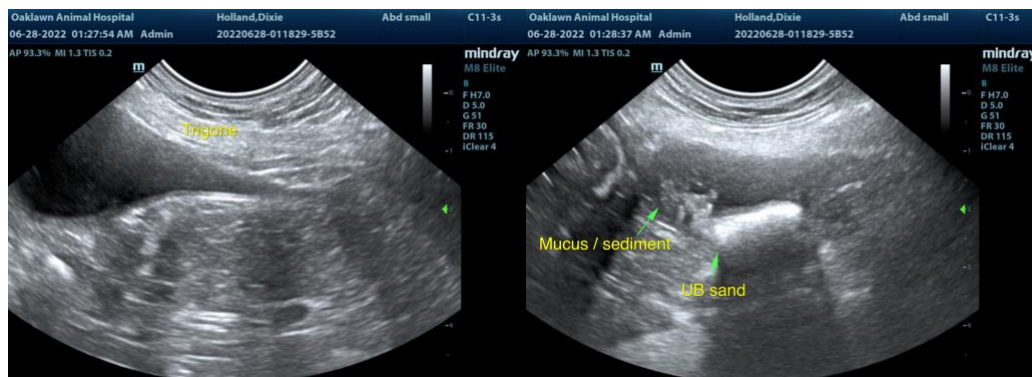
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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