



PATIENT	PRESENTING CLINICAL SIGNS
Jasmine Martinez	Intermittent urinary accidents. PU/PD.
SPECIES	Abnormal PE/Chem/CBC/UA Results: 7/3/21- Urinalysis isosthenuric otherwise WNL. 7/15/21- USG 1.010 (first am sample) 2/14/22- Urinalysis (first am urine sample) mildly isosthenuric. 2/22/22- Chem + CBC WNL except mildly elevated creatinine 1.8 and SDMA 20. BUN WNL. Resting cortisol 2.0 low end of normal. 4/9/22 Low USG 1.012. Slightly elevated Creatinine 1.6. SDMA 18. BUN WNL. 4/16/22 Blood pressure WNL. Urine culture WNL.
Canine	
BREED	
Labrador Retriever	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
FS	Urinary System
AGE	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. The urethra was overtly normal in structure and tone to a depth of 1.0 cm. 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.
3 years 11 months	
WEIGHT	The area of the aortic trifurcation was free of pathology.
57.5 lbs.	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 5.8 cm in length. The right kidney measured 6.3 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 0.62 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 0.42 cm width at the caudal pole and 0.79 cm width at the cranial pole.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	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.
HOSPITAL NAME	Liver/ Gallbladder
Creekside VC	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
REFERRING VET	
Dr. Strahon	
INVOICE	
13989	
DATE	
6/3/22	



PATIENT	normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.
Jasmine Martinez	
SPECIES	Gastrointestinal
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting subtle progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted.
BREED	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.
Labrador Retriever	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
FS	Pancreas
AGE	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.
3 years 11 months	
WEIGHT	Free Abdomen
57.5 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Primary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none">• Sonographically unremarkable urinary bladder and visible proximal urethra• Normal bilateral kidneys / adrenals - no evidence of congenital renal disease or adrenal enlargement / subnormal adrenal size• Gastric ingesta - suspect likely post prandial presentation
Jenna Walsh, CVT	Secondary Findings
HOSPITAL NAME	<ul style="list-style-type: none">• Mild gallbladder debris - incidental
Creekside VC	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
REFERRING VET	Overall, no overt evidence of abdominal visceral pathology specifically no obvious evidence of upper or lower urinary tract adrenal or hepatic pathology as an obvious cause of the patient's urinary accidents, PU/PD, minor azotemia and decreased specific gravity.
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DATE	Further assessment may include Leptospirosis titers / PCR +/- bile acid testing if clinically indicated.
6/3/22	



PATIENT

Jasmine Martinez

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/>.

SPECIES

Canine

BREED

Labrador Retriever

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>

SEX

FS

AGE

3 years 11 months

WEIGHT

57.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Creekside VC

REFERRING VET

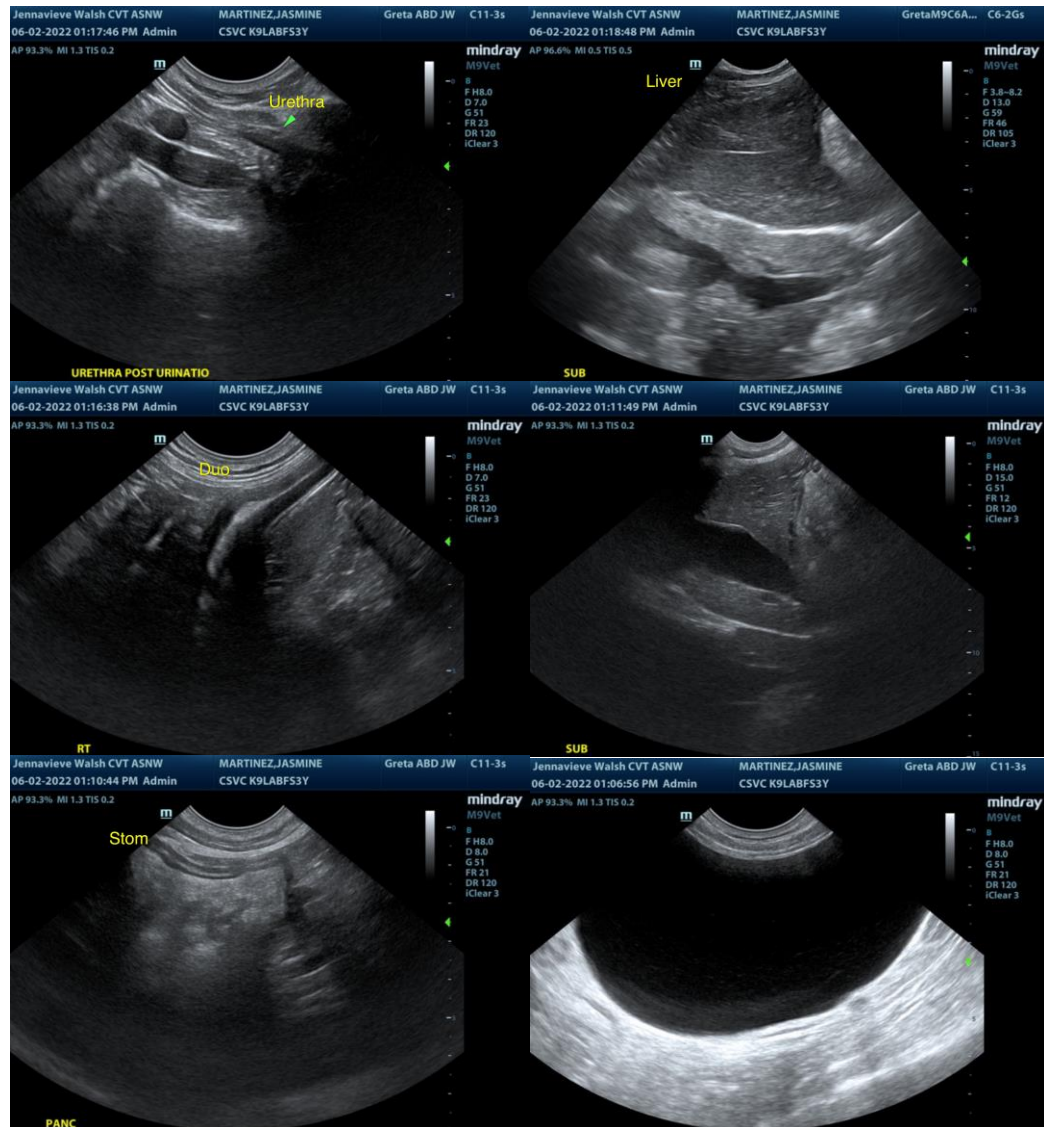
Dr. Strahon

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DATE

6/3/22





PATIENT

Jasmine Martinez

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

3 years 11 months

WEIGHT

57.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Creekside VC

REFERRING VET

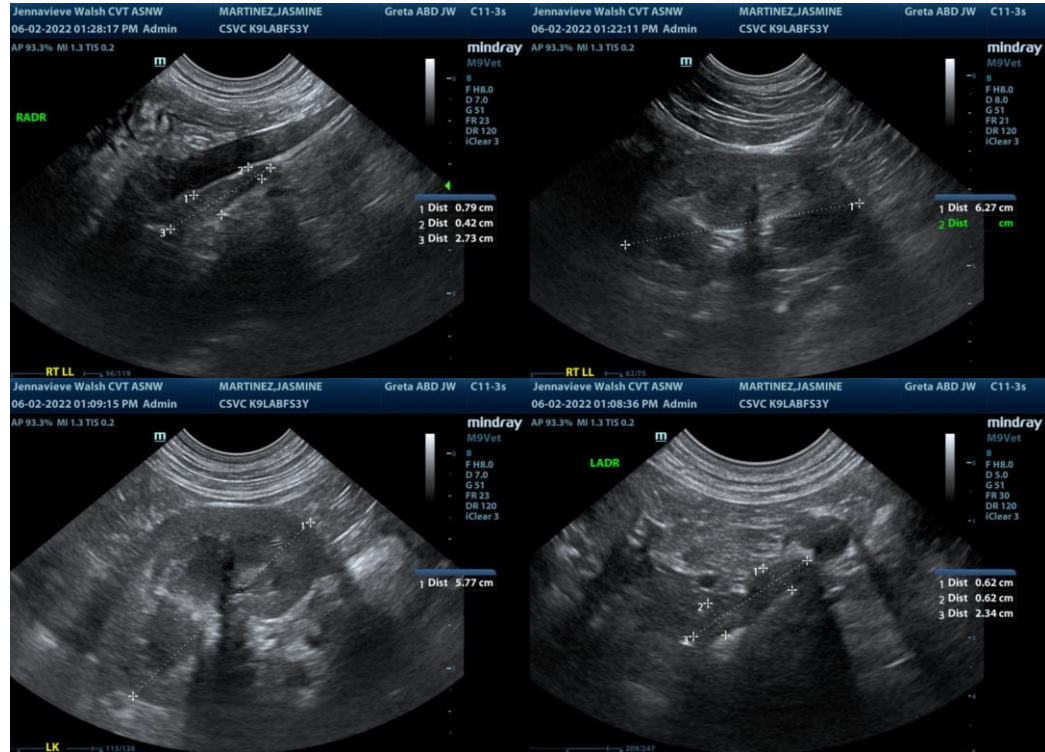
Dr. Strahon

INVOICE

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DATE

6/3/22



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