



PATIENT

Sadie Parisi

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

3 years 6 months

WEIGHT

26.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

John Ammeraal DVM

HOSPITAL NAME

Sova AH

REFERRING VET

John Ammeraal DVM

INVOICE

14176

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Had a UTI few weeks ago with RBC in urine. Recheck urine RBC's 11-20 no WBC/Bacteria R/o Bladder stones , other

Abnormal PE/Chem/CBC/UA Results: UA RBC 11-20 HPF Free catch dipstick check no RBC's noted

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM

Urinary System

The urinary bladder presented mild uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Ventroapical urinary bladder wall thickness measured 0.38 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder exhibited an overall normal tone. The urinary bladder trigone, cystourethral junction, and visible proximal urethra to a depth of 2.0 cm were sonographically normal. No evidence of neoplastic criteria was noted. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

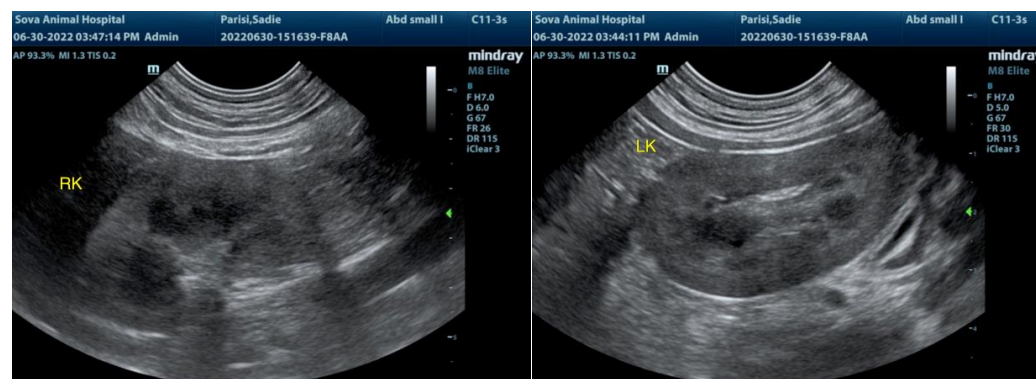
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 4.7 cm in length. The right kidney measured 5.2 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Minor cystitis pattern
- Normal bilateral kidneys - no evidence of pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant upper or lower urinary tract pathology with minor urinary bladder inflammatory criteria. Continued monitoring of urinalysis +/- periodic culture and sensitivity if clinically indicated would be reasonable.





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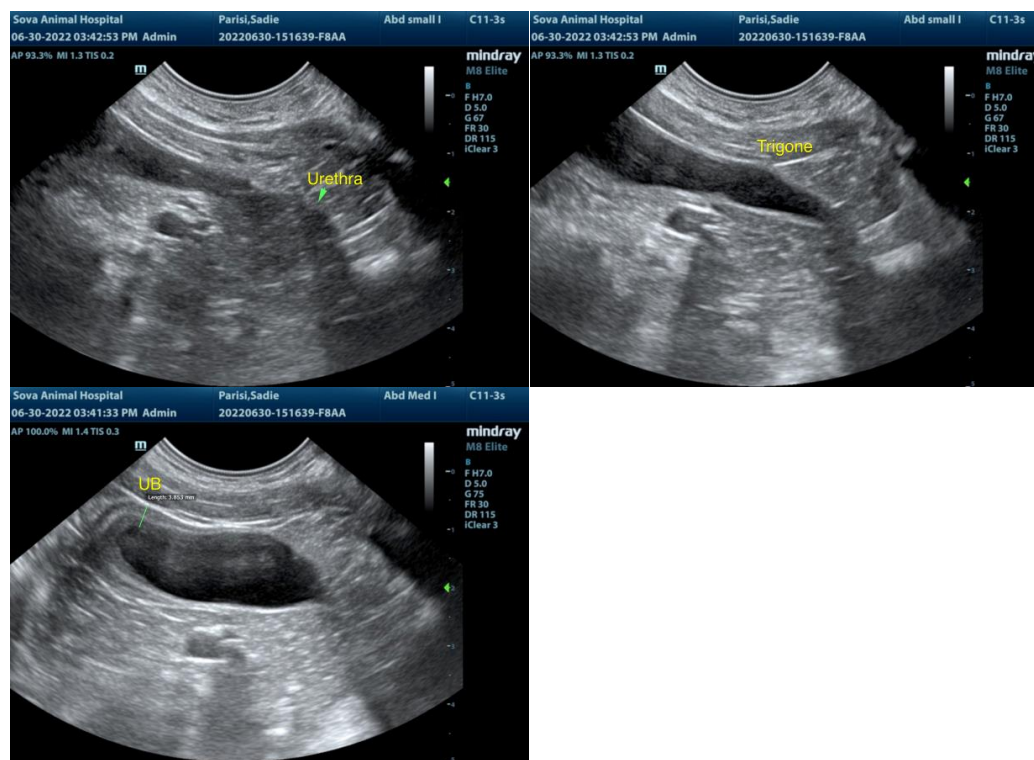
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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