

**PATIENT**

Coco Koboushek

SPECIES

Canine

BREED

Poodle Mix

SEX

Female Intact

AGE

5 months

WEIGHT

30 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

14051

DATE

6/8/22

PRESENTING CLINICAL SIGNS

Recurrent cystitis. Seems to improve with antibiotics, but returns once she is off medications.

Abnormal PE/Chem/CBC/UA Results: BW 4/25/2022 - unremarkable Urine Culture - Large E. coli growth - sensitive to everything UA - mostly unremarkable Currently on Clavamox, but owner says she is still clinical.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in size and tone exhibiting a propensity for subtly prominent urinary bladder walls yet without evidence of significant inflammatory mural criteria. The dorsal urinary bladder wall measured 0.20 cm. Anechoic urine was primarily present in the bladder with mild to moderate nondependent particulate sediment, which may indicate cellular debris/ protein, crystalline debris, or possible mucus. The area of the visualized ureteral papilla was sonographically normal with suspect visualized yet small ureter subjectively extending into the area of the ureteral papilla. The proximal urethra exhibited normal structure and tone to a depth of 2.0 cm.

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 5.4 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.45 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm length x 0.47 cm width at the caudal 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/ 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.

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.

SPECIES

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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 were evident.

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Free Abdomen

Intermittent medial iliac and mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a medial iliac lymph node measured 0.6 cm width. An example of a mesenteric lymph node measured 0.82 cm width.

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ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder size / tone with mild to moderate nondependent particulate sediment, suspect mild cystitis
- Sonographically unremarkable visualized proximal urethra - no evidence of proximal urethral urine retention / dilation
- Normal bilateral kidneys - no evidence of pyelectasia
- Intermittent mild benign mesenteric and medial iliac lymphadenopathy - reactive hyperplasia or immunologic immaturity likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious sonographic evidence of congenital lower urinary tract abnormalities such as urachal remnant or obvious ectopic ureter. The possibility of a small ectopic ureter could be considered if clinical signs consistent with incontinence are present, yet no obvious sonographic evidence of an ectopic ureter was definitive.

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Ideally based on urine culture and sensitivity results, a higher dose/shorter frequency antibiotic combination such as Clavamox or Enrofloxacin 20 mg/kg PO SID for 3-5 days with as-needed urinary probiotic may prove more effective at eliminating recurrent infection. Potential gross examination of the vulva or vaginal vault for evidence of structural abnormalities which may predispose to an ascending Infection may be considered. If recurrent documented infection despite appropriate antibiotic therapy, cystoscopy may be indicated.

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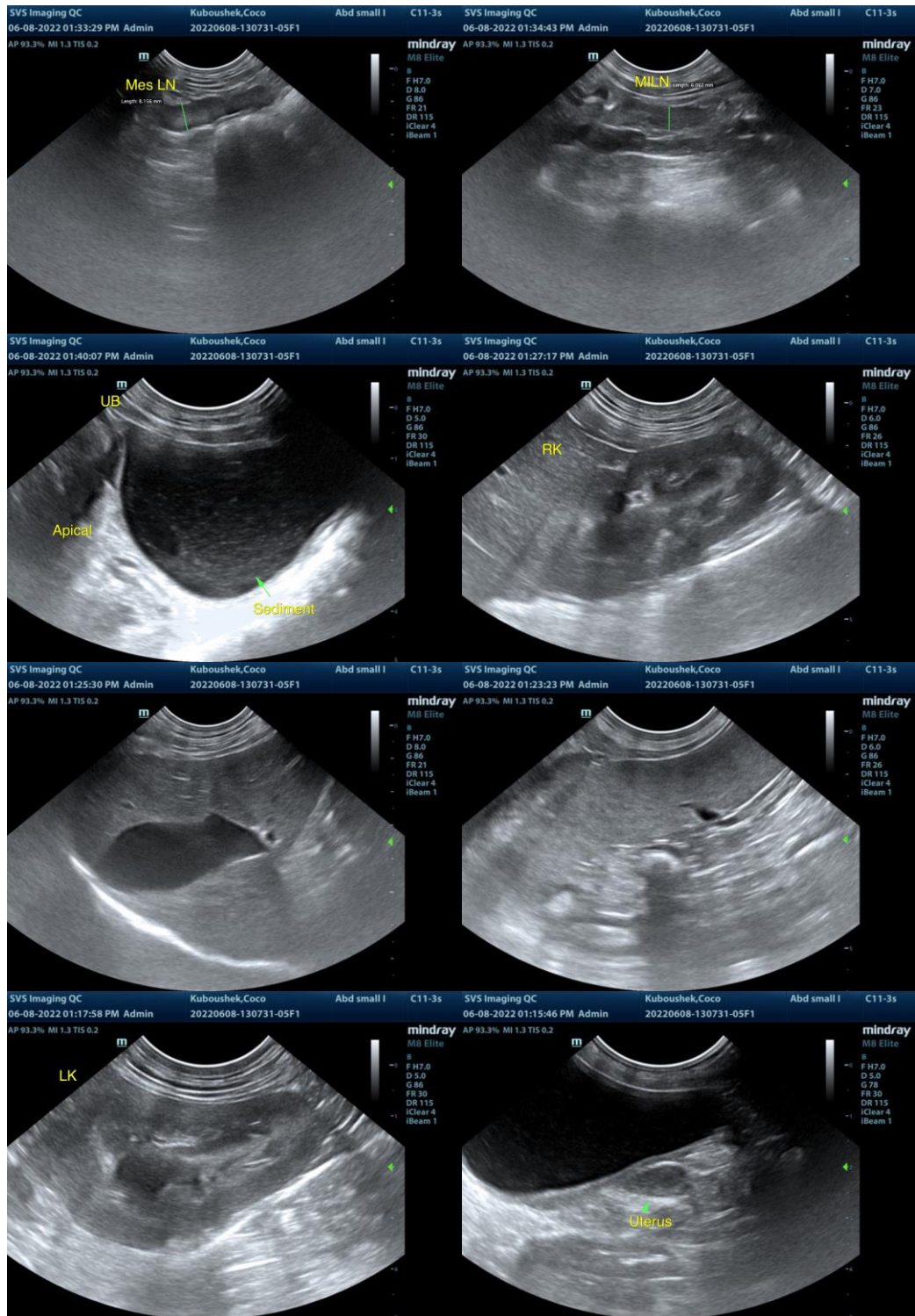
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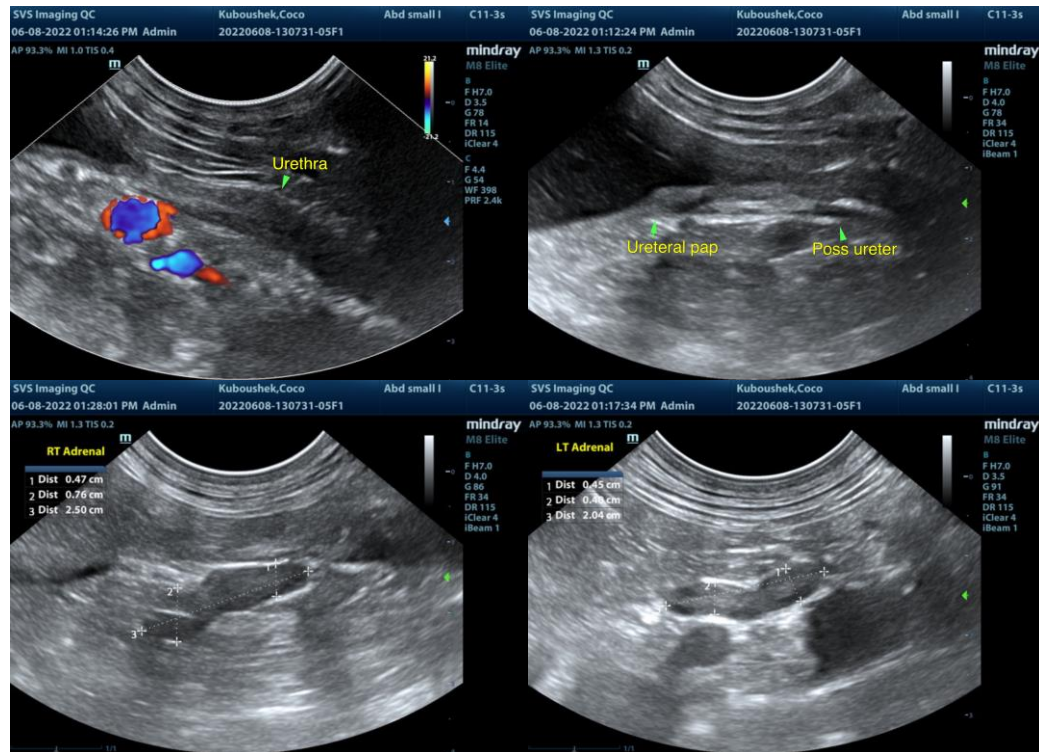
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com