



PATIENT

Kaijo Castaneda

PRESENTING CLINICAL SIGNS

The owner just adopted the pet and wants to know if she is spayed

SPECIES

Canine

BREED

Mix

SEX

Female

AGE

8

WEIGHT

13.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Henin

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Henin

INVOICE

14191

DATE

7/1/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. The echogenicities were variably sized, yet primarily small. An example of an echogenicity measured 0.64 cm in diameter. No evidence of inflammatory or neoplastic urinary bladder criteria was noted. Concurrent mild nondependent particulate sediment was present.

The area dorsal to the urinary bladder was free of pathology. A definitive intact uterus or uterine remnant was not overtly visualized. No overt evidence of pathology was noted in the area of the left and right ovary.

The area of the aortic trifurcation was free of pathology.

The left and right kidneys were not definitively visualized.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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. Mild nonshadowing gastric ingesta / chyme was present.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

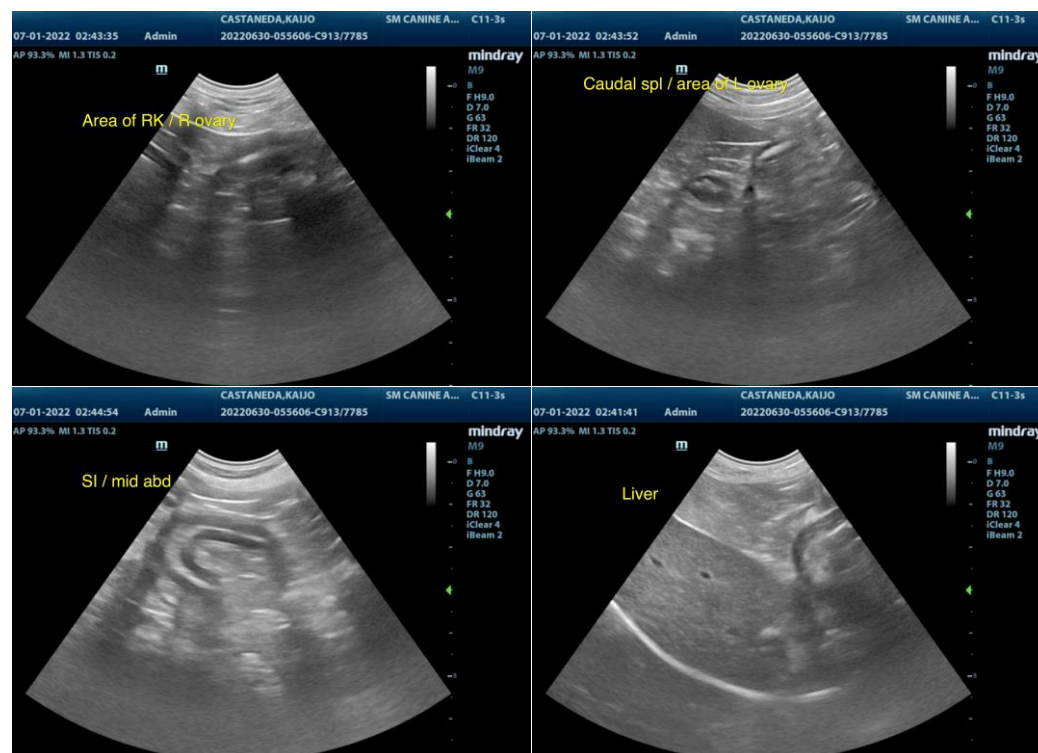
- Mild dependent urinary bladder mineral to small calculi
- Otherwise, overtly normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on a sterile urine sample to assess for underlying urinary tract infection is suggested.

A definitive uterus or bilateral ovaries was not visualized in this study. However, the possibility of non-visualized intact uterus or bilateral ovaries cannot be definitively excluded. Further assessment may include monitoring for clinical signs consistent with estrus, and vaginal cytology to assess for cornified epithelial cells if vaginal discharge +/-anti-Mullerian hormone or Progesterone Assay.

Dissolution diet and monitoring for clinical signs consistent with dysuria/stranguria etc., along with sonographic monitoring of the urinary bladder mineral are recommended.





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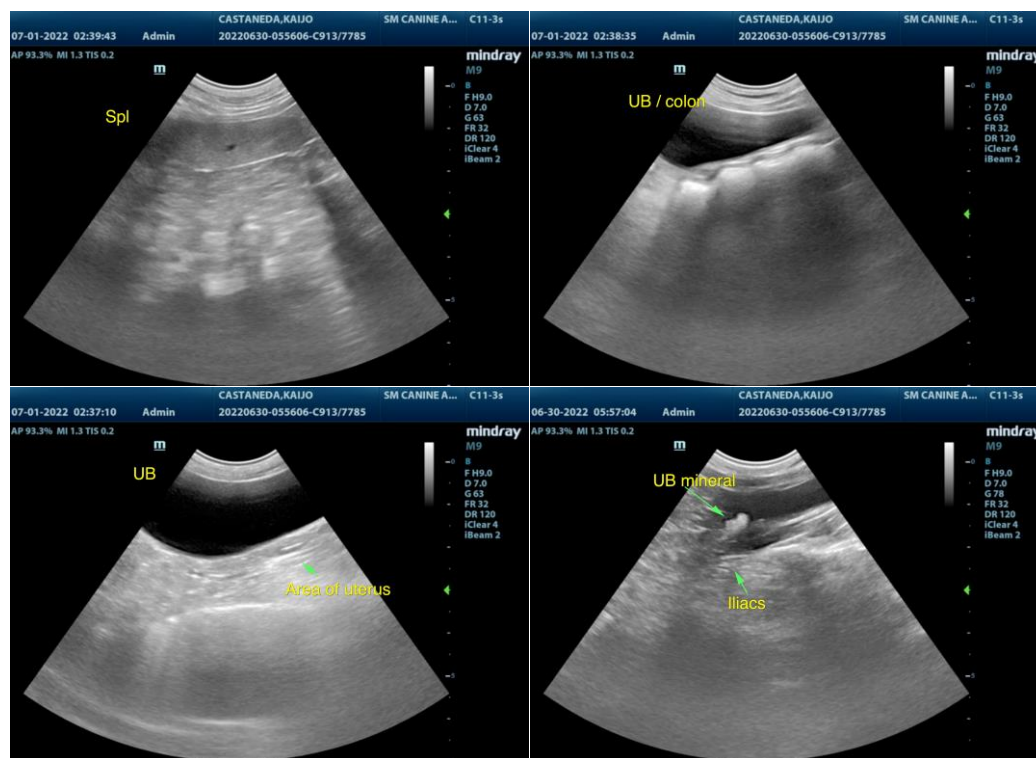
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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