



PATIENT

Tyson Williams

SPECIES

Canine

BREED

GSD

SEX

M/N

AGE

2 years

WEIGHT

35 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Broken Top
Veterinary Clinic

REFERRING VET

Jessica Herrig DVM

INVOICE

17291

DATE

7/19/23

PRESENTING CLINICAL SIGNS

Patient has been evaluated at BTVC several times since April of 2023 for urinary incontinence, urinary accidents, polydipsia, and pollakiuria. Multiple urine analysis (free catch only have been documented) have been negative for evidence of infectious cystitis and an urine culture (urinary catheter) was negative for bacterial growth. Patient has reportedly some improvement with antibiotics and analgesia, despite negative C/S results. Patient is also very anxious/nervous both in the clinic setting and reportedly at home. Current meds: -- Carprofen 75 mg: 1 tab PO BID -- Fluoxetine 40 mg: 2 caps PO q 24 hours -- Trazodone 100 mg: 3 tabs prior to DVM visits -- SMZ/TMP 800 mg/160 mg: 1 tab PO BID x 7 days -- Hills K/D diet

Abnormal PE/Chem/CBC/UA Results: 6/8/23 PE: -- Grade 1/4 dental disease -- Abd - Non distended, non painful, palpates painfully over the dorsum in the area of the kidneys, urinated when gentle pressure was applied to the bladder, with no overt mass or fluid wave 6/8/23: CBC: -- WBC: 18.13 (H) - - PMN: 12.03 (H) -- MONO: 1.32 (H) -- EOS: 1.61 (H) CHEM: -- BUN: 92 (H) -- CREAT: 2.3 (H) T4: -- WNL Urine Culture (catheter); LCC: -- No growth 7/8/23: UA (free catch) -- USG 1.022 -- Protein 100mg/dL -- Sedi-vue (spun sample due to low USG) -- No crystals or bacteria present -- WBC <1/HPF UPC ratio: -- URINE PRO/CREAT 1.5 (H) Radiographs: unremarkable, no uroliths appreciated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended in size, which prohibited full evaluation of the urinary bladder walls. Subjective generalized mild to variable thickened urinary bladder wall was noted exhibiting maintained homogeneous mural echogenicity. No evidence of urinary bladder mural mineralization or tumors. The ventral urinary bladder wall width measured 0.88 cm. Mild anechoic urine was present without evidence of lumen sediment, mineral, or calculi. The visualized urethra was overtly normal in structure and tone to a depth of 4.0 cm.

The residual prostate was sonographically unremarkable, measuring 1.3 cm diameter.

No evidence of medial Iliac or sublumbar lymphadenopathy.

Adequate size and mild asymmetrical margination were present in the kidneys. Subjective mild nonuniform cortical hypertrophy was noted exhibiting nonuniform cortex echogenicity. Mild reduced medullary volume was noted bilaterally with pinpoint dystrophic medullary mineral. No pyelectasia was noted in either kidney. The left kidney measured 7.3 cm in length. The right kidney measured 6.8 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 0.52 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 0.58 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



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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.

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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.

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Nondistended subjectively thickened urinary bladder
- Normal residual prostate
- Nonspecific subjectively chronic nephropathy - dysplasia, given the young age of the patient, nonspecific nephritis, i.e., glomerulonephritis, or other chronic nephropathy possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, re-evaluation of a full urinary bladder, if possible, is recommended. However, extensive urinary bladder tumor is considered less likely with cystitis as a primary differential diagnosis for the bladder presentation suspected. Definitive diagnosis would require renal and urinary bladder biopsy.

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Given the increased UPC level in the face of azotemia, empirical therapy for protein-losing nephropathy with as-needed renal support which may include ACE inhibitor medication, and renal diet, with monitoring of renal parameters and UPC going forward may be considered. Likewise, periodic screening urine C/S is recommended if evidence of inflammatory sediment or bacteriuria.

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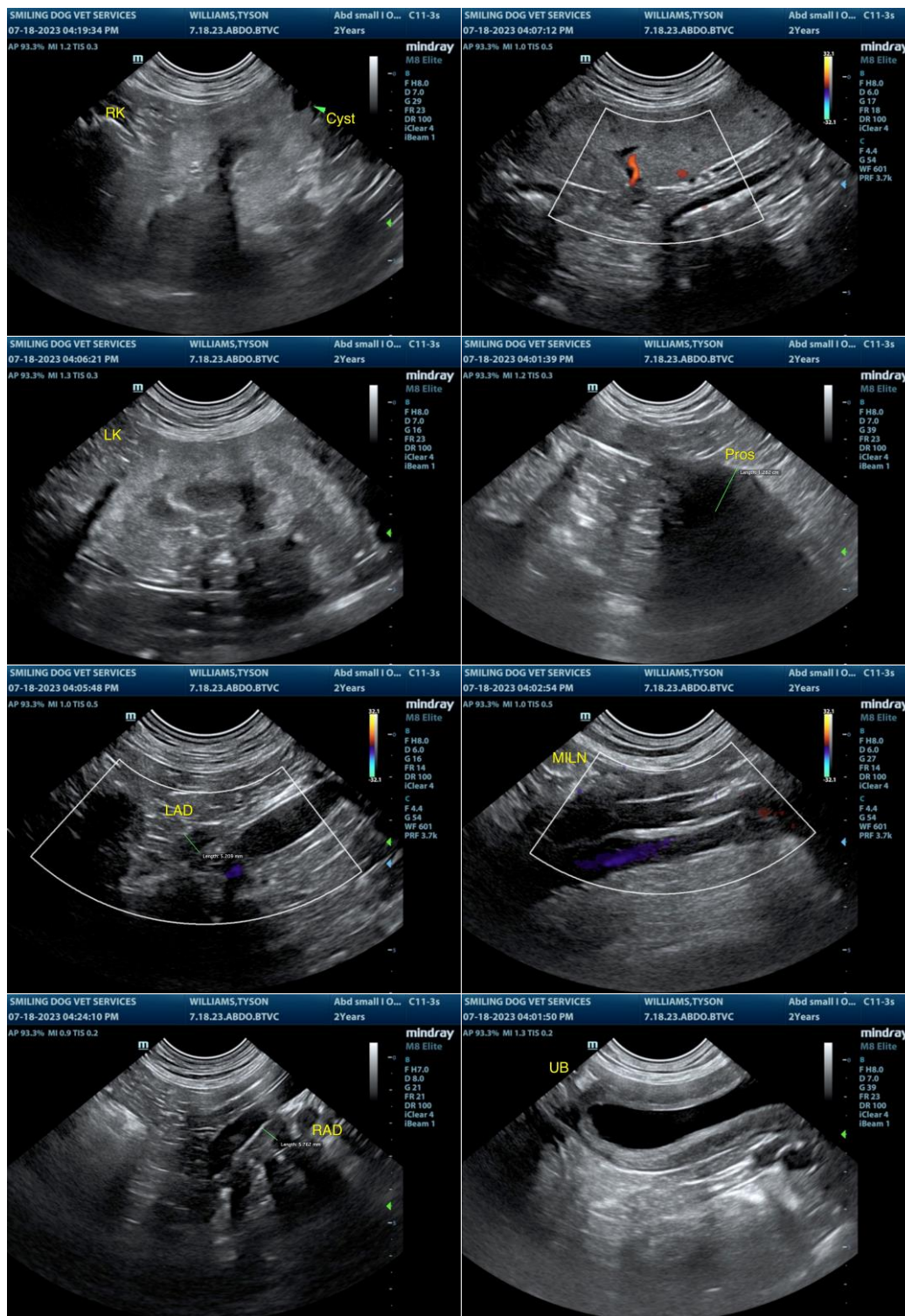
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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