



PATIENT

Gracie Payne

SPECIES

Canine

BREED

Mixed

SEX

F/S

AGE

10 yr

WEIGHT

37 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

14335

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Recurring urinary tract infection

Abnormal PE/Chem/CBC/UA Results: Patient has a small vulva. Pyruia and bacteruria present. Mild increased alkp, tbili. CBC, other UA, other chems are unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. 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. No evidence of inflammatory or neoplastic urinary bladder or proximal urethral criteria was noted. The proximal urethra exhibited potential for mild decreased tone to a depth of approximately 3.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.5 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 0.47 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.65 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. Mild to moderate hyperechoic inspissated gallbladder debris was present. The gallbladder was otherwise normal with no evidence of gallbladder or peripheral gallbladder inflammatory criteria. 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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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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

Primary Findings

- Sonographically unremarkable urinary bladder
- Possible decreased proximal urethral tone
- Bilateral mild chronic kidneys

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Secondary Findings

- Mild inspissated gallbladder debris (non-mucocele)
- Minor vacuolar hepatopathy pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of upper or lower urinary tract pathology as an underlying cause or contributing factor to recurrent urinary tract infection. Assessment of the vulva and vaginal vault for evidence of structural pathology, which may predispose to ascending infection, could be considered. No evidence of pyelonephritis was present.

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Urine culture and sensitivity on a sterile urine sample is recommended if not recently done. Ideally based on urine C/S results, a higher dose/shorter frequency antibiotic regime such as Enrofloxacin 20 mg/kg PO SID for 3-5 days may prove more effective at eliminating recurrent infection. Hepatosupportive medications including Denamarin and Ursodiol may be considered.

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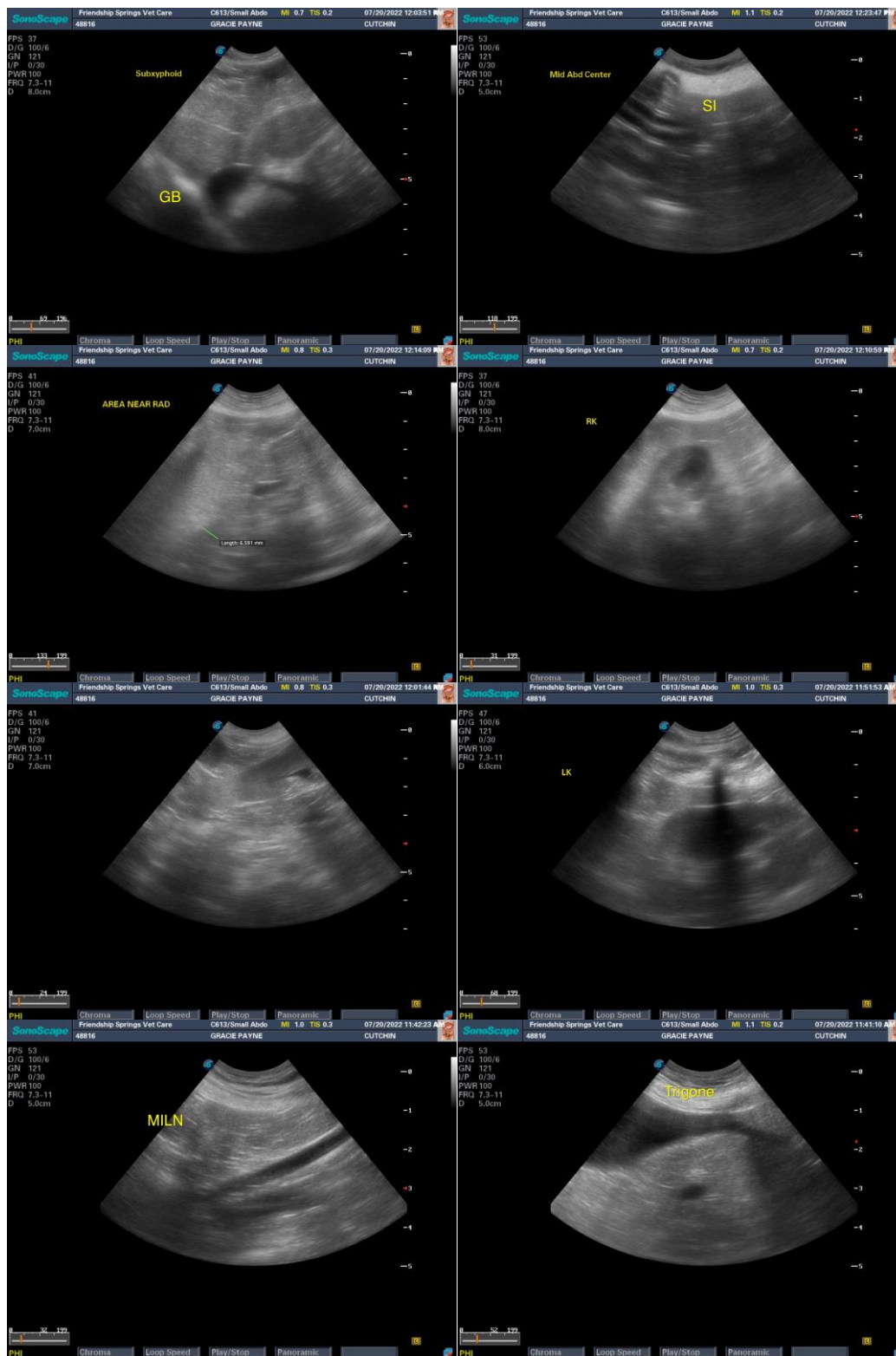
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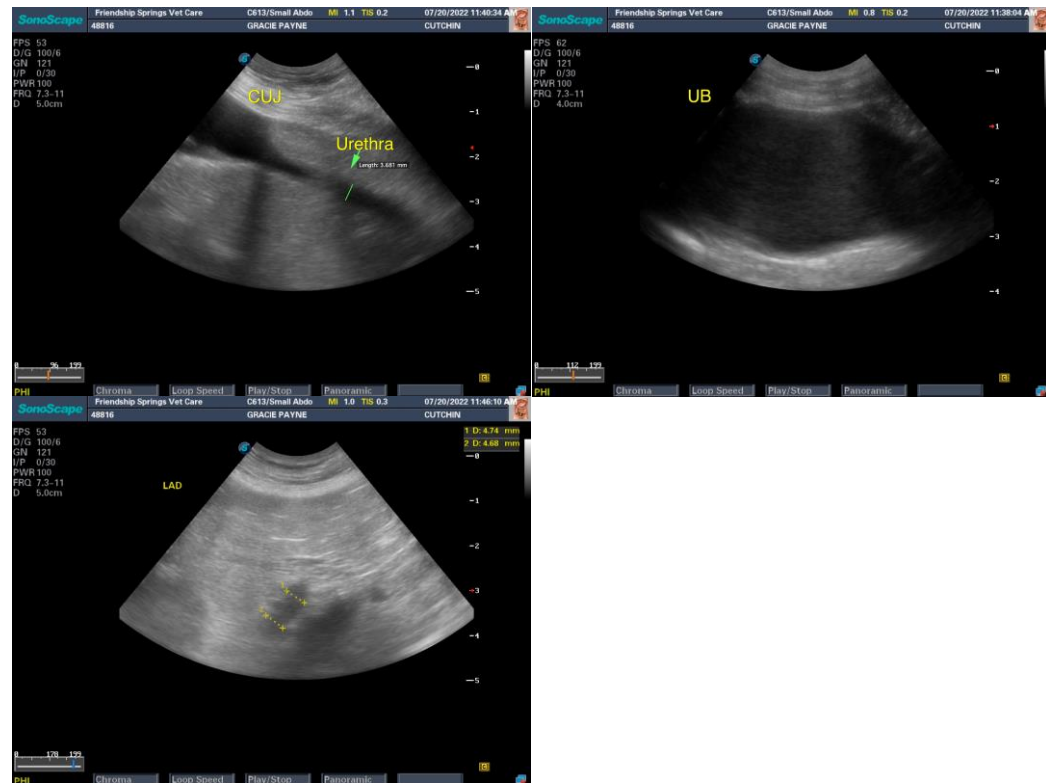
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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