



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ivy Cranston	Patient presents for being unable to urinate. Seen yesterday with rDVM who observed straining with only a small amount produced. Lg bladder or AFAST and rads. No obvious masses or stones. Sent home with Clavamox and Rimadyl. Patient continue to have clinical signs O/N. Presented to us mid afternoon. BAR, comfortable, with moderately sized bladder. Strains to urinate outside, small stream then stream stops. Repeat rads and contrast cystourethrogram is pending.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Standard Poodle	Abnormal PE/Chem/CBC/UA Results: CBC. Chem 17, Lytes : WNL U/A from rDVM yesterday WNL U culture and MIC: Pending
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE URINARY TRACT</b>
SF	The urinary bladder was nondistended in size exhibiting subjective normal tone and normal urinary bladder wall without evidence of cystitis criteria. There was no evidence of urinary bladder tumors. Primarily anechoic urine was present with minor non-dependent, particulate, focally hyperechoic sediment. There was no evidence of lumen mineral or calculi. The visualized urethra exhibited normal structure and tone to a depth of 2.0 cm.
<b>AGE</b>	
1	
<b>WEIGHT</b>	No evidence of pathology was noted in the area of the uterine remnant.
27.6	No evidence of medial Iliac or sublumbar lymphadenopathy/masses.
<b>INTERPRETED BY</b>	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The visualized descending colon was sonographically normal containing formed fecal matter.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Schofield	<ul style="list-style-type: none"> <li>• Nondistended sonographically unremarkable urinary bladder containing primarily anechoic urine</li> </ul>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>• Overtly normal visualized proximal urethra</li> </ul>
Wilvet South	<ul style="list-style-type: none"> <li>• Normal bilateral kidneys</li> </ul>
<b>REFERRING VET</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Schofield	There was no evidence of upper or lower urinary tract pathology including no evidence of urinary bladder or proximal urethra obstructive pathology, i.e., masses, calculi, etc. A definitive cause of the patient's urinary abnormalities was not obvious.
<b>INVOICE</b>	
17408	Correlation with pending urine C/S, as well as contrast radiology is suggested. Gross inspection of the vaginal vault and potential cystoscopy may be indicated.
<b>DATE</b>	
7/27/23	



**PATIENT**

Ivy Cranston

**SPECIES**

Canine

**BREED**

Standard Poodle

**SEX**

SF

**AGE**

1

**WEIGHT**

27.6

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Schofield

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

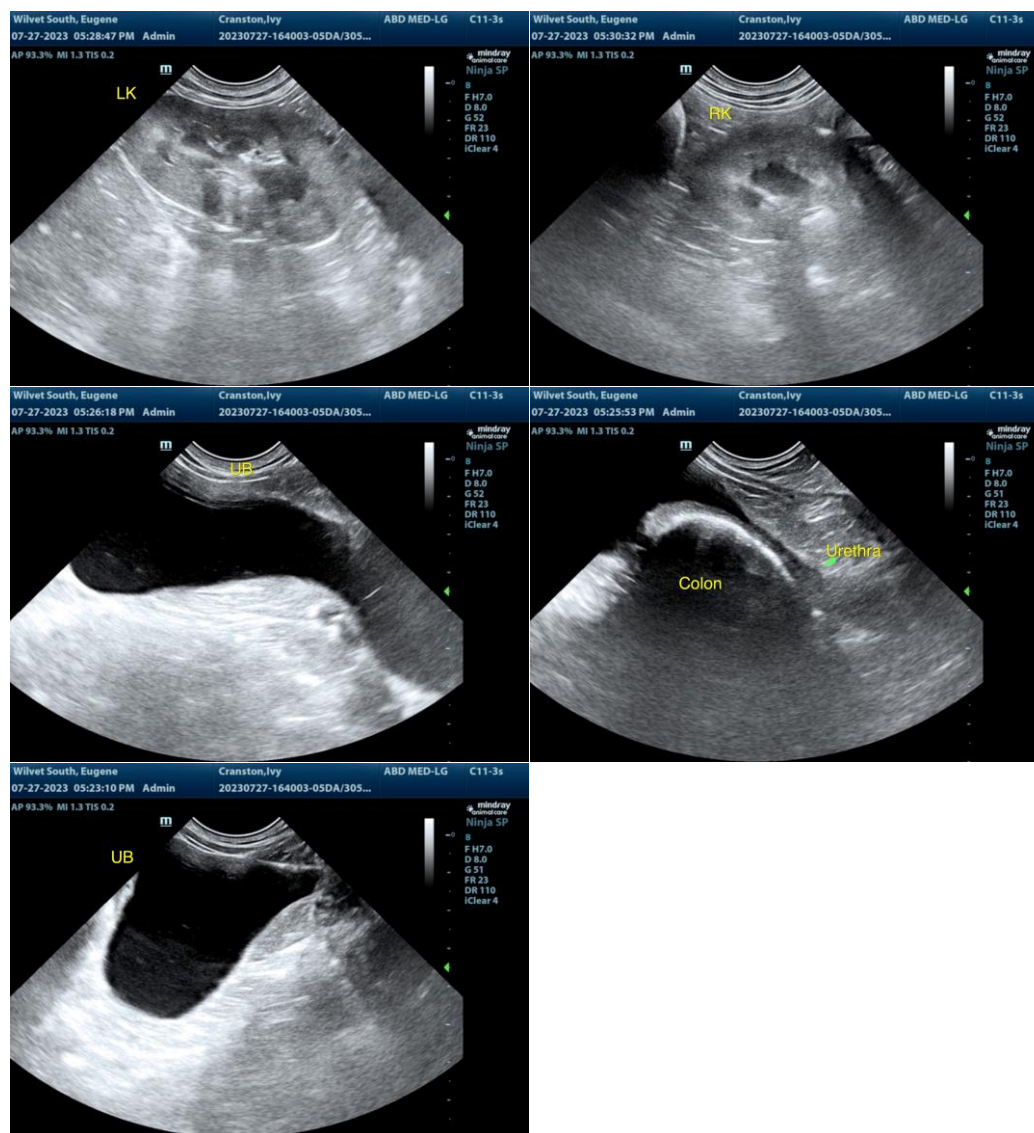
Dr. Schofield

**INVOICE**

17408

**DATE**

7/27/23



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.

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