



PATIENT	PRESENTING CLINICAL SIGNS
Lucy Radhuber	History: Recurrent bacterial cystitis 3 months. Hx hypothyroidism (controlled). Hx HAC diagnosis but discontinued trilostane 2 years ago.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Thinning hair coat (symmetrical alopecia) with crusting. Pendulous abdomen that is soft/non-painful. Vulva very recessed with ongoing intertrigo. Recurrent bacteriuria with C&S offering e coli repeatedly. BW (attached) offers hyperglobulinemia 4.9 (2.5 to 4.5). USG 1.010, clear, bacteriuria, mild proteinuria, WBC/RBC
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mixed	Urinary System
SEX	The urinary bladder was mildly distended in size yet with subjective normal tone. The urinary bladder walls were sonographically normal without evidence of inflammatory or neoplastic criteria. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
FS	
AGE	Normal size and margination was 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 8.8 cm in length.
9yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
29kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia.
IMAGING PERFORMED BY	The left adrenal gland measured 0.80 cm width at the caudal pole and 3.0 cm length. The right adrenal gland measured 0.68 cm width at the caudal pole and 2.6 cm length.
Wendy Turner	
HOSPITAL NAME	Spleen
Pennsauken Animal Hospital and Urgent Care	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.
REFERRING VET	Liver
Wendy Turner	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
INVOICE	The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
11253ag	
DATE	Gastrointestinal
08/01/2022	



PATIENT

Lucy Radhuber

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.

SPECIES

Canine

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.

Pancreas

BREED

Mixed

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 was evident.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

9yr

ULTRASONOGRAPHIC FINDINGS

- Overtly normal yet mildly distended urinary bladder, normal visible proximal urethra
- Mild age-related kidney changes-no evidence of pyelonephritis
- Vacuolar hepatopathy pattern-benign
- Mildly prominent bilateral adrenal glands-subjectively consistent with history of pituitary dependent hyperadrenocorticism

WEIGHT

29kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No overt evidence of upper or lower urinary tract pathology was evident as a definitive nidus for recurrent UTI. The mildly distended urinary bladder is suspected to be an incidental finding unless history of difficult micturition. Potential for recurrent ascending infection owing to recessed vulva could be considered in this patient. If clinically applicable uncontrolled hyperadrenocorticism may result in recurrent UTI. Recheck urine C/S on sterile urine sample with appropriate antibiotic therapy is suggested. Potentially a higher dose, shorter frequency antibiotic regimen based on C/S results i.e. Enrofloxacin or Clavamox 20 mg/kg PO SID for 5 days may prove more effective. No evidence of cystitis or bladder neoplastic criteria.

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

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SPECIES

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REFERRING VET

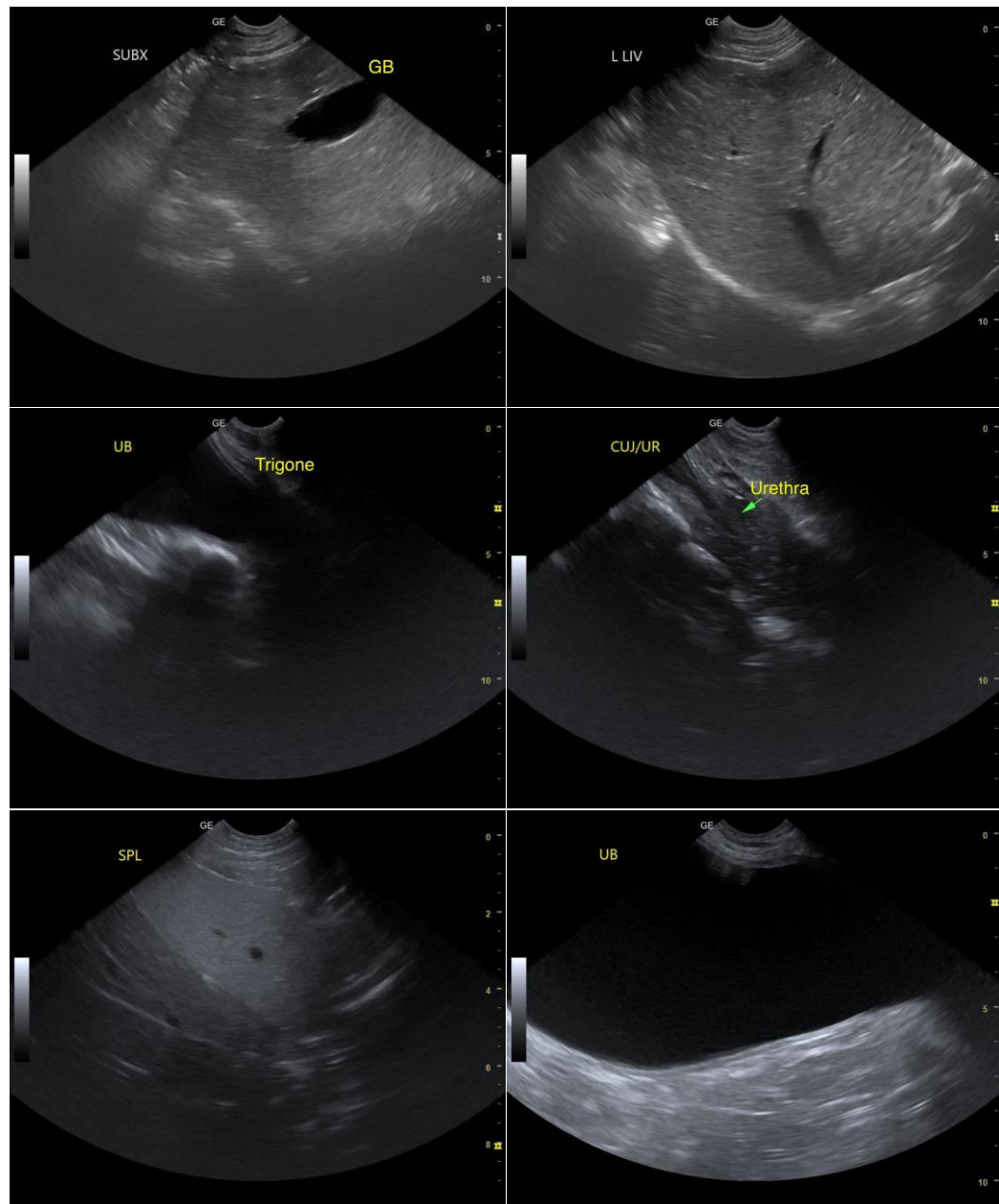
Wendy Turner

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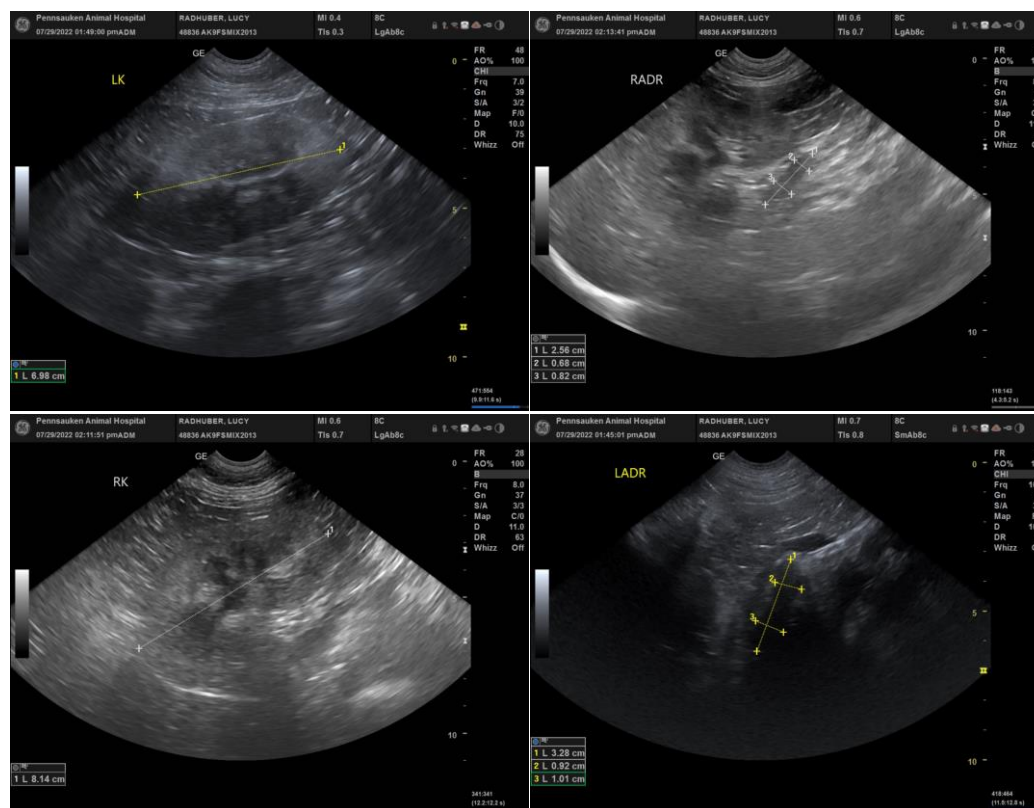
FS

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WEIGHT

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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