



PATIENT

Ella Mobley

SPECIES

Canine

BREED

Aussie/Heeler Mix

SEX

FS

AGE

7yr

WEIGHT

21.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Pawtown Veterinary
Care

REFERRING VET

Lauren Stayer DVM

INVOICE

14615ag

DATE

08/14/2023

PRESENTING CLINICAL SIGNS

Patient started having vaginal discharge. No other clinic signs per owner. Bloodwork abnormal so further evaluation of the urinary system recommended.

Abnormal PE/Chem/CBC/UA Results: 8/10/23: UA revealed isosthenuric urine (USG 1.018). Blood work showed elevated creatinine at 3.4 & elevated SDMA at 24. Mild anemia (Hct 35). Patient had lab work at another DVM August 2022 & the creatinine was 2.2, USG 1.018, negative urine culture. Patient has a history of urinary incontinence & is on Proin 50mg PO SID Patient has a history of IBD & cecal resection (per owner). Well controlled on z/d but does get hemorrhagic diarrhea if she sneaks other foods. 8/14/23: BP: 139/103 (112) 150/101 (124) 149/106 (120) PCV/TP: 40%/7.8 UA + CS pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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.

Normal size and margination were present in the kidneys. Subjective minor cortical hypertrophy with mild indistinct corticomedullary definition was present. Pinpoint areas of medullary mineral were present. No pyelectasia. The left kidney measured 5.4 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

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 and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole and 1.6 cm length.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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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.

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 was evident.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder and visible proximal urethra.
- Gallbladder debris (non-mucocele).
- Sonographically unremarkable area of uterine remnant.
- Structurally unremarkable GI tract.
- Noin-specific mild chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A definitive cause of the reported vaginal discharge was not obvious. No overt evidence of structural or congenital lower tract pathology or pathology associated with the uterine remnant. No evidence of significant renal pathology although microscopic nephropathy may be a concern in this patient given CREAT and SDMA levels in conjunction with decreased USG. Correlation with pending C/S is suggested. Baseline UPC level if evidence of proteinuria is recommended. Assessment of the vulva and vaginal vault for evidence of structural pathology +/- cystoscopy/vaginoscopy be considered.

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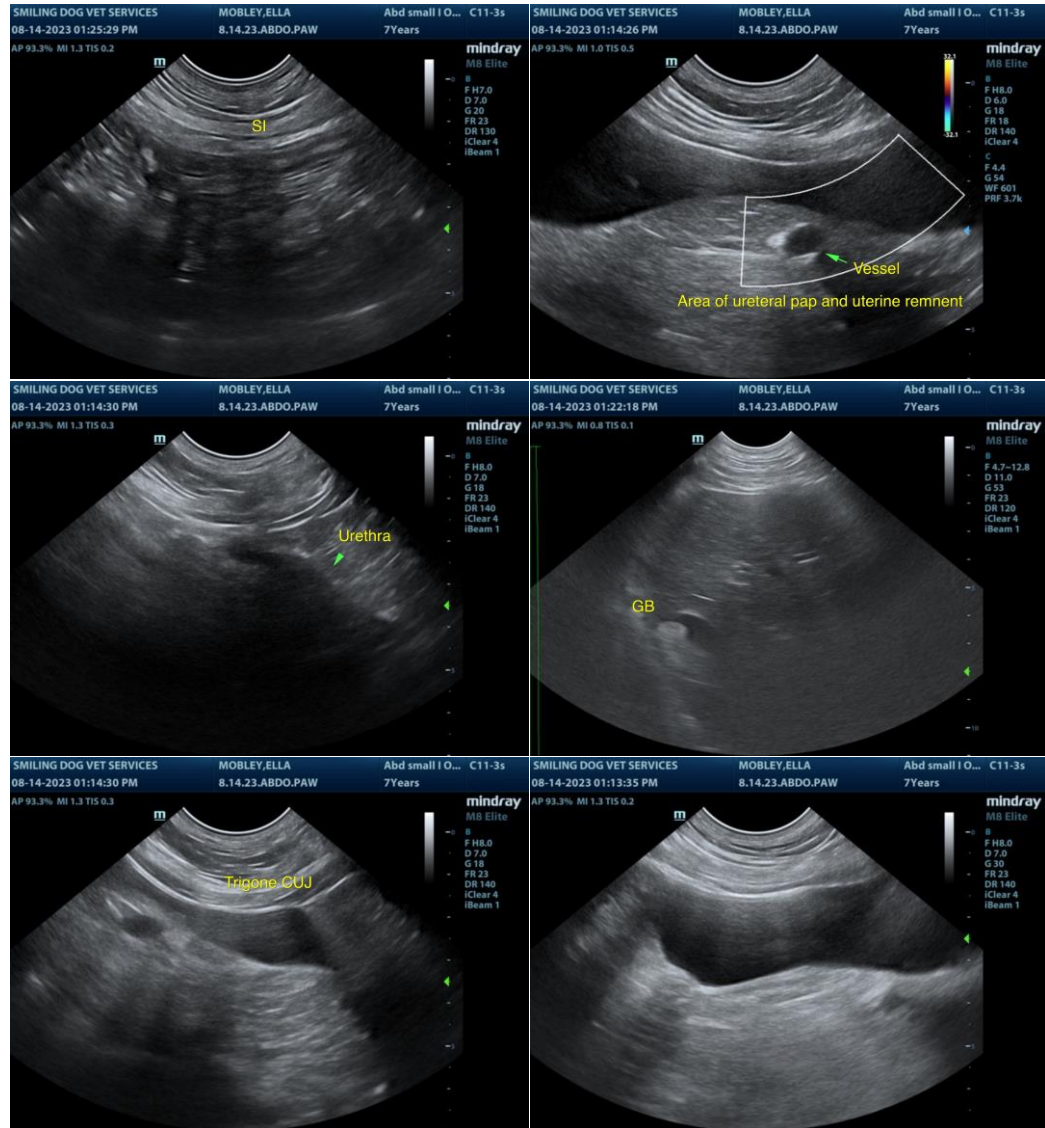
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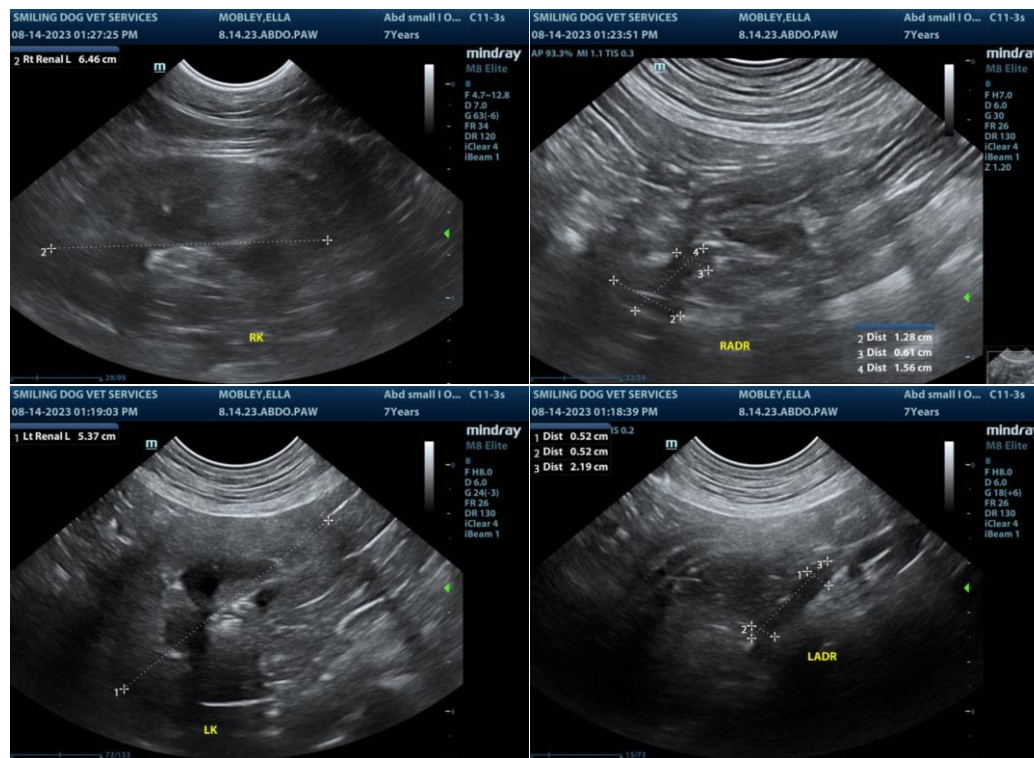
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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