



PATIENT

Paisley Weldon

SPECIES

Canine

BREED

German Sheperd

SEX

FS

AGE

4 years

WEIGHT

68 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Lane

INVOICE

14624

DATE

8/16/22

PRESENTING CLINICAL SIGNS

Severe hematuria since April, no clinical signs of UTI. No improvement in hematuria with antibiotics. Urine C&S negative. Acting completely normal. No access to rodenticide or history of trauma. On Fluoxetine for anxiety. Sedated with Dexdomitor for US.

Abnormal PE/Chem/CBC/UA Results: UA (multiple, repeated): RBC > 50/HPF, WBC < 1/HPF. SG > 1.040 Urine C&S: Neg BW (4/2022, drew today for recheck BW): Hct 57%, Plt 181. Rest WNL. HW4Dx: Lyme +, QC6 < 10.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mildly prominent mid ventroapical to mid dorsal urinary bladder wall exhibiting homogeneous mural echogenicity. No evidence of mural mineralization or urinary bladder masses was evident. The ventroapical urinary bladder wall measured 0.40 cm width. Anechoic urine was present with moderate, nondependent, particulate to mildly hyperechoic sediment. No evidence of cystic calculi was noted. The urethra exhibited overtly normal structure and tone to a depth of 5.0 cm.

The area of the aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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. The left kidney measured 7.1 cm in length. The right kidney measured 7.9 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 0.53 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 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. 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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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate nonshadowing ingesta / chyme most consistent with post prandial presentation without 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.

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

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.

Free Abdomen

No evidence of peritoneal free fluid, omental lymphadenopathy, or intraabdominal masses was present.

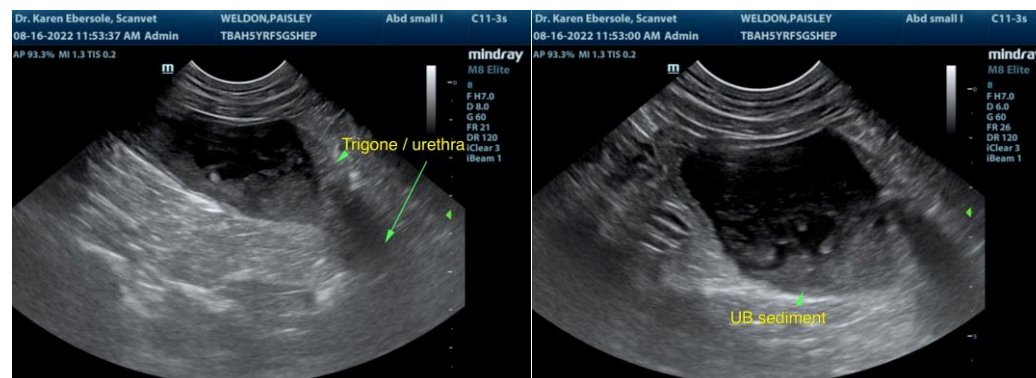
ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern with moderate urinary bladder sediment - suspect cellular debris / protein, given history of hematuria
- Sonographically unremarkable bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the urinary bladder is consistent with mild cystitis without overt evidence of significant lower urinary tract pathology i.e., severe cystitis, calculi, or neoplastic criteria. No evidence of renal pathologies such as pyelonephritis, congenital disease, or renal neoplastic criteria.

Correlation with pending recheck blood work +/- recheck urine culture and sensitivity if off antibiotics for >7 days is warranted. If persistent lack of evidence of underlying infection, rare conditions such as idiopathic renal hematuria could be considered in this case. Cystoscopy may be indicted for further assessment. Empirically and pending recheck lab work, therapy for mild cystitis would be reasonable.





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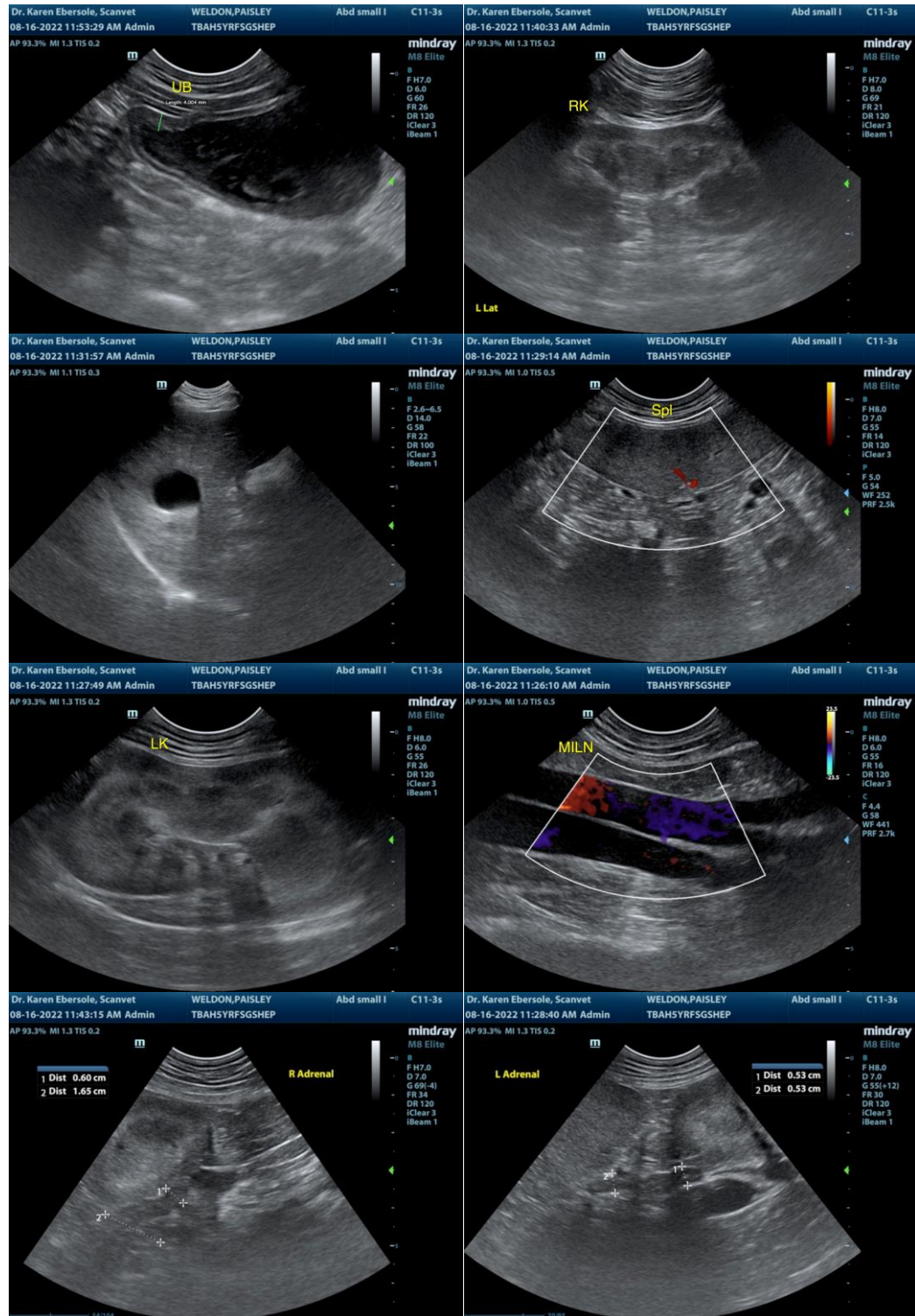
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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