



PATIENT

Dexter Sheola

SPECIES

Canine

BREED

Great Dane

SEX

MN

AGE

9yr

WEIGHT

150lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA Blirstown
Animal Hospital

REFERRING VET

Dr. Lovell

INVOICE

14683ag

DATE

08/21/23

PRESENTING CLINICAL SIGNS

Chronic recurrent UTI. R/O Neoplasia vs Cystitis vs other. Current meds: Doxycycline.

Abnormal PE/Chem/CBC/UA Results: USG 1.025; increased WBC and Rods

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate dependent hyperechoic lumen sand and non-dependent particulate to hyperechoic 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. 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 pelvic dilation was present. The left kidney measured 9.0 cm in length. The right kidney measured 8.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology; the residual prostate measured 1.9 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.2 cm width at the caudal pole and 3.0 cm length. The right adrenal gland was indistinctly visualized owing to patient size and conformation with no overt pathology subjectively measuring 1.4 cm in width.

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 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. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized hyperechoic 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.

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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.

Canine

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

Pancreas

BREED

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

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

AGE

ULTRASONOGRAPHIC FINDINGS

9yr

- Moderate dependent urinary bladder lumen mineral and non-dependent particulate urinary sediment.
- Mild chronic renal changes.
- Mild hepatic parenchymal remodeling- sonographically benign.
- Gallbladder sediment (non-mucocele)

WEIGHT

150lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

No overt evidence of significant upper/lower urinary tract or residual prostate pathology present as a nidus of recurrent UTI. Recheck urinary C/S on sterile sample is suggested. Based on C/S results, a higher dose/shorter frequency antibiotic regimen (enrofloxacin or amoxicillin 20 mg/kg SID x 3-5 days) may prove more effective at eliminating underlying infection. A urinary diet may prove beneficial. No evidence of intra-abdominal neoplastic criteria.

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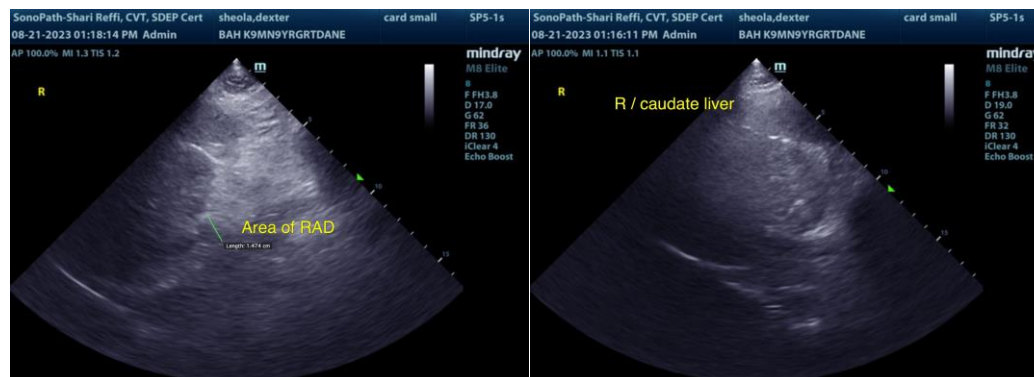
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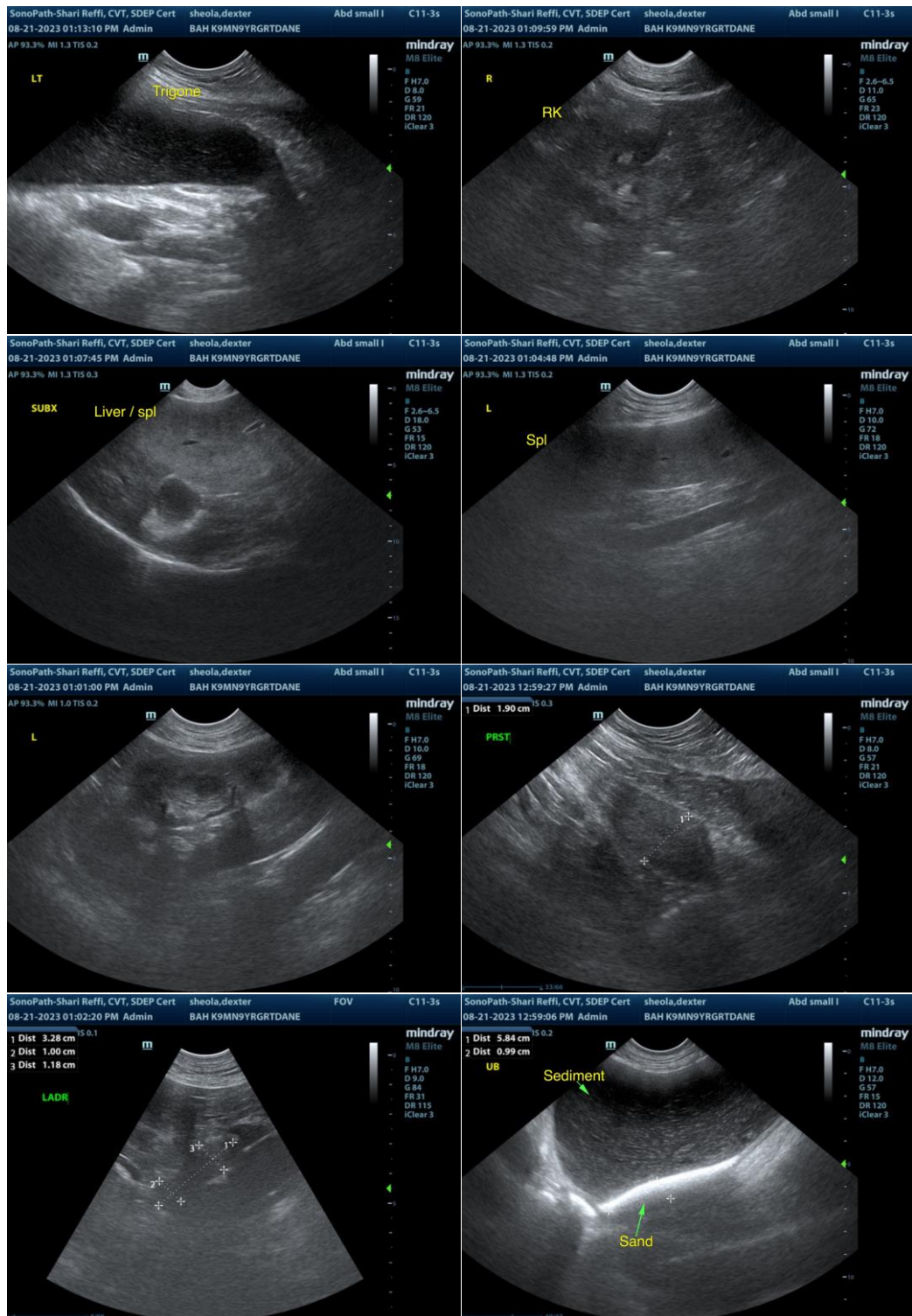
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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