

**PATIENT**

Bella Snyder

PRESENTING CLINICAL SIGNS

Recurrent UTI, mainly subclinical apart from slight increase in duration of urination and transient increase in thirst

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Recurrent hematuria and bacteriuria. CBC/Chemistry unremarkable. Was treated with amoxicillin without resolution. Abdominal radiographs showed no appreciable uroliths in bladder. Was then treated with enrofloxacin without resolution. Urine C/S found Staph. pseud. (UA showed both rod and cocci type bacteria, only cocci type grew) which was susceptible to most antibiotics apart from penicillin and amoxicillin. Was then treated with Clavamox based on the susceptibility results and urine was rechecked again approximately 1 week after finishing treatment with no improvement.

BREED

Maltese Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

FS

Urinary System

The urinary bladder was normal in size and tone with mild prominent bladder walls exhibiting minor asymmetrical luminal surface contour. No evidence of mineralization. The ventroapical bladder wall measured 0.30 cm in width. 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.

AGE

9yr

WEIGHT

15lb

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 4.6 cm in length. The right kidney measured 5.5 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was 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 0.51 cm width at the caudal pole and 1.9 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 2.1 cm length.

IMAGING PERFORMED BY

Sara Pender CVT

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.

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Emily Jones Guy

Liver

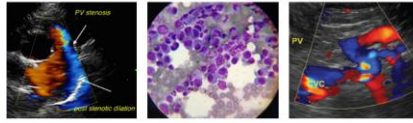
The liver presented subjectively mildly enlarged in size extending to the level of the gastric axis. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized hyperechoic luminal debris. The cystic and common bile ducts were normal.

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 was empty with no signs of ileus, obstruction or foreign material.

BREED

Maltese Mix

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.

SEX

FS

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 was evident.

AGE

9yr

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

15lb

ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**

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

- Subjective minor cystitis pattern
- Overtly normal bilateral kidneys, no evidence of pyelonephritis

Secondary

- Subjective mild hepatomegaly-benign, potential for minor vacuolar hepatopathy
- Gallbladder debris (non-mucocele)

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is suggestive of minor cystitis, no other upper or lower urinary tract pathology as the nidus for recurrent UTIs was observed. No evidence of congenital abnormalities, cystic calculi or neoplastic urinary tract criteria was noted. A period of benign neglect with monitoring of the patient and serial UA to assess for progressive evidence of hematuria/bacteriuria could be considered.

Recheck urine C/S as needed would be reasonable. If clinical signs consistent with UTI develop, higher dose shorter frequency antibiotic regiment based on C/S result i.e. enrofloxacin or clavamox 20 mg/kg PO SID x 3-5 days may prove more effective at eliminating potential recurrent infection.

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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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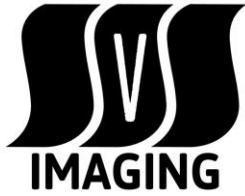
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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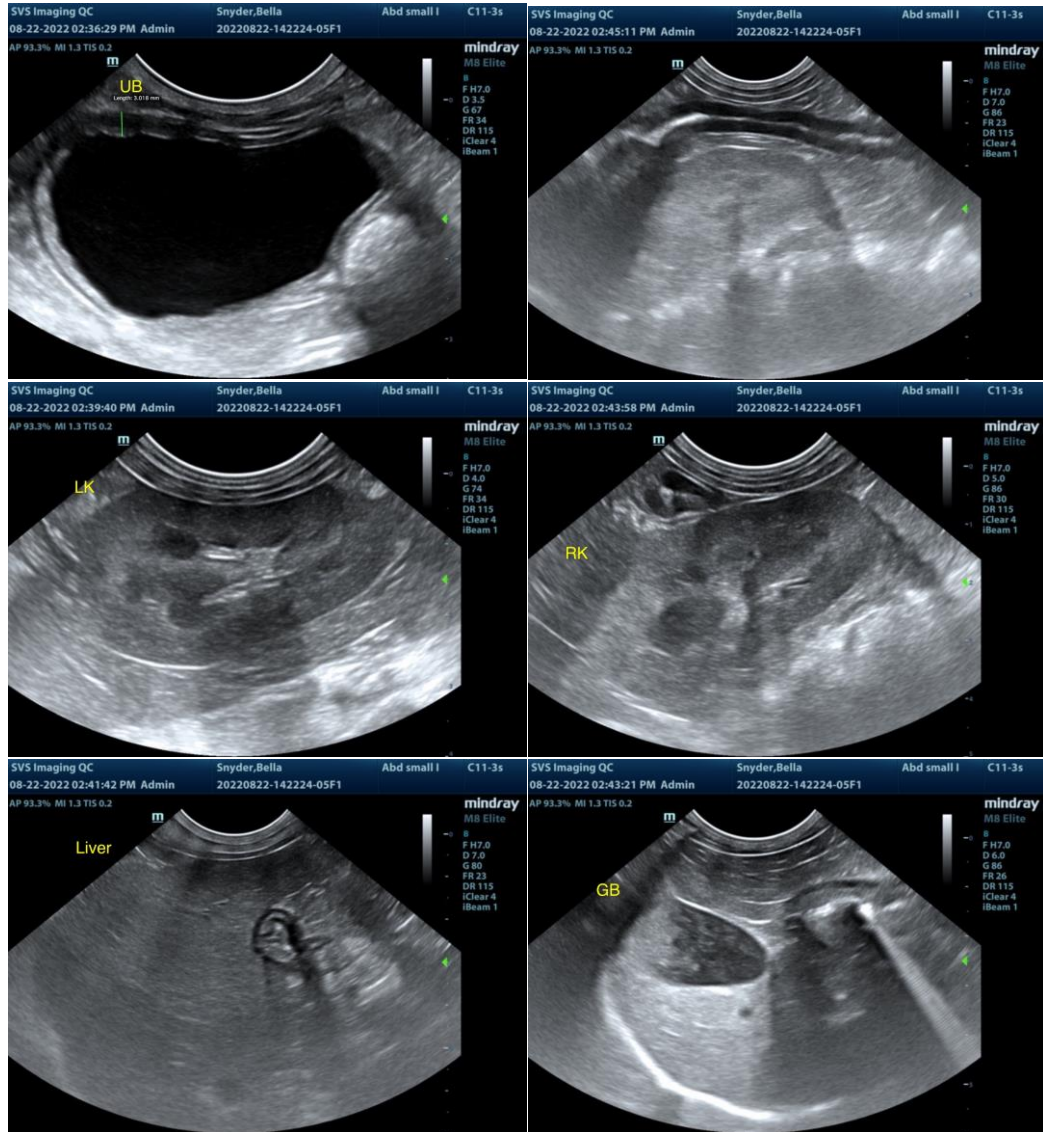
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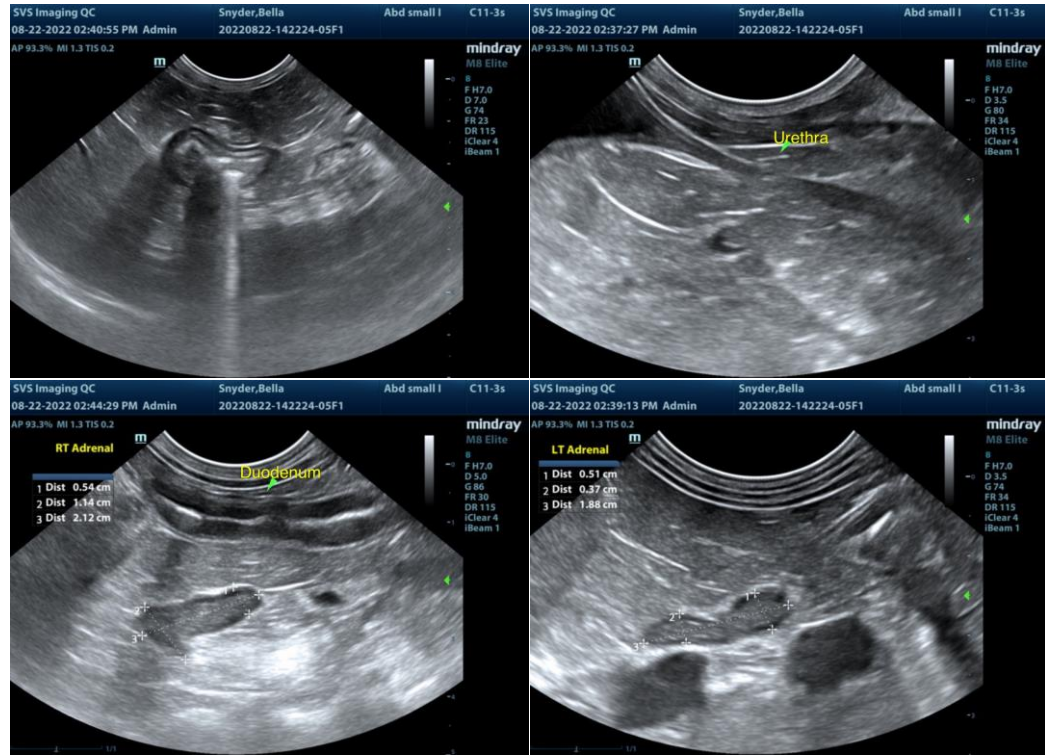
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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