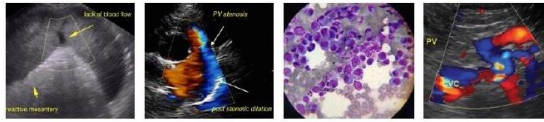




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Abby Workman	Re-occurring UTI. In July 27/23 high RBCs and WBCs in urine, no bacteria, 50mg/dl glucose. Recommended bloodwork. No evidence of diabetes or kidney disease on BW. Lepto negative. Has been on Clavaseptin.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: Hematocrit 0.58 Retics 112.0
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Morkie	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder was subnormal in size owing to a lack of urine distention which prohibited full evaluation of the urinary bladder walls. Minimal primarily anechoic fluid was present in the urinary bladder with no obvious urinary bladder lumen mineral, sediment, or calculi. The urethra exhibited overtly normal structure and tone to a depth of 3.0 cm.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
3 years	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 or pyelectasia. The left kidney measured 3.4 cm in length. The right kidney measured 3.7 cm in length.
<b>WEIGHT</b>	
6.53 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The adrenals were overtly normal in size, position, and shape. The left adrenal gland measured 0.47 cm width and the right adrenal gland measured 0.49 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Crystal Hill	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Hillview Vet Clinic	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. Adequate to normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Stevenson	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.
<b>INVOICE</b>	
14791	
<b>DATE</b>	
8/3/23	



**PATIENT**

Abby Workman

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.

**SPECIES**

Canine

**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.

**BREED**

Morkie

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Empty urinary bladder
- Overtly normal visible proximal urethra structure / tone
- Normal bilateral kidneys
- Normal volume liver

**AGE**

3 years

**WEIGHT**

6.53 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no sonographic evidence of visceral, specifically upper or lower urinary tract pathology or abnormalities as an obvious cause of the patient's recurring UTI.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

Recheck urine C/S on a sterile urine sample, if not recently done, is recommended. Gross inspection of the vulva and vaginal vault for evidence of structural pathology, which may predispose to ascending infection, may be considered. Assessment of any possible treats, given glucose urea, or if persistent / progressive glucose urea is suggested if clinically applicable. A sonographic reassessment of a full urinary bladder would be ideal for this patient.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hillview Vet Clinic

**REFERRING VET**

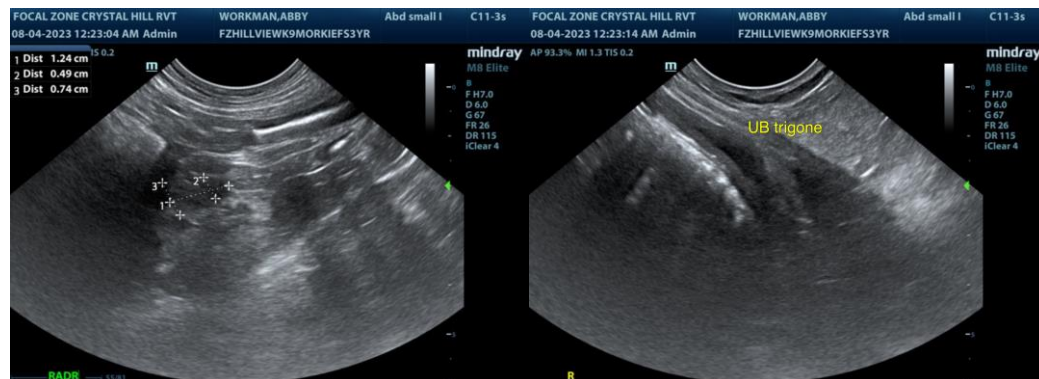
Stevenson

**INVOICE**

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**DATE**

8/3/23





**PATIENT**

Abby Workman

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

FS

**AGE**

3 years

**WEIGHT**

6.53 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hillview Vet Clinic

**REFERRING VET**

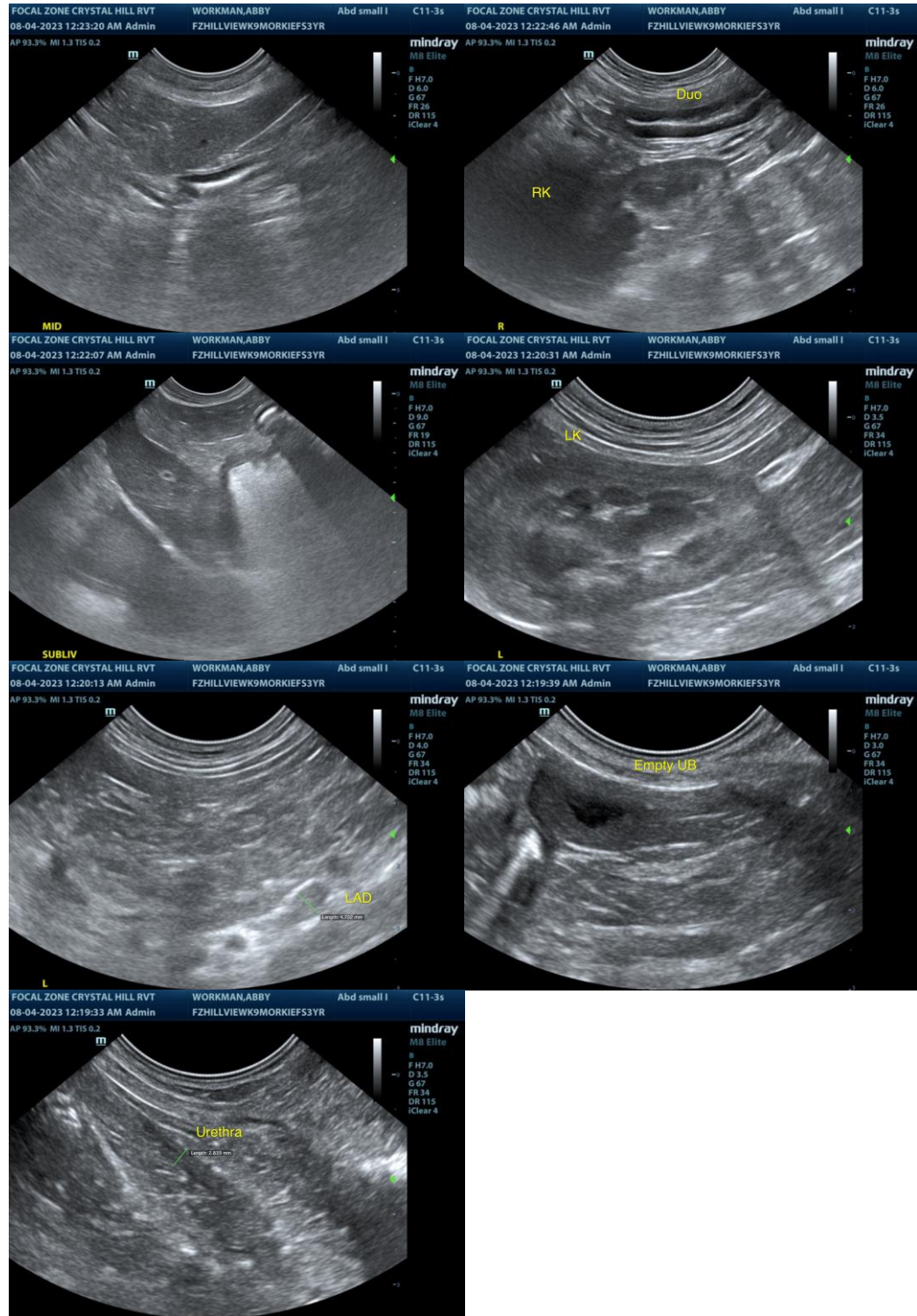
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**DATE**

8/3/23





#### PATIENT

Abby Workman

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.

#### SPECIES

Canine

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.

#### BREED

Morkie

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
[info@SonoPath.com](mailto:info@SonoPath.com)

#### SEX

FS

#### AGE

3 years

#### WEIGHT

6.53 kg

#### INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

#### IMAGING PERFORMED BY

Crystal Hill

#### HOSPITAL NAME

Hillview Vet Clinic

#### REFERRING VET

Stevenson

#### INVOICE

14791

#### DATE

8/3/23