



PATIENT

Tank Holloway

SPECIES

Canine

BREED

Maltese Poodle Mix

SEX

MN

AGE

3yr

WEIGHT

11.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Beard

HOSPITAL NAME

Animal Care
Veterinary Center

REFERRING VET

Dr. Beard

INVOICE

11492ag

DATE

08/30/2022

PRESENTING CLINICAL SIGNS

Not doing right. Lethargic. Low energy. Shaking. Antisocial. First seen on 8/19/22. Doctor treated with Baytril and Rimadyl for a lower UT dz as there was hematuria.

Abnormal PE/Chem/CBC/UA Results: Abdomen is tense. Temp, pulse and resp normal. CBC was WNL. GHP normal. UA some free hematuria, no crystals or casts, everything else pretty much normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate to marked non-dependent to mildly congealed hyperechoic sand, non-dependent sediment and suspected mucus. 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 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. Potential for pinpoint yet clinically insignificant medullary mineral was observed. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology measuring 0.86 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 0.48 cm width at the caudal pole and 0.33 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.

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

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.

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. T

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.

Tank Holloway

Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Maltese Poodle Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Primary

MN

- Moderate to marked urinary bladder sediment, dependent sand/mineral and suspected mucus
- Sonographically unremarkable kidneys-no evidence of pyelonephritis
- Otherwise sonographically unremarkable abdomen

AGE

3yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.6lb

Other than the urinary bladder sediment and mucus, no evidence of overt abdominal visceral pathology as the cause of the patient's non-specific clinical signs was observed. Ideally cystocentesis for urine collection for UA +/- recheck C/S is recommended once off of current antibiotic for 7 days. Urinary bladder flush via urethral catheterization could be considered under sedation. Urinary diet therapy with sonographic monitoring of the urinary bladder sediment, sand and mucus for evidence of resolution could be considered.

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Three view chest radiographs suggested if not done to assess for thoracic pathology.

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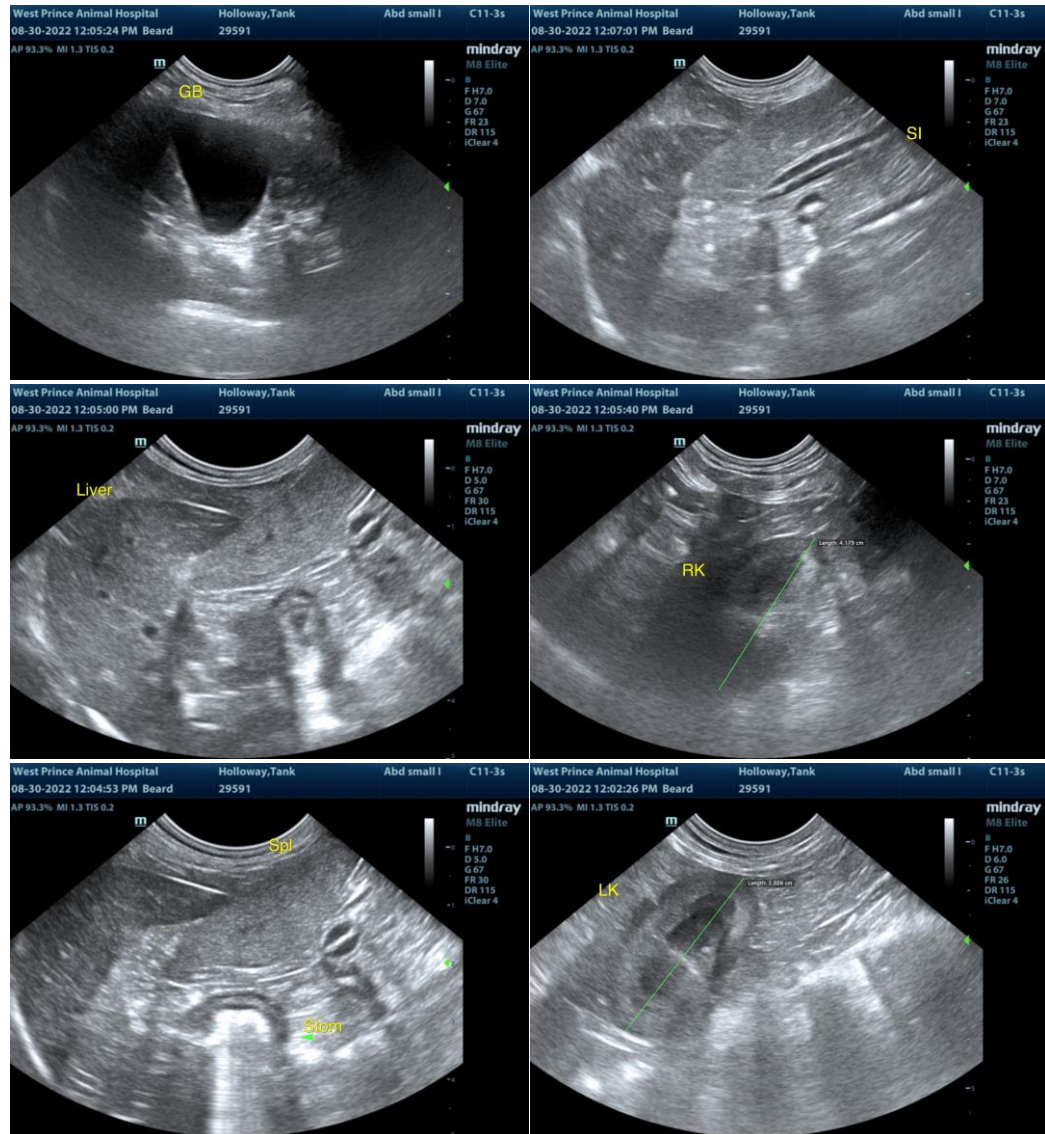
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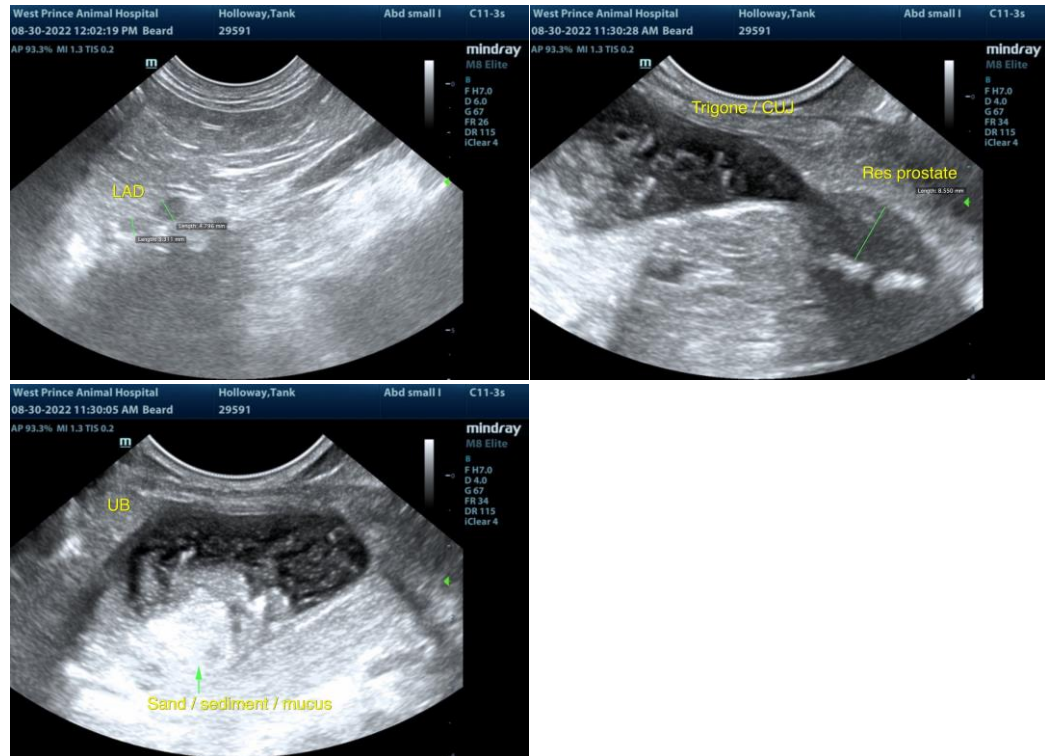
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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