



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Ammy Scott

**SPECIES**  
Canine

**BREED**  
Samoyed

**SEX**  
Female

**AGE**  
6 Years 3 Months

**WEIGHT**  
57.2 Pounds

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

**IMAGING PERFORMED BY**  
Dr. Rivera

**HOSPITAL NAME**  
DPC Vet Hospital

**REFERRING VET**  
Dr. Rivera

8/28/21 VISIT: Chief Complaint: hip pain? urinary infection? History: 2 WEEKS AGO AMMY FELL DOWN STAIRS AND WAS TAKEN TO LEADER FOR LIMPING/LAME. OVER THE PAST 3 DAYS O NOTICED FREQUENCY TO URINATE, CRIES OUT WHEN POSTURING TO URINATE. O CONCERNED IS IT STILL HIP PAIN OR URINARY INFECTION NO LAMENESS, GETS UP AFTER SLEEPING WITH EASE. THE ONLY THING HE IS SEEING IS URINATING SMALL AMTS FREQUENTLY. Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: HIGH STRUNG, ANXIOUS, LITTLE HARD TO RESTRAIN, LITTLE REACTIVE BUT OVERALL DID WELL EENT: N Oral Cavity: N Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: N Uro/Perineum: URINARY BLADDER SMALL, NO PALPABLE STONES. VULVA SLIGHTLY ENLARGED, NO VAGINAL DISCHARGE Musculoskeletal: NORMAL GAIT, DECREASED MUSCLE MASS REAR LEGS, SLIGHTLY REDUCED ROM BOTH REAR LEGS, NO DRAWER EITHER STIFLE, NO CP DEFICITS Neurological: N Fecal: Diagnostic Testing Needed: UA (FREE CATCH...CYSTO WOULD BE HARD WITHOUT SEDATION): RODS, 34 WBC'S, >50 RBC'S, USG 1.037 - R/O UTI AB RADS - NO STONES SEEN IN URINARY BLADDER. KIDNEYS HARDER TO EVALUATE WITH SUPERIMPOSED INTESTINES AND VD MISSING PORTION OF CRANIAL ABDOMEN...WOULD NEED TO SEDATE TO GET ANOTHER VIEW. I DON'T SEE EVIDENCE OF A PYOMETRA Testing Performed: AB RADS - POSSIBLE UTERINE ENLARGEMENT - R/O INCIDENTAL VS PYOMETRA BILATERAL DJD HIPS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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 6.2 cm. The right kidney measured 6.0 cm.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The right adrenal gland was indistinctly visualized, subjectively measuring 0.48 cm at the caudal pole. No overt pathology in the area of the left 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.

**INVOICE**

25074

**DATE**

8/31/21



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Ammy Scott	Mild to moderate echogenic to shadowing gastric ingesta was present. The visualized gastric walls were sonographically unremarkable. Gastric body wall measured 0.30 cm.
<b>SPECIES</b>	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. Jejunum wall measured 0.35 cm.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Samoyed	<b><i>Pancreas</i></b>
<b>SEX</b>	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.
Female	<b><i>Other</i></b>
<b>AGE</b>	The visualized uterus was sonographically unremarkable without evidence of enlargement or luminal fluid accumulation, measuring 0.97 cm in width in the uterine body and cervix. The left ovary was normal and measured 2.6 cm x 1.2 cm. The right ovary was not definitively visualized.
6 Years 3 Months	Focal mildly prominent mesenteric (likely colic) lymph nodes were present in the mid abdomen. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. Example measured 1.2 cm in width.
<b>WEIGHT</b>	No effusion.
57.2 Pounds	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Sonographically unremarkable urinary bladder and visible proximal urethra</li> <li>• Sonographically unremarkable visualized uterus - no evidence of pyometra</li> <li>• Shadowing gastric ingesta</li> <li>• Non-specific, mildly prominent mid abdominal mesenteric lymphadenopathy - lymphoid hyperplasia or minor reactive lymphadenitis suspected.</li> </ul>
<b>IMAGING PERFORMED BY</b>	
Dr. Rivera	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
DPC Vet Hospital	The presence of shadowing gastric ingesta was non-specific and may correlate with recent meal ingestion. However, if documented NPO, some degree of gastric stasis or hypomotility, or the possibility of gastric foreign material cannot be definitively excluded. Correlation with history recommended.
<b>REFERRING VET</b>	The mid abdominal mild mesenteric lymphadenopathy may be an incidental finding assuming no evidence of recent gastrointestinal signs. The lymph nodes were not suggestive of neoplastic criteria. Full urinary workup including urine culture and sensitivity on sterile urine sample suggested to assess for underlying infection.
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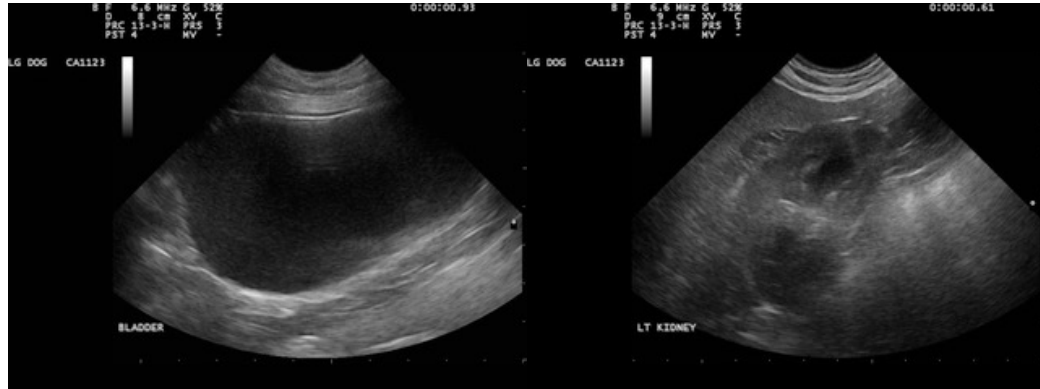
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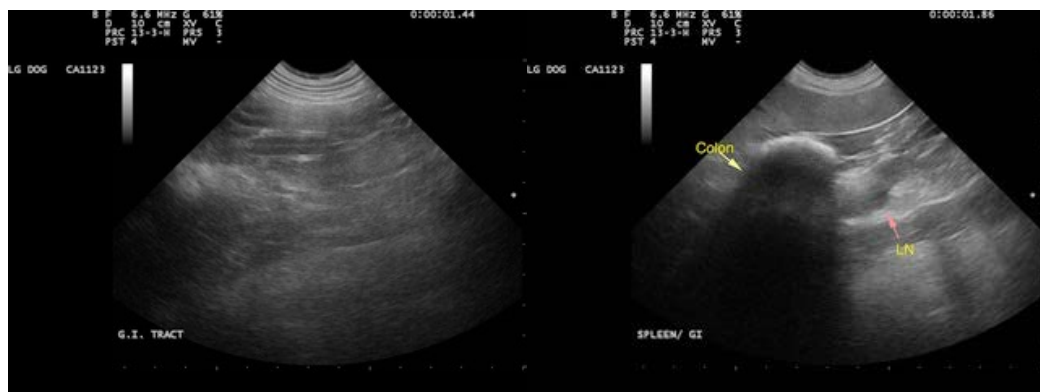
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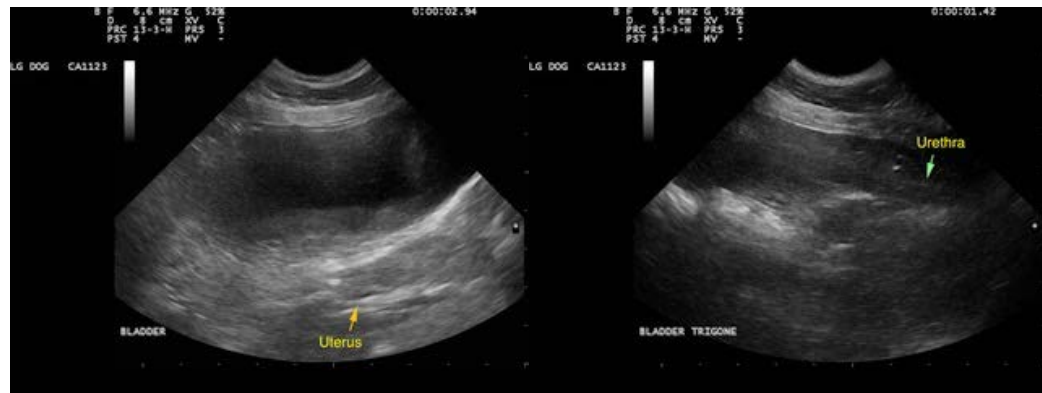
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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