



PATIENT	PRESENTING CLINICAL SIGNS
Loki Henry	Clinical Exam Findings: Pollakiuria/incontinence? PE WNL
SPECIES	Abnormal PE/Chem/CBC/UA Results: Laboratory Findings CBC, Chem WNL UA - USG 1.013, mild hematuria, NOSF urine C/S - no growth
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Corgi	Urinary System
SEX	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. The visible pelvic urethra to a depth of 2.0 cm exhibited normal structure and tone, measuring 0.29 cm width. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory mural criteria or neoplastic changes was noted.
Neutered Male	
AGE	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.92 cm in diameter.
1 year	
WEIGHT	No evidence of pathology in the area of the aortic trifurcation.
29 lbs.	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 renal pelvis dilation or overt pyelonephritis. The left kidney measured 5.4 cm in length. The right kidney measured 5.2 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm length x 0.48 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.25 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Heidi Putnam, SDEP Clinical Sonographer	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	Liver/ Gallbladder
Albany AH	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.
REFERRING VET	
Dr. Spangler	
INVOICE	
12088	
DATE	
8/9/21	



PATIENT

Gastrointestinal

Loki Henry

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.

SPECIES

Canine

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.

BREED

Corgi

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

SEX

Neutered Male

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.

AGE

1 year

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

29 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable urinary bladder, residual prostate, and visible proximal urethra - no overt ectopic ureter
- Sonographically unremarkable bilateral kidneys, no overt pyelonephritis

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of upper or lower urinary tract structural or congenital pathology, including no overt evidence of ectopic ureter and in light of negative urine C/S, an obvious cause of the patient's mild hematuria and potential pollakiuria was not definitively evident. Continued monitoring of urine specific gravity, specifically first-morning urine specific gravity may be considered. Cystoscopy and / or advanced imaging or contrast radiography may be indicated if continued clinical signs are noted.

IMAGING PERFORMED BY

Heidi Putnam, SDEP
Clinical Sonographer

HOSPITAL NAME

Albany AH

REFERRING VET

Dr. Spangler

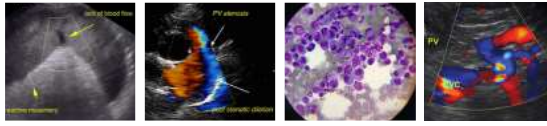
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PATIENT

Loki Henry

SPECIES

Canine

BREED

Corgi

SEX

Neutered Male

AGE

1 year

WEIGHT

29 lbs.

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Heidi Putnam, SDEP
Clinical Sonographer

HOSPITAL NAME

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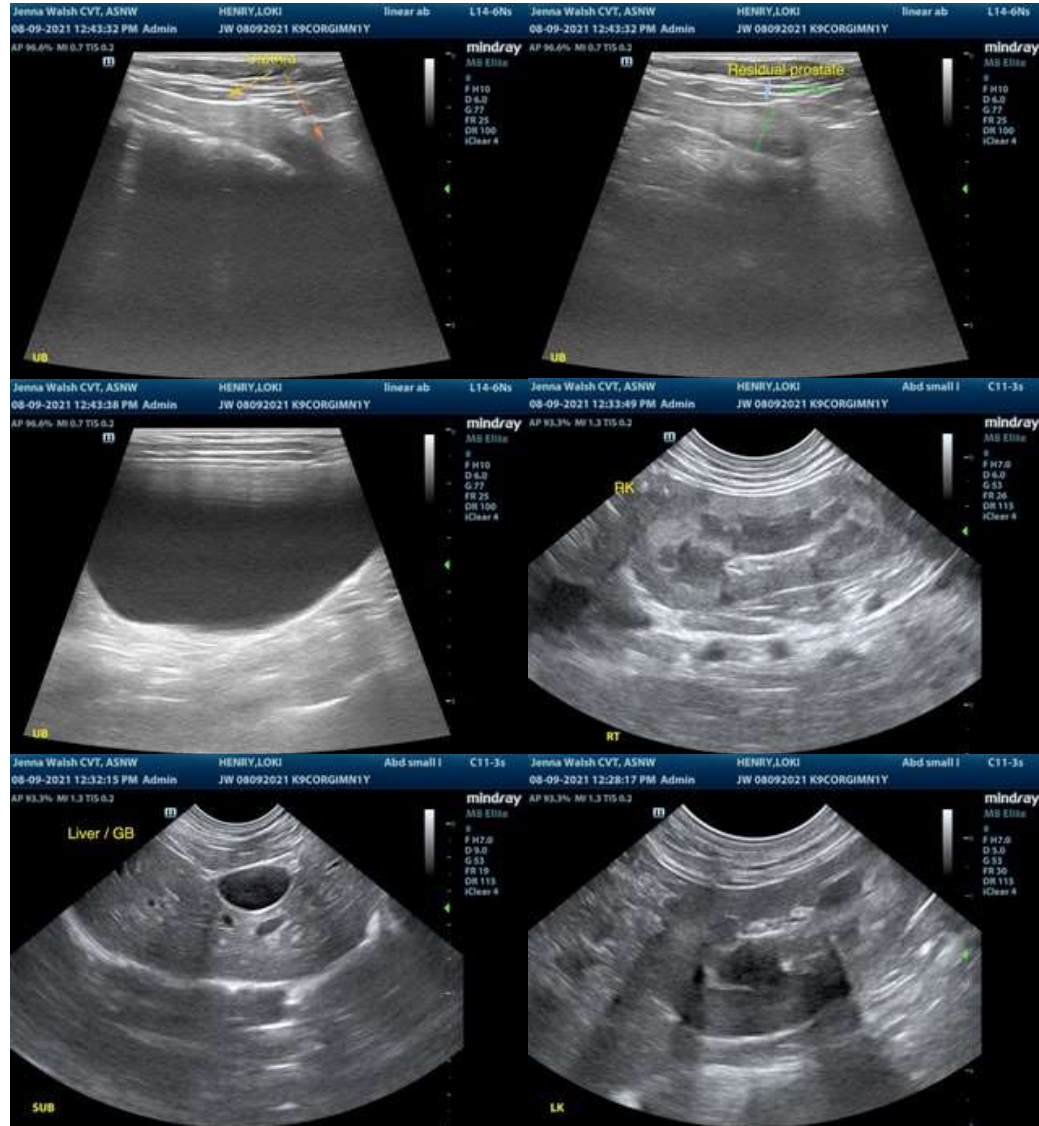
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com