

PATIENT

Molly Koho

SPECIES

Canine

BREED

King Charles Spaniel

SEX

Spayed Female

AGE

13 years

WEIGHT

14.16

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam, SDEP
Clinical Sonographer

HOSPITAL NAME

Creekside VC

REFERRING VET

Dr. Megan Angstrom

INVOICE

12083

DATE

8/9/21

PRESENTING CLINICAL SIGNS

Chronic UTI since 02-2020. Diarrhea started in 03-2021 (pancreatitis). Microhepatica, intestinal walls mildly thickened, no sludge/stones in UB.

Abnormal PE/Chem/CBC/UA Results: 06/04/21- Reported UTI is still present and P diagnosed with Pancreatitis. Spec cPL 743. Chem/CBC essentially WNL. 06/11/21- Reported culture was an E. Coli population sensitive to abx. 08/02/21- Reported UTI still present- next steps abdominal ultrasound w/ animal sound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. The proximal urethra was indistinctly visualized owing to pelvic shadowing. Overt evidence of proximal urethral pathology or dilation was not noted. 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 was noted.

No evidence of pathology in the area of the iliac trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia or overt pyelonephritis was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

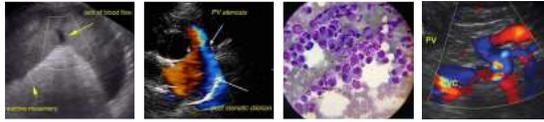
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.46 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal glands.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

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



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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 contained mild to moderate, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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. The duodenum wall width measured 0.38 cm. The jejunum wall width measured 0.30 cm.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

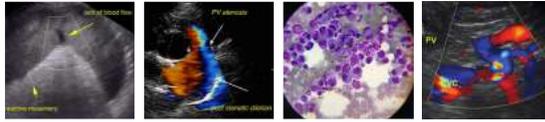
Primary Findings

- Sonographically unremarkable urinary bladder
- Gastric ingesta - probable post prandial presentation
- Sonographically unremarkable small bowel and colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of upper or lower urinary tract pathology as an obvious cause of current urinary tract infection. No evidence of Inflammatory or neoplastic urinary bladder criteria, sediment, or calculi.

Assessment of the vulva and vaginal vault for evidence of potential pathology which may predispose to ascending infection could be considered. If documented recurrent UTI based on urine culture and sensitivity, a higher dose of antibiotic i.e., Clavamox or Enrofloxacin at 20 mg/kg PO SID for 3-5 days may prove more effective at eliminating the recurrent infection.



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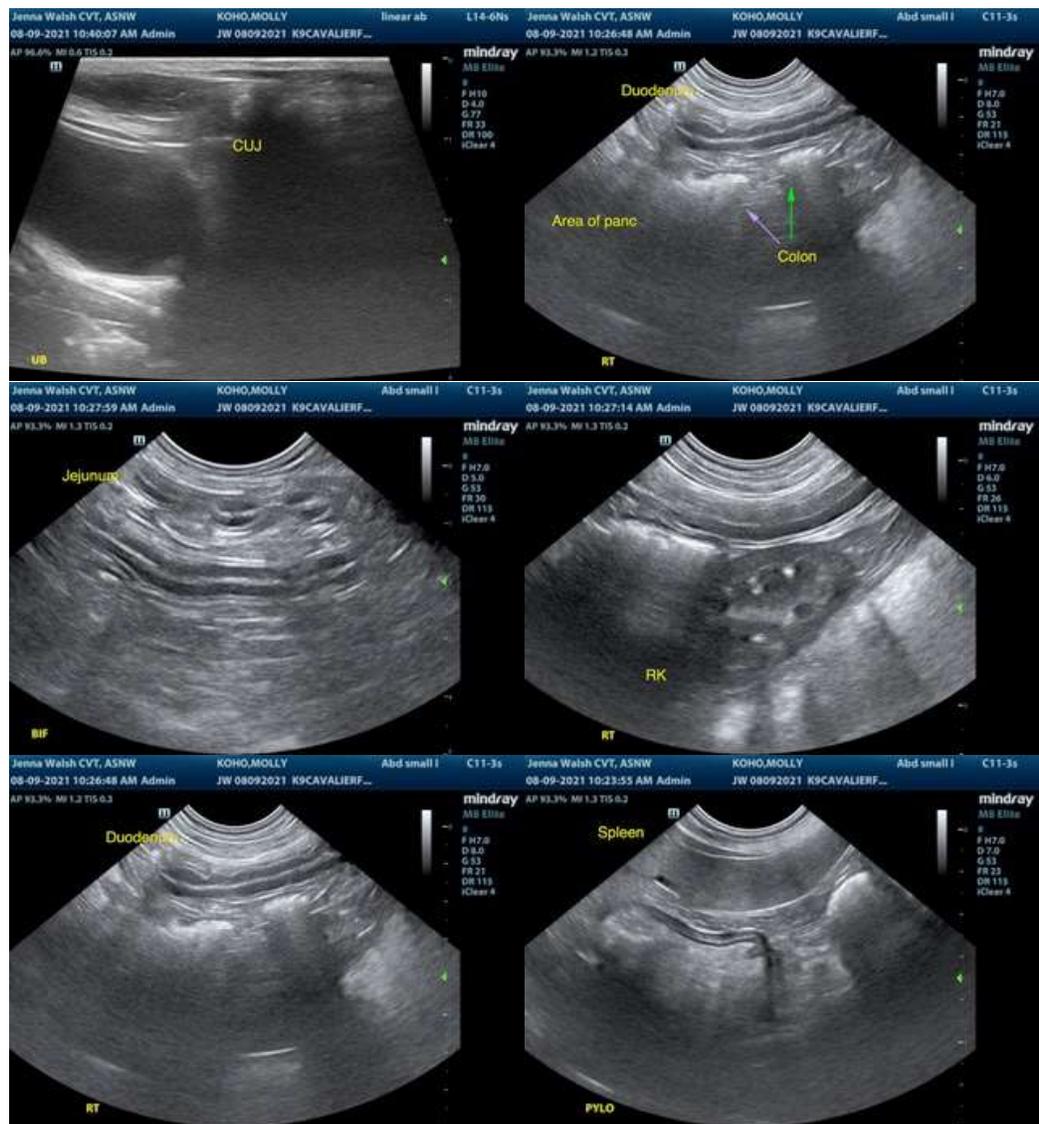
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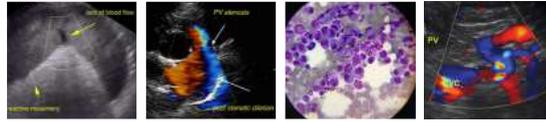
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The potential for low-grade pancreatitis and/or underlying inflammatory enterocolic process, if recurrent gastrointestinal signs, which may present as essentially sonographically normal cannot be definitively excluded. A bland low-fat or hydrolyzed diet trial could be considered if clinically indicated and no evidence parasitic ova / Giardia.

Cystoscopy may be indicated for further assessment if recurrent UTI signs and positive urine C/S are noted.





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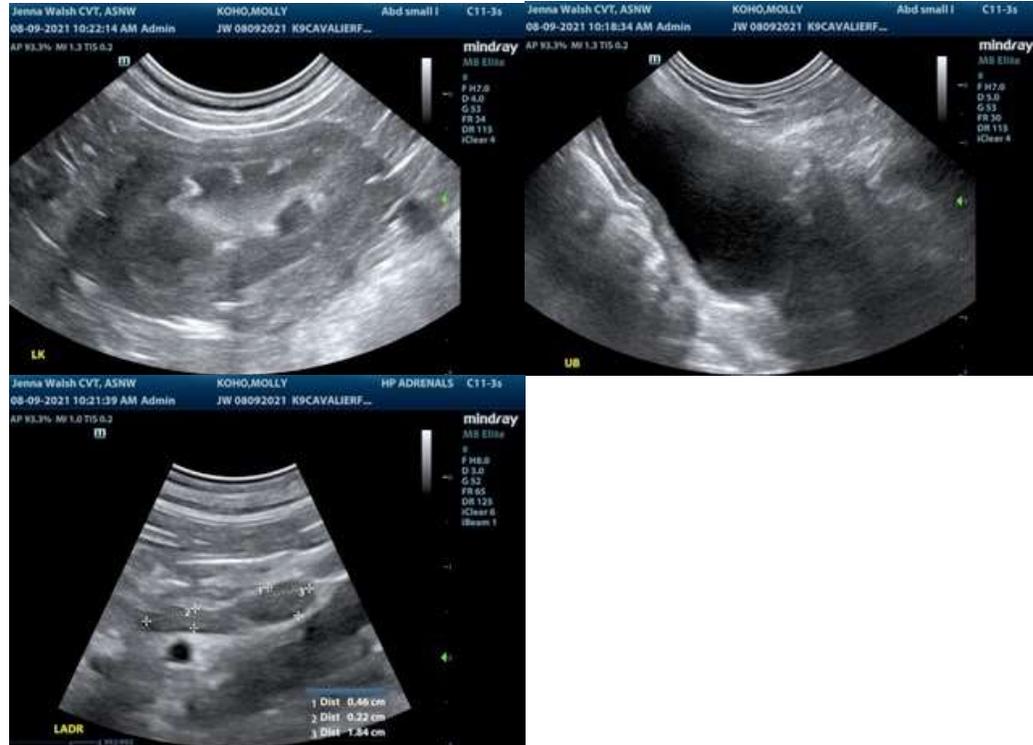
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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