



PATIENT PRESENTING CLINICAL SIGNS

Suzie Pike History of UTI's and crystals Carprofen

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen with focal areas of mineral, likely adhered to the apical and ventroapical luminal surface. The calculi extended into the area of the cystourethral junction and proximal urethra yet no evidence of urethral obstruction. The echogenicities were multifocal, primarily small yet to variably size. An example of a calculus measured 0.34 cm diameter. The ventroapical urinary bladder wall width measured 0.51 cm.

BREED
 Terrier Mix

SEX
 FS The area of the aortic trifurcation was free of pathology.

AGE
 2009 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. Pinpoint areas of medullary mineral were noted. No evidence of pyelectasia was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.4 cm in length.

WEIGHT Adrenal Glands

29.6 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.44 cm width at the cranial pole.

INTERPRETED BY

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

IMAGING Spleen

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

REFERRING VET

Schnolis

INVOICE

14873

DATE

9/14/22

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 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.



PATIENT 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.

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

SPECIES *Pancreas*

Canine 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

Terrier Mix *Free Abdomen*

SEX Unspecified mild asymmetrical nonhomogeneous mass lesion was present in the mid to caudal abdomen and appeared to be directly effacing unspecified small intestinal vs. colon segment. This mass measured approximately 4.6 cm x 2.8 cm. No evidence of associated regional peritonitis was noted. No overt evidence of concurrent omental lymphadenopathy or evidence of peritoneal free fluid.

FS

AGE

2009

ULTRASONOGRAPHIC FINDINGS

WEIGHT

29.6

- Multiple, primarily small, nonobstructive cystic calculi / mineral, concurrent cystitis pattern
- Mild chronic renal changes exhibiting pinpoint to minor medullary mineral
- Unspecified nonhomogeneous mid to caudal abdomen mass lesion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Urine C/S on a sterile urine sample on current antibiotic or 7 days post completion of current antibiotic therapy to assess for underlying or recurrent UTI is suggested. Urinary dissolution diet could be considered if the majority of identified crystals are struvite.

IMAGING

PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

Potential considerations for the unspecified mid to caudal abdominal mass lesion may include granuloma, neoplasia, or other with the possibility of lymphatic, omental, nonobvious intestinal, or uterine remnant origin based on location.

HOSPITAL NAME

Mill Pond VC

Ultrasound-guided FNA of the unspecified mass, assuming normal clotting status, is warranted for screening cytology. Three-view chest radiographs are suggested if not done. Depending on further diagnostics, exploratory laparotomy with cystotomy urinary bladder flush, gross inspection of the unspecified mass +/- resection may be considered.

REFERRING VET

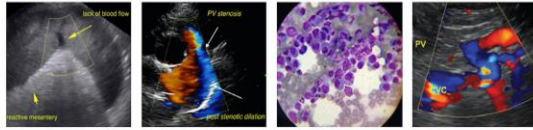
Schnolis

INVOICE

14873

DATE

9/14/22



PATIENT

Suzie Pike

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

2009

WEIGHT

29.6

INTERPRETED BY

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

REFERRING VET

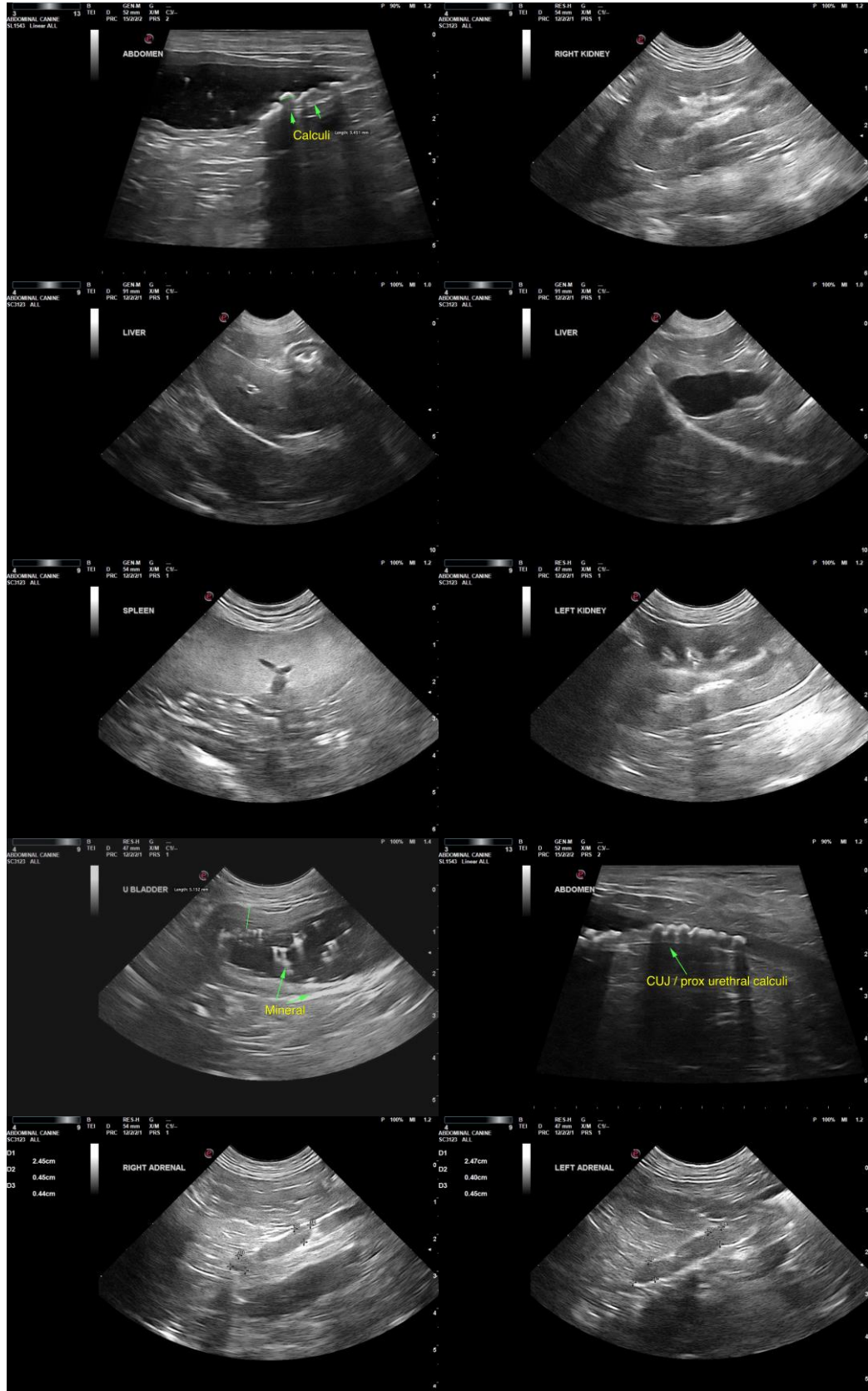
Schnolis

INVOICE

14873

DATE

9/14/22





PATIENT

Suzie Pike

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

2009

WEIGHT

29.6

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

REFERRING VET

Schnolis

INVOICE

14873

DATE

9/14/22

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)
mac.daniel@sonopath.com