



PATIENT

Sasha Bloomfield

SPECIES

Canine

BREED

Shepherd Mix

SEX

FS

AGE

7

WEIGHT

57.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake
Veterinary Clinic

REFERRING VET

Kim Raddatz

INVOICE

14899

DATE

9/16/22

PRESENTING CLINICAL SIGNS

Presented for referral US. Hx of PUPD. Elevated white cell count.

Abnormal PE/Chem/CBC/UA Results: WBC- 28.19 Neu#- 25.46 Neu%-90.4 Lym%- 5.2 MCH-27.9
RDW-CV- 12.4 2+ pyuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size owing to lack of urine distention which prohibited full evaluation of the urinary bladder walls. Normal bladder mural echogenicity without evidence of mineralization or neoplastic criteria was noted. Mild anechoic urine was present with no sediment or calculi. The ventral urinary bladder wall width measured 0.57 cm. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

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 pyelectasia or retroperitoneal inflammation. The left kidney measured 7.0 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized yet without evidence of overt pathology. The left adrenal gland subjectively measured 0.54 cm width at the caudal pole The right adrenal gland subjectively measured 0.71 cm width at the cranial pole and 0.72 cm width at the caudal pole.

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/ Gallbladder

The liver exhibited potential to borderline mild subnormal overall size with normal 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.



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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.

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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.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

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- Possible cystitis
- Sonographically unremarkable bilateral kidneys - no evidence of pyelectasia / pyelonephritis
- Subjective potential borderline to mild subnormal liver size - nonspecific, a likely patient variant

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant abdominal visceral pathology as a definitive or obvious cause of the patient's PU/PD or elevated white blood cell count.

Urine C/S on a sterile urine sample +/- baseline UPC, if evidence of proteinuria without inflammatory component, is suggested. Leptospirosis titers / PCR are recommended.

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Occult Addison's Disease is considered less likely differential diagnosis, given the evidence of stress leukogram. Resting cortisol levels could be considered for a definitive assessment.

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Bile acid testing could also be considered if clinically indicated or if evidence of increased hepatic enzymes.

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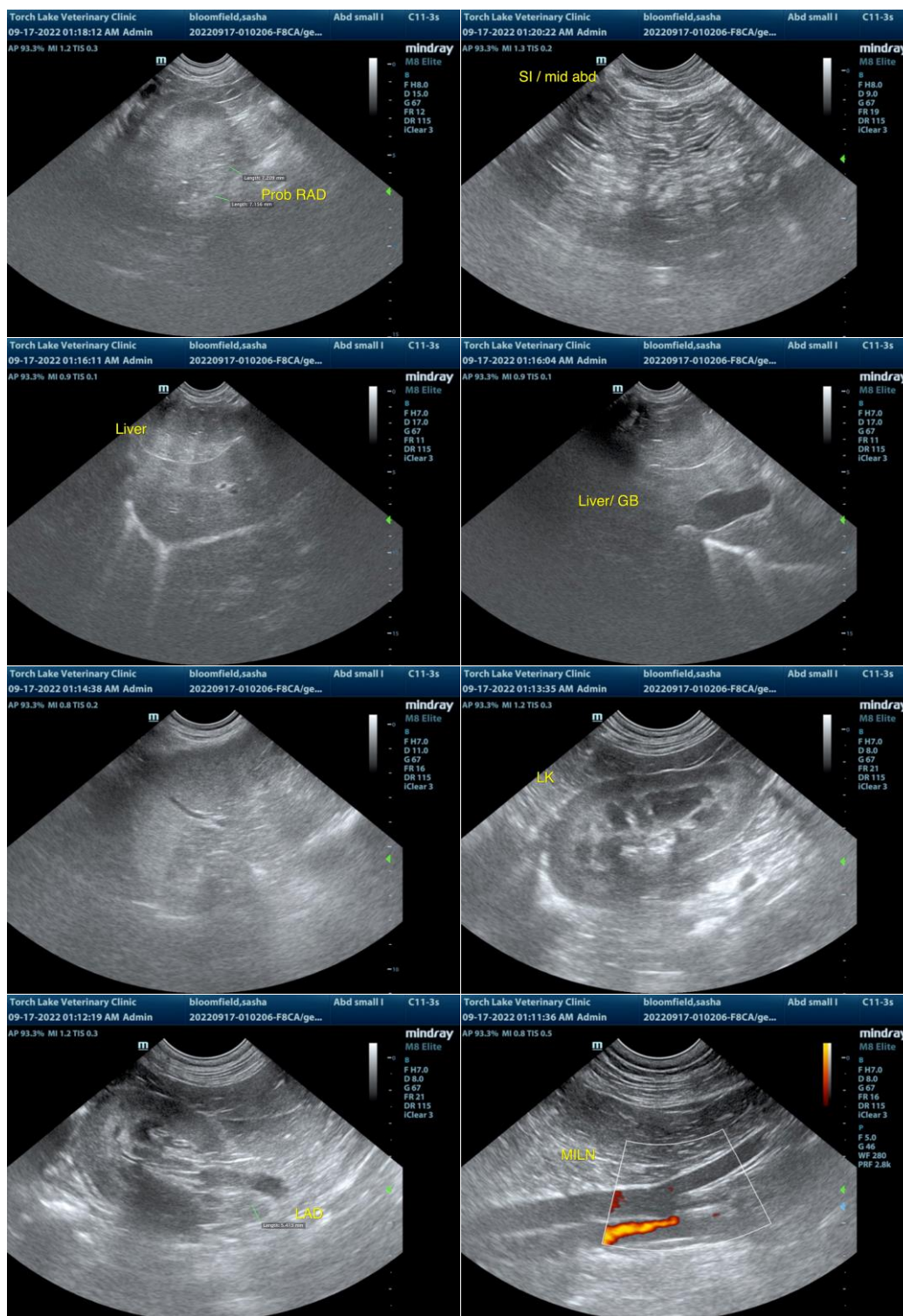
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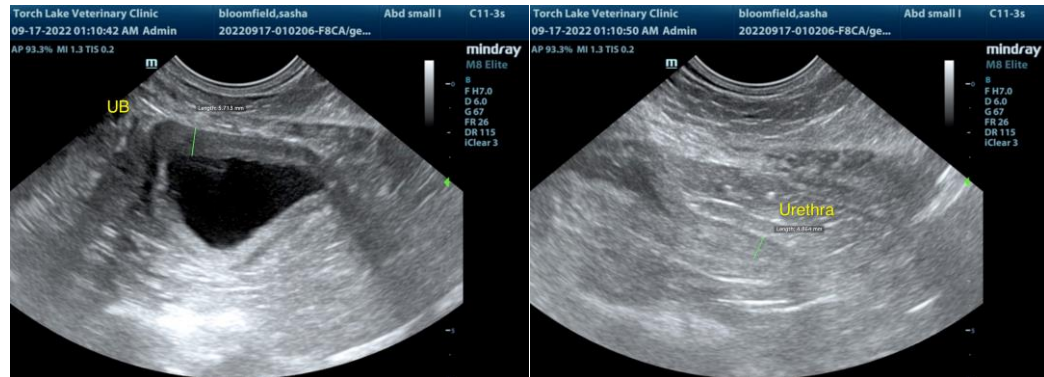
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com