



PATIENT

Oswah Sturges

PRESENTING CLINICAL SIGNS

hematuria

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal subjective size and tone. The ventral, apical and dorsal urinary bladder walls were sonographically unremarkable without evidence of inflammatory or neoplastic disease. Sonographic assessment in the area of the trigone and somewhat cystourethral junction was limited owing to pelvic shadowing. Subjective anechoic urine is present with no visible calculi or overt sediment. The proximal urethra exhibited normal structure and tone to a depth of 3.0 cm.

BREED

Great Dane

No evidence of pathology in the area of the uterine remnant or aortic trifurcation.

SEX

Spayed Female

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 7.5 cm. The right kidney measured 7.8 cm. No evidence of overt pyelonephritis.

AGE

5 Years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland was indistinctly visualized owing to overlaying colon gas. No overt evidence of pathology in the area of the right adrenal gland.

WEIGHT

160

Spleen

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

Liver

HOSPITAL NAME

Rockaway 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.

Gastrointestinal

REFERRING VET

Dr. Maniar

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.

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.

INVOICE

25696

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

DATE

9/21/21



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Pancreas

Oswah Sturges

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Great Dane

- Overtly normal urinary bladder structure and tone, containing anechoic urine
- Sonographically unremarkable visible proximal urethra
- Sonographically unremarkable bilateral kidneys, no overt pyelonephritis

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of hematuria in this patient was not overtly evident. No obvious evidence of inflammatory or neoplastic urinary bladder disease as well as no overt evidence of sediment/calculi. Technically, a potential for focal mural disease or non-visualized calculus in the area of the trigone and/or cystourethral junction cannot be definitively excluded owing to overlaying pelvic artifact.

AGE

5 Years

Ideally, sonographic reassessment of a full urinary bladder (perhaps under sedation) is recommended. Cystocentesis to assess for blood within urinary bladder urine versus potential for post-urinary bladder cause of hematuria as well as urine culture and sensitivity recommended. Gross assessment of the vulva and vaginal vault for evidence of pathology may be indicated. If persistent hematuria and negative urine culture and sensitivity, reassessment of the urinary bladder and/or cystoscopy is recommended.

WEIGHT

160

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(Canine and Feline)



IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH



REFERRING VET

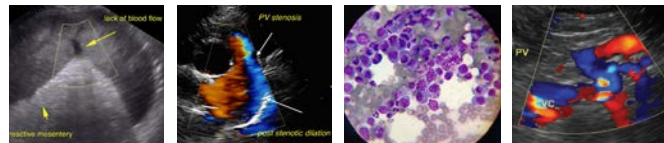
Dr. Maniar

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SPECIES

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BREED

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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.

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