**PATIENT**

Broxie Roberts

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

76 Pounds

**INTERPRETED BY**R. McKenzie Daniel, DVM,  
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Narske

**INVOICE**

25740

**DATE**

9/22/21

**PRESENTING CLINICAL SIGNS**

PU/PD, and not holding urine. Is on Proin not helping. Decreased appetite, loose stools, often vomits after drinking.

Abnormal PE/Chem/CBC/UA Results: Tense abdomen UA: cysto, colorless, clear, SG 1.005, pH 8.0, RBC < 1/hpf, WBC 2/hpf, bacteria rods present, occ cocci. WBC 26.19, NEU 23.21, TP 8.3, GLOB 5.0, Na 167, Cl 125

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder exhibited normal thickness and tone. 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 were noted. The proximal urethra exhibited subjective normal structure with potential mild decreased tone to a depth of 5.0 cm. The proximal urethra measured 0.55 cm in diameter.

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 loss of corticomedullary symmetry and definition. No evidence of pelvic dilation was present. The left kidney measured 8.2 cm. The right kidney measured 6.7 cm. No overt pyelonephritis. A small cranial cortical cyst was present in the left kidney.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.43 cm at the caudal pole. The left adrenal gland measured 3.0 cm length x 0.56 cm at the caudal pole. No evidence of adrenal hyperplasia or tumors.

**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**

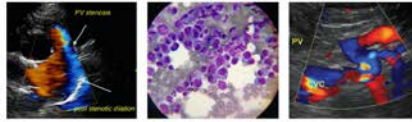
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. No evidence of structural hepatopathy or subnormal liver size. No evidence of hepatic neoplasia.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained echogenic ingesta and chyme, likely consistent with recent meal ingestion.

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.

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

**PATIENT****Pancreas**

Broxie Roberts

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

**Free Abdomen**

No peritoneal masses, lymphadenopathy or effusion.

**BREED**

Boxer

**PRIMARY FINDINGS**

- Sonographically unremarkable urinary bladder with potential mild decreased proximal urethral tone
- Early age related renal changes with small left kidney cortical cyst, no overt pyelectasia/pyelonephritis

**SEX**

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**SECONDARY FINDINGS**

- Mild retained gastric ingesta/chyme

**AGE**

8 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of significant visceral pathology, including no evidence of hepatic, adrenal or significant renal pathology as an obvious cause of the patient's clinical signs. Additional workup may include urine culture and sensitivity, baseline urine protein/creatinine ratio on sterile urine sample, and Leptospirosis titers/PCR to rule out occult Leptospirosis.

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The presence of retained gastric ingesta (given the decreased appetite and reported intermittent vomiting) may indicate some degree of metabolic gastric stasis. 3-view chest radiographs recommended to rule out occult thoracic pathology.

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Although considered unlikely, resting cortisol may be considered to rule out occult Addison's disease given the PU/PD and concurrent gastrointestinal signs.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

**REFERRING VET**

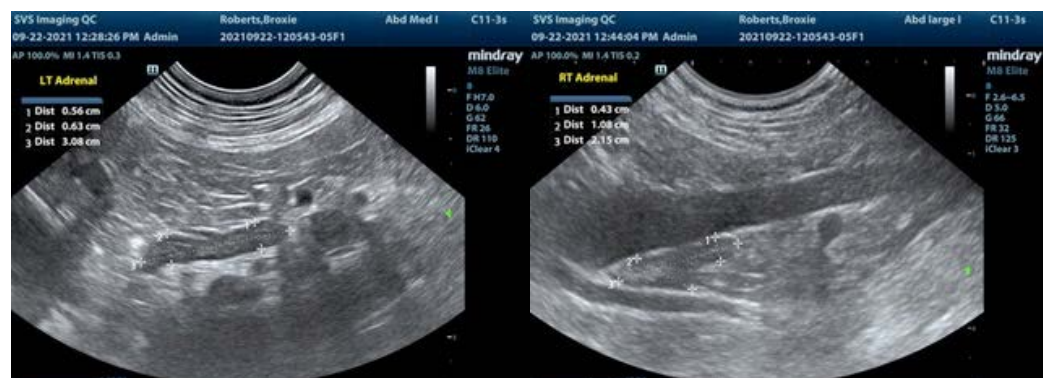
Dr. Narske

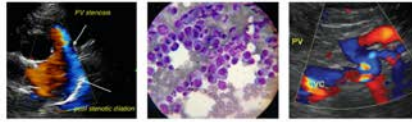
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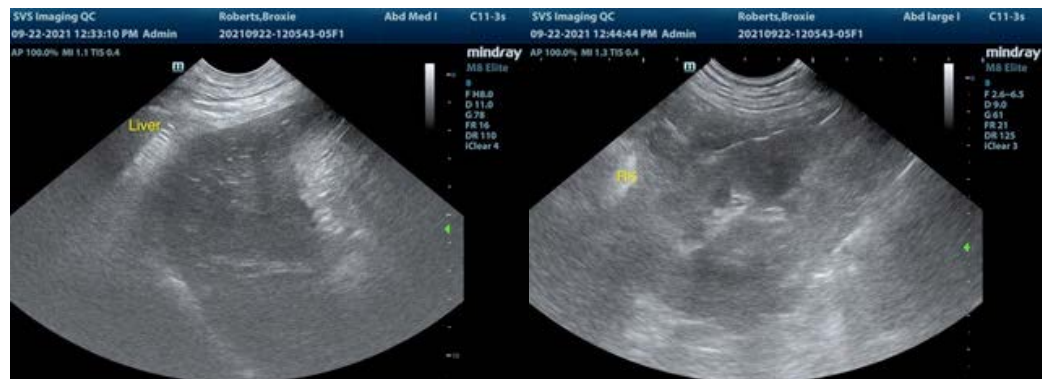
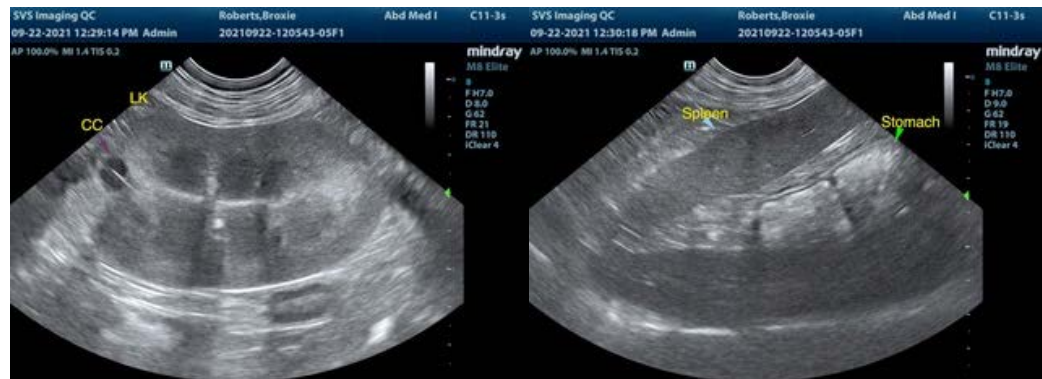
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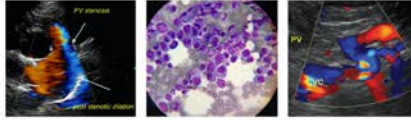
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**PATIENT**

Broxie Roberts

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.

**SPECIES**

Canine

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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Boxer

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