

PATIENT PRESENTING CLINICAL SIGNS

Tyson Bail Hematuria; crystaluria; leaking urine. Current meds: Heska serum: 2 pumps sublingual bid. SO diet. Study limited to urinary system.
 Abnormal PE/Chem/CBC/UA Results: UA- leuk25, blood 500

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

6 Years

WEIGHT

16 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Pine Banks AH

REFERRING VET

Dr. Abrar Syed

INVOICE

25812

DATE

9/26/21

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder presented generalized mild prominent walls, exhibiting primarily uniform echogenicity and echotexture with subtle asymmetrical luminal surface contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. Primarily anechoic urine present in the bladder with very minor particulate sediment, likely consistent with minor cellular or crystalline debris or potential minor mucus. No evidence of luminal mineral or calculi. The urethra was normal in structure and tone to a depth of 3.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.87 cm diameter.

Normal size and margination was 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. No evidence of overt pyelonephritis. The left kidney measured 4.7 cm. The right kidney measured 4.9 cm.

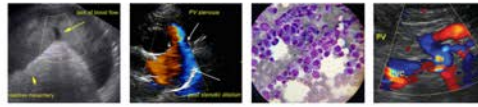
ULTRASONOGRAPHIC FINDINGS

- Mild cystitis
- Sonographically unremarkable residual prostate and visible proximal urethra
- Sonographically unremarkable bilateral kidneys - no overt pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample recommended. If documented infection, and ideally baed on culture and sensitivity results, a higher dose of antibiotic for shorter frequency i.e., Clavamox or Enrofloxacin 20 mg/kg PO SID for 3-5 days may be considered with recheck culture and sensitivity 7 days post completion of antibioics. No overt evidence of decreased proximal urethral tone suggestive of incontinence. Additional conservative therapy for cystitis i.e., NSAID trial may prove beneficial.





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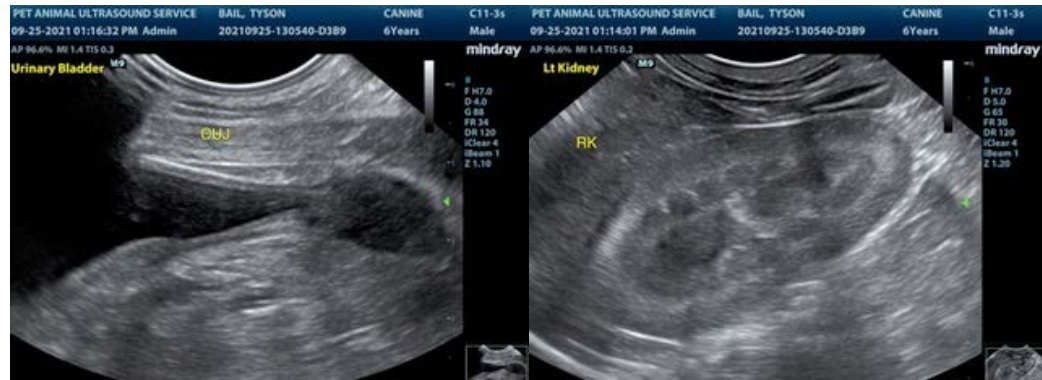
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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