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Clinical Sonography & Telecytology
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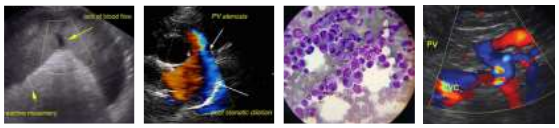


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Suki Sitterley

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

12 years

WEIGHT

25.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

INVOICE

12311

DATE

9/27/21

PRESENTING CLINICAL SIGNS

straining to urinate off and on
Abnormal PE/Chem/CBC/UA Results: creatinine = 2.0 (0.5 - 1.6 n) rest of chemistry and CBC normal U/A = pH = 7.5 no bacteria, no glucose, no crystals WEB = 21-50 HPF RBC= 4-10 HPF Transitional epithelia 2-3 HPF, and Squamous Epithelia 4-10 HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm 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 was noted. The urinary bladder wall width measured 0.25 cm. No evidence of urinary bladder overdistention was noted, as well as no overt evidence of proximal urethral dilation. The urethra measured 0.46 cm width at a depth of approximately 2.0 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 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 medullary mineralization was present. No evidence of pyelectasia or overt pyelonephritis was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

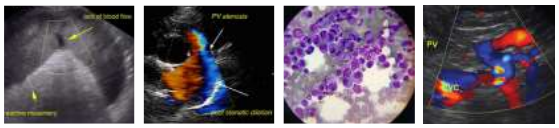
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm length x 0.48 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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



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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.

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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal urinary bladder and visible proximal urethra
- Bilateral mild chronic renal changes with pinpoint medullary mineral
- Otherwise sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause of the patient's intermittent stranguria was not definitively evident in this study without overt evidence of urinary bladder masses, calculi, or proximal urethral dilation or pathology. Potential for non-visualized abnormality within the urethra past the depth of 4.0-5.0 cm cannot be definitively excluded.

Gross assessment of the vaginal vault may be considered for evidence of potential pathology. The possibility of minor cystitis or urethritis cannot be excluded. Screening BRAF Assay may be considered, given the presence of epithelial on urinalysis. However, if negative, cystoscopy may be indicated for further assessment especially if stranguria persists. Empirically, conservative therapy for potential cystitis or urethritis may be considered. Urine culture and sensitivity to rule out underlying Infection, even without bacteria on urinalysis, is recommended.

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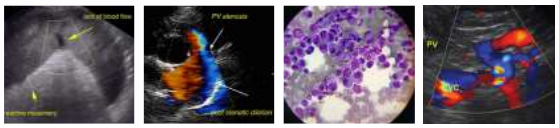

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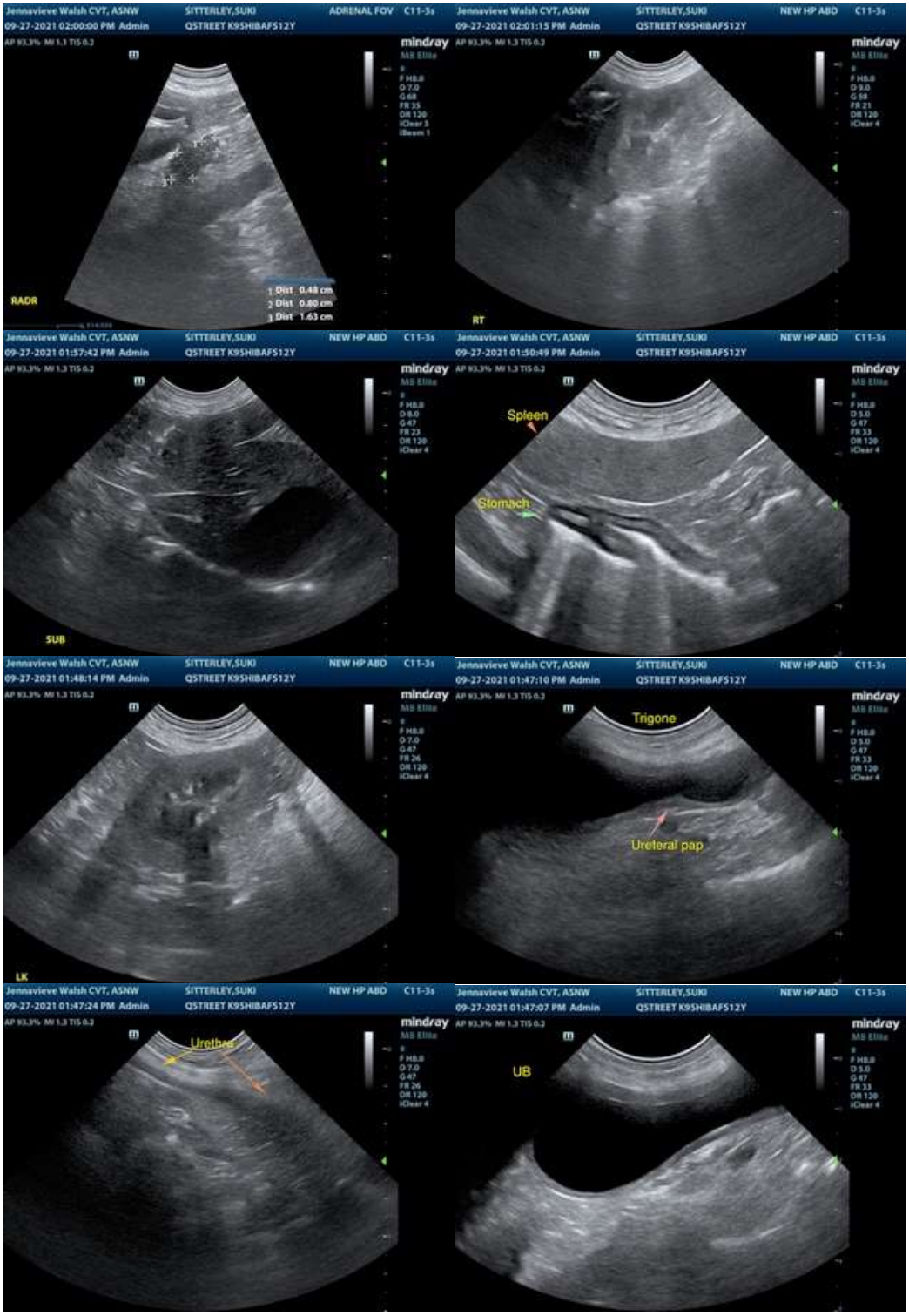
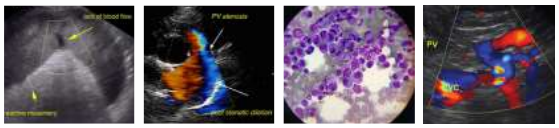


The information and recommendations provided are based on the images presented by the



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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com