



**PATIENT**

Abby Liss

**SPECIES**

Canine

**BREED**

Greyhound

**SEX**

FS

**AGE**

9yr

**WEIGHT**

58.2lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

A. Murphy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr. Oakes

**INVOICE**

11763ag

**DATE**

09/30/2022

**PRESENTING CLINICAL SIGNS**

Patient has a history of UTIs and incontinence. She takes Proin to manage incontinence. Urine cultures have revealed different kinds of bacteria and multiple abx have failed to completely cleared UTIs. Owner has not noticed pollakiuria or hematuria. Ultrasound is to look for a underlying cause of UTIs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 were noted.

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 5.8 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

No overt pathology in the area of the left or right adrenal glands.

**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 presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and minor non-dependent echogenic debris. 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**



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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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Greyhound

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Normal bilateral kidneys

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**Secondary**

- Subjective benign hepatomegaly-possibly suggestive of mild vacuolar hepatopathy pattern
- Minor gallbladder debris

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of upper or lower urinary tract pathology as a definitive cause or nidus for recurrent UTIs was present in this study. Conservative monitoring would be reasonable if the patient is non-clinical at his time. Recheck urine C/S if clinical signs of UTI are present. A higher dose shorter frequency antibiotic regimen i.e. Clavamox or Baytril 20 mg/kg PO SID for 3-5 days may prove beneficial. Assessment of the vulva and vaginal vault for evidence of structural pathology which may predispose to ascending infection may be considered.

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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/>.

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>

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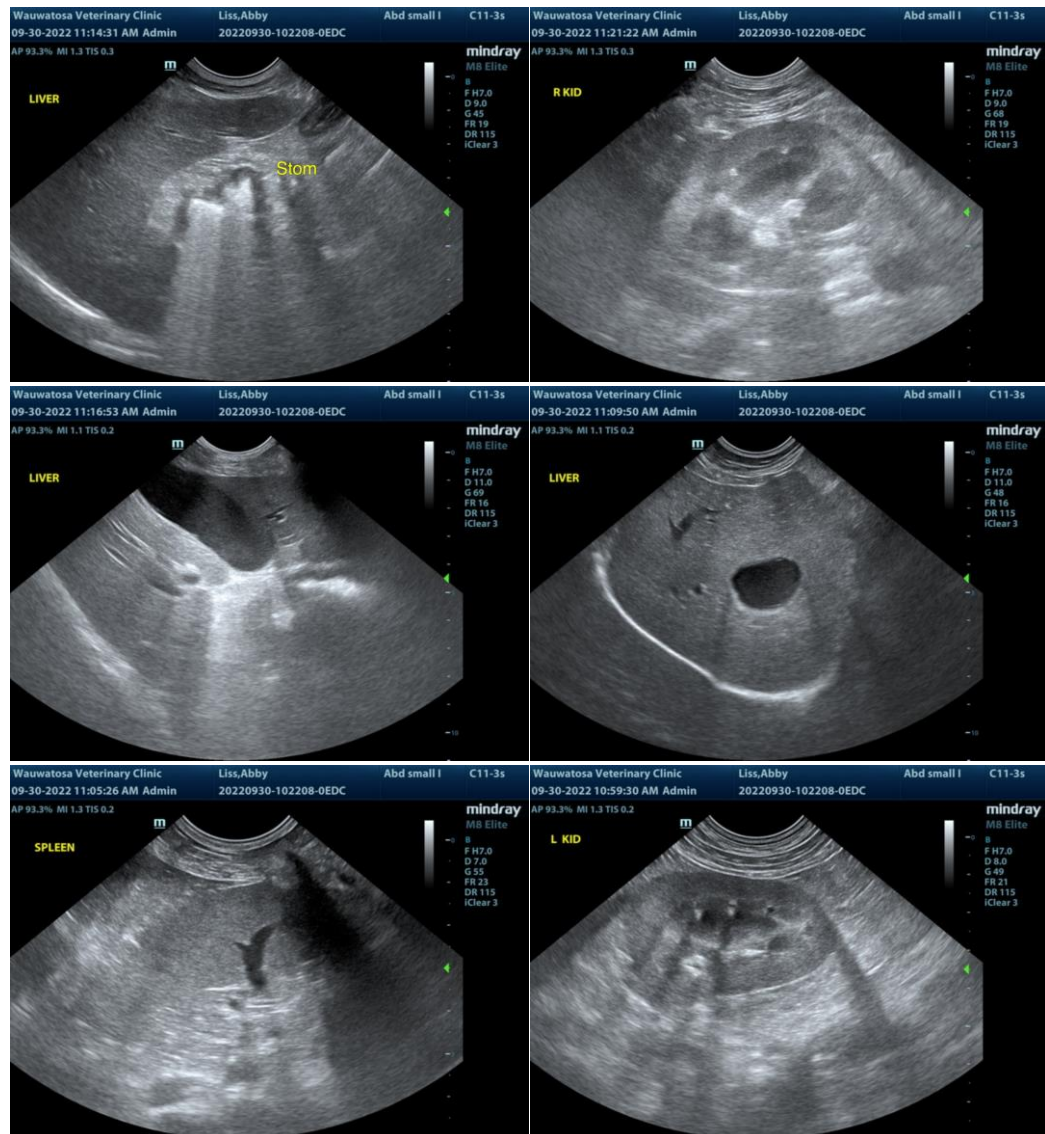
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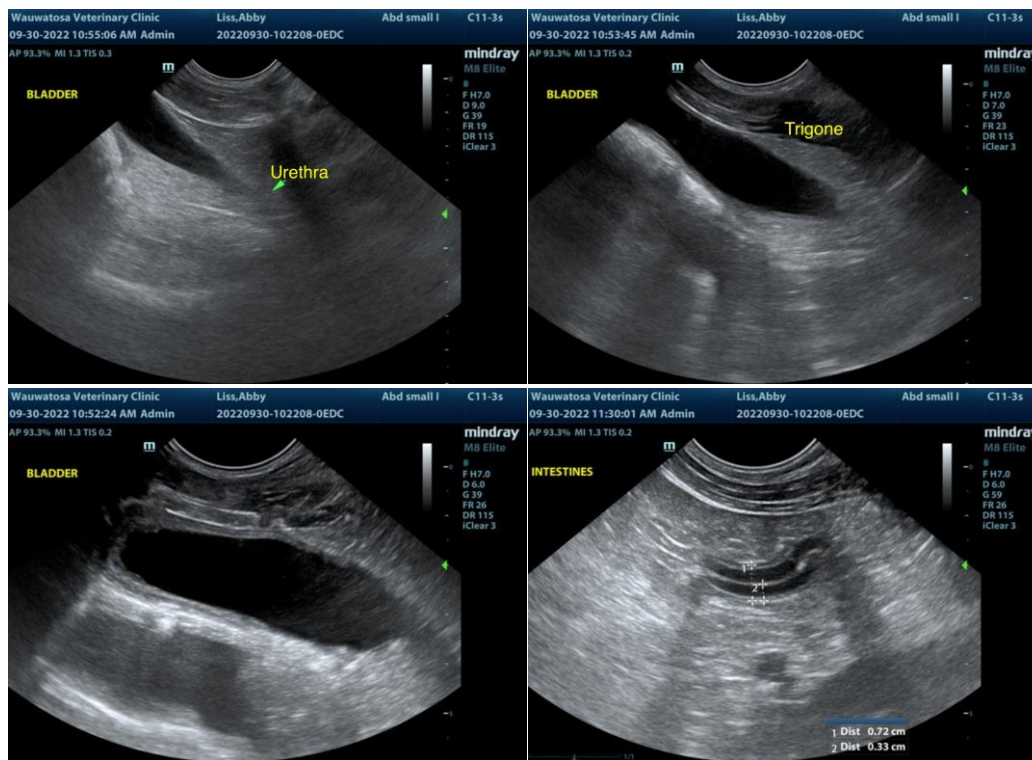
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com