



PATIENT

Molly Miller

SPECIES

Canine

BREED

Boxer- white

SEX

Spayed Female

AGE

15.5

WEIGHT

60 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh

HOSPITAL NAME

Pawsitive Wellnes VC

REFERRING VET

Dr. Hardy

INVOICE

12191

DATE

9/8/21

PRESENTING CLINICAL SIGNS

Chronic UTIs, on and off again diarrhea, on and off again pancreatitis Current Medications Prednisone, denamarin, tramadol, thyroxine

Chemistry Panel- ALP 288, ALT 126, Amylase 1763, Lipase 5306, BUN 34, SDMA 23

Urinalysis- Specific Gravity 1.024, trace protein, negative blood

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. No overt pathology in the proximal urethra to a depth of 2.0 cm. 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 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Small cortical cysts were present. Mild left kidney pyelectasia was noted. The left kidney measured 5.8 cm in length. The right kidney measured 6.3 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 2.8 cm length x 0.75 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.71 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement with normal 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 without signs of congestion. The gallbladder was non-



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distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach walls were sonographically unremarkable. The lumen of the stomach contained mild, echogenic to shadowing ingesta. The gastric body wall width measured 0.33 cm.

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. The jejunum wall width measured 0.44 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Bilateral chronic renal changes with mild left kidney pyelectasia
- Hepatopathy with generalized mild parenchymal remodeling - subjectively benign
- Mild retained focally shadowing gastric ingesta with sonographically unremarkable small bowel and colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of lower urinary tract structural pathology i.e., calculi or masses.

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

If recurrent documented infection on sterile urine sample culture and sensitivity, assessment of the vulva or vaginal vault for evidence of structural abnormalities or pathology which may predispose to ascending infection may be considered. Ideally based on urine C/S results, a higher dose/shorter frequency protocol i.e., Clavamox or Enrofloxacin 20 mg/kg PO SID for 3-5 days may prove more effective.



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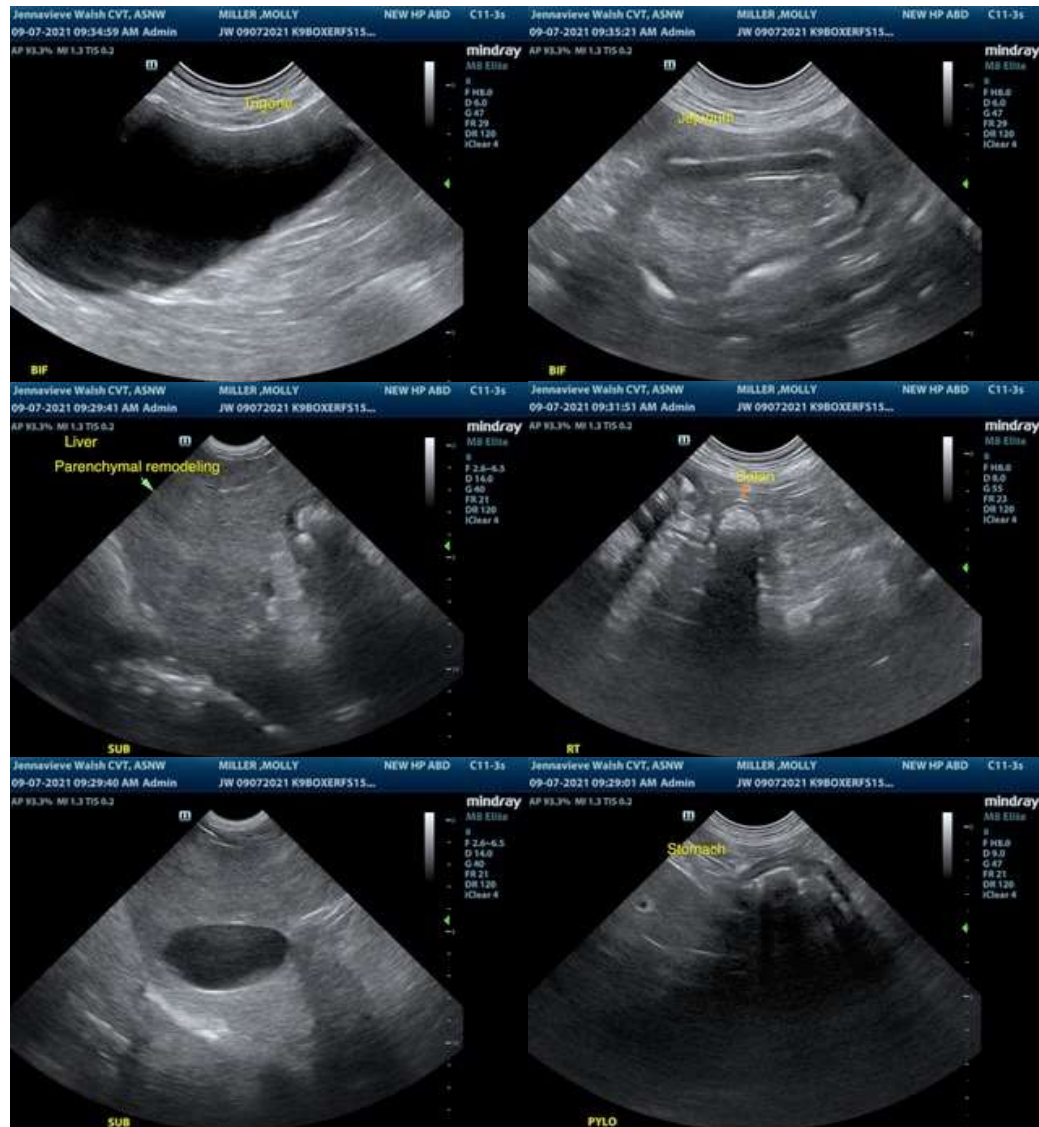
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Dietary Intolerance / food hypersensitivity, occult parasitism, or underlying inflammatory enterocolic process may be possible. The current use of Prednisolone may be masking enterocolic mural changes. Fresh fecal analysis +/- GI Panel to assess serum Cobalamin and Folate levels may be considered.

No evidence of active pancreatitis, yet potential for age-related pancreatic changes, low-grade or chronic pancreatitis which may present as sonographically normal, cannot be excluded.

A limited antigen or hydrolyzed diet trial, high colony count probiotics such as Provable Forte and empirical deworming are suggested.





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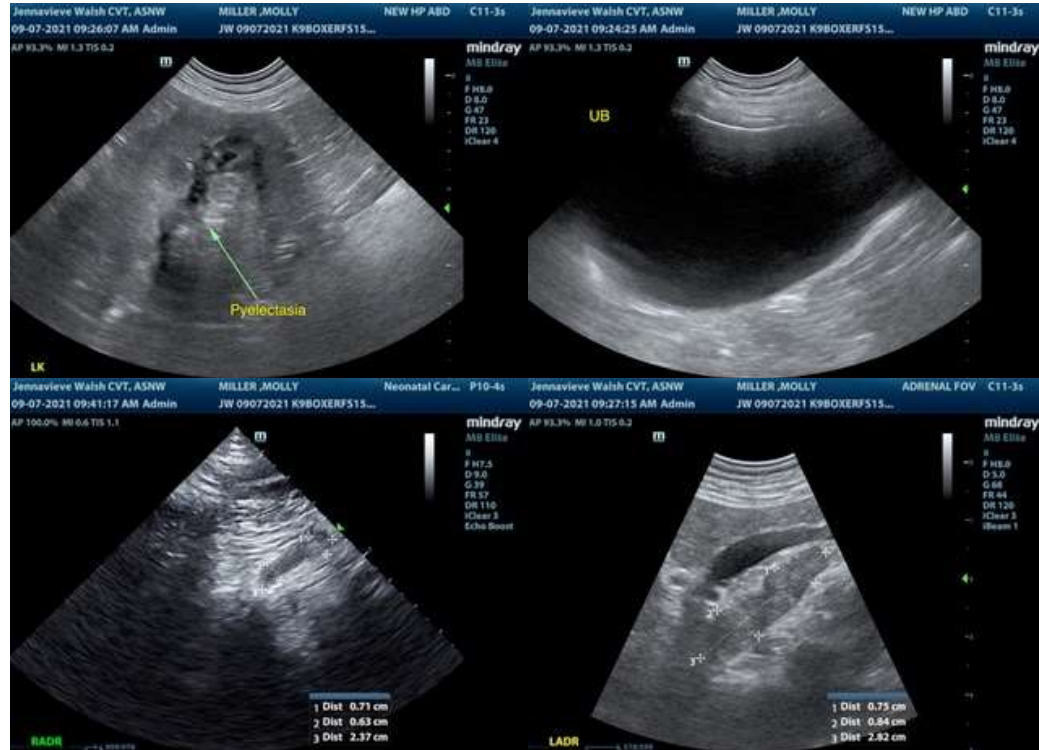
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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