**PATIENT**

Izzy Jennings

SPECIES

Canine

BREED

Coon Hound Mix

SEX

Spayed Female

AGE

1 Year

WEIGHT

47 Pounds

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

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Stacy Kula

INVOICE

17211

DATE

9/8/22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting, no response to deworming or hydrolyzed protein diet trial. Frequent bladder infections

Abnormal PE/Chem/CBC/UA Results: Physical exam normal, blood work and lateral radiographs normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were 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 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 renal dysplasia or pyelectasia. The left kidney measured 5.7 cm in length. The right kidney measured 5.7 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 2.7 cm in length x 0.47 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 2.4 cm in length x 0.38 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

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of gastric ingesta, fluid or foreign material. The gastric body wall measured 0.37 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 duodenum wall measured 0.50 cm. The jejunum wall measured 0.35 cm.



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

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Pancreas

Canine

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.

BREED

Free Abdomen

Coon Hound Mix

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Sonographically unremarkable abdomen

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1 Year

No evidence of gastrointestinal, upper or lower, or renal pathology as an obvious cause of the patients chronic vomiting or frequent bladder infections. No evidence of congenital disease, such as urachal remnant, or overt ectopic ureter or renal dysplasia. Gross assessment of the vulva and vaginal vault for evidence of structural abnormalities, which may predispose to ascending infection is suggested. Potential diet rotation in this patient, as well as gastroprotectant trial may prove beneficial. Although considered unlikely, resting cortisol level to rule out occult Addisons disease may be considered. If not done, three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor to the chronic vomiting. Cystoscopy and upper gastrointestinal endoscopy may ultimately be indicated if recurrent documented bladder infection or persistent vomiting despite additional assessment and empirical therapy.

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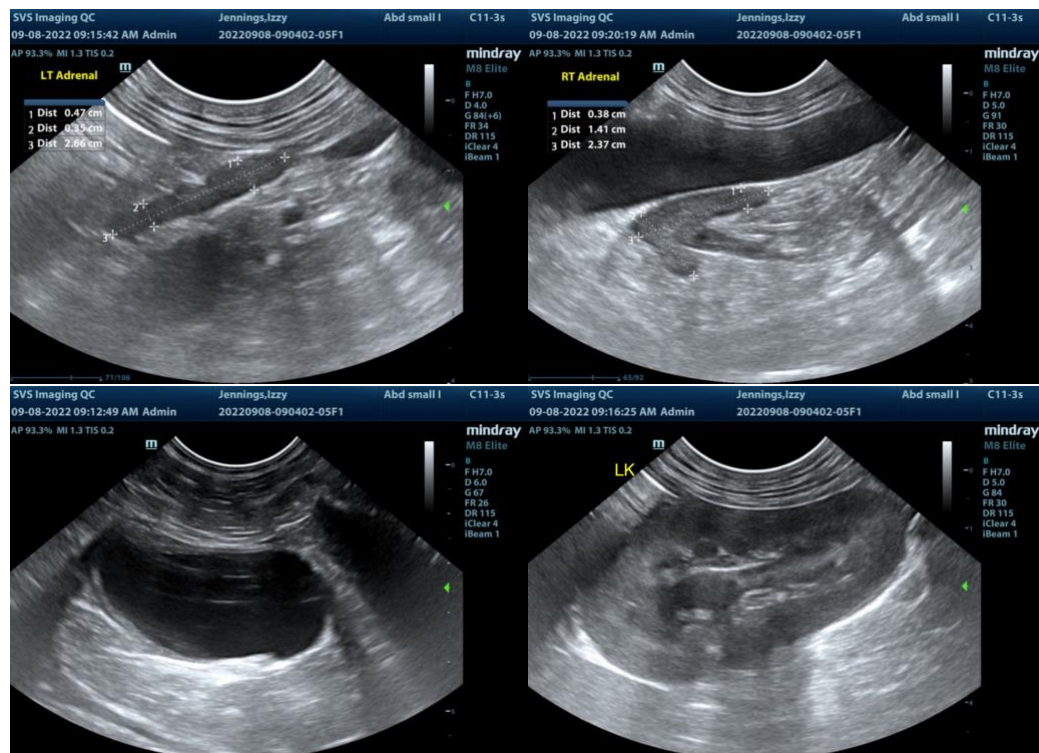
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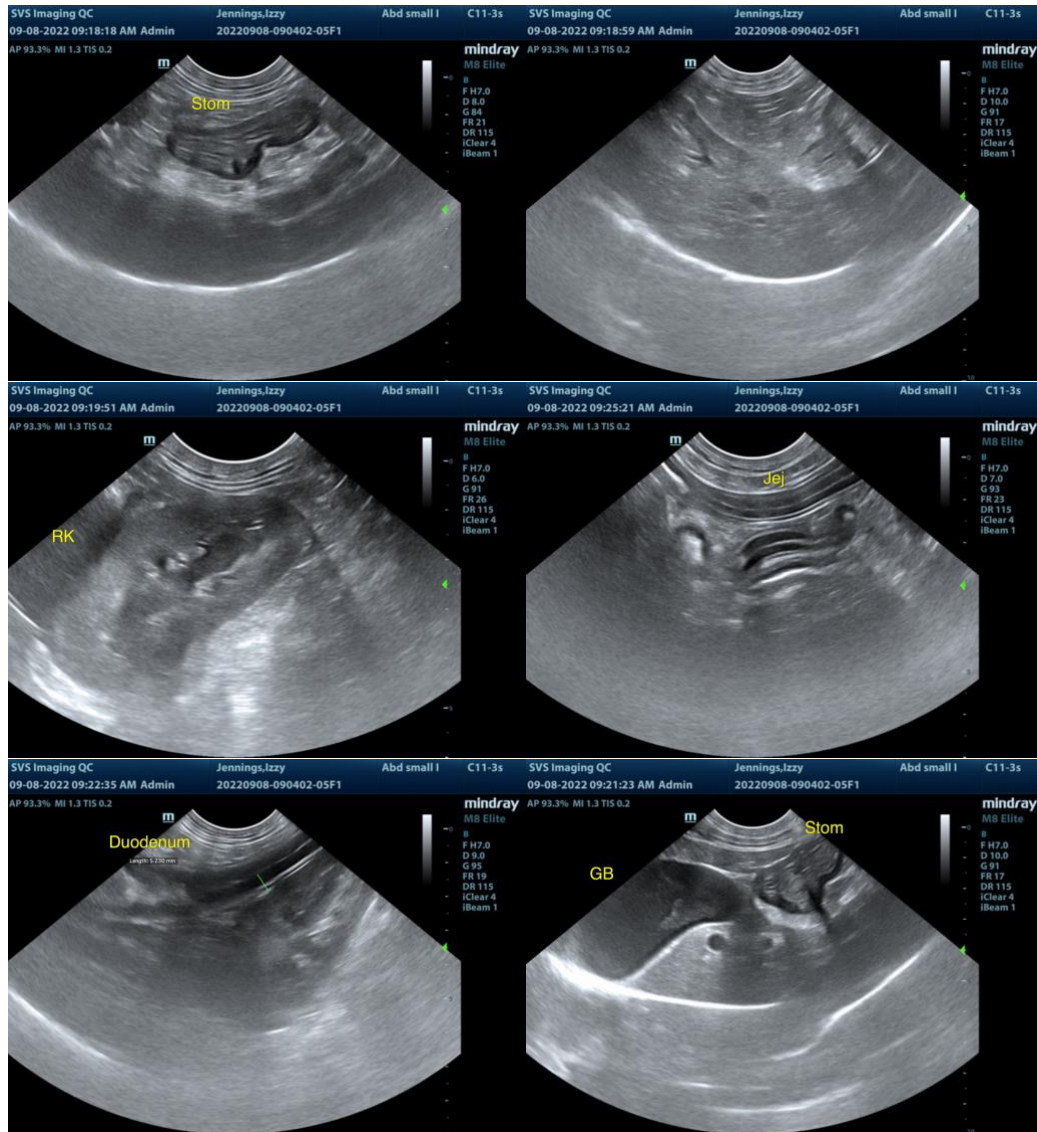
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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