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Clinical Sonography & Telecytology
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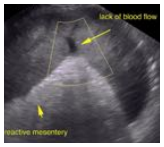
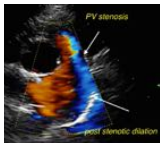
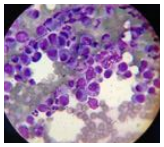
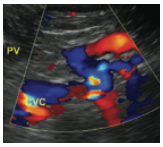





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Frankie Larkin

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female

AGE

15 weeks

WEIGHT

21 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Becker

INVOICE

32932

DATE

9/15/22

PRESENTING CLINICAL SIGNS

History: Recurrent E. coli UTIs, despite appropriate antibiotic treatment as determined by culture. Urine SpGr 1.013. CBC / Chem pending. Otherwise normal puppy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae are visualized, there is very mild dilation of the right ureter as it enters the papillae; otherwise, the papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. The pelvic urethra is visualized to (3.0) cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is (5.3) cm in length. The right kidney is (6.5) cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (2.4) mm at the cranial pole and (2.5) mm at the caudal pole. The right adrenal gland height is (4.8) mm at the cranial pole and (2.7) mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

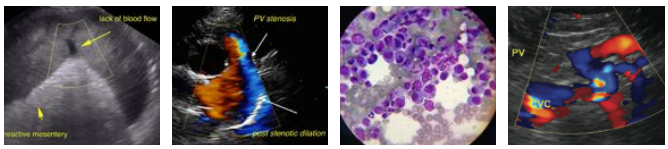
Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall thickness could not be measured due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (5.0) mm. The jejunal wall measures up to (3.7) mm. . Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to (1.2) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

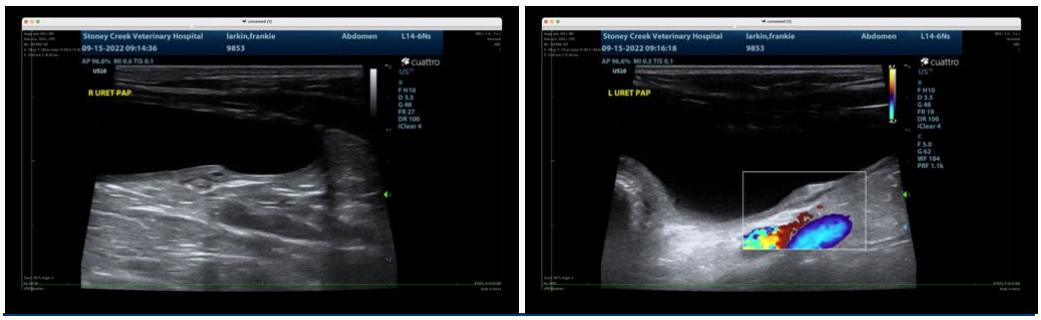
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Slight dilation of the right ureter as it enters the bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The possibility of a right intramural ectopic ureter cannot be completely ruled out by this study. CT scan with contrast may be necessary or contrast cystogram should recurrent infections persist. The change is very subtle and may well be within normal limits for this patient.



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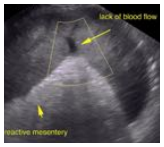
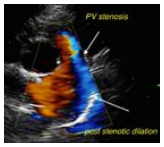
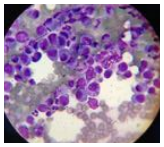
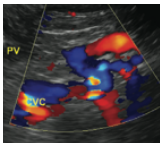

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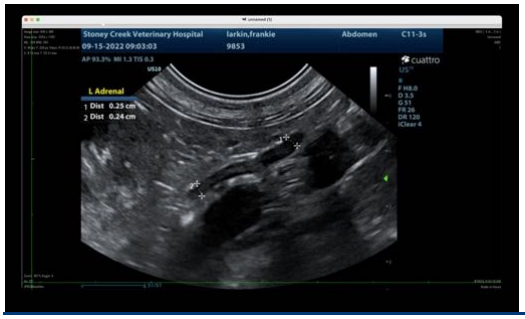

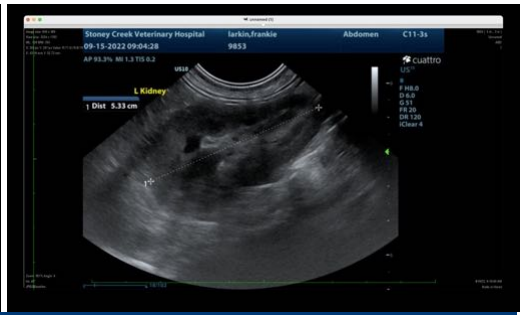

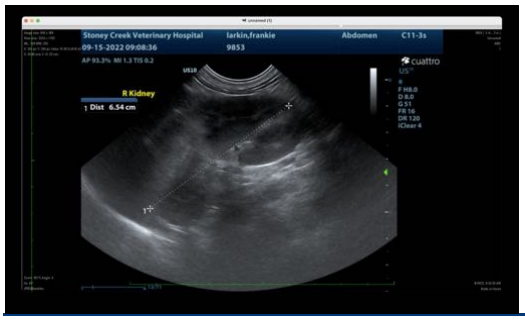

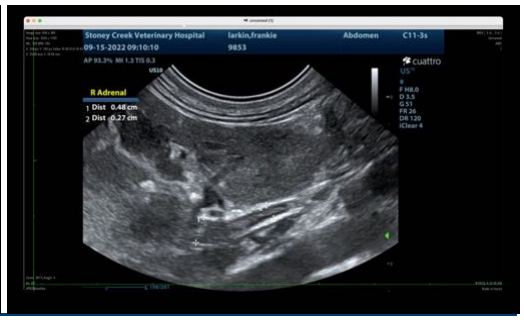

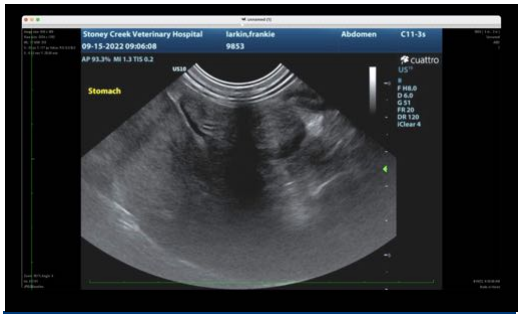

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com