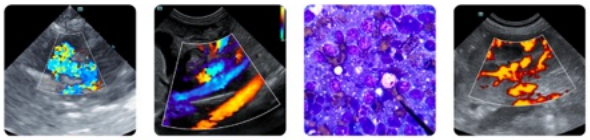


PATIENT

Molly Irwin

SPECIES

Canine

BREED

Chihuahua mix

SEX

Spayed female

AGE

4 years

WEIGHT

41.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Jones

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Jones

INVOICE

73409

DATE

3/11/26

PRESENTING CLINICAL SIGNS

- 4Yr old FS Chihuahua having urinary accidents at home
- no abnormalities on bloodwork or urinalysis
- Intermittent accidents while laying down and then getting up, patient not licking at the area
- Sending out urine culture today as well
- NSF on UA and CBC/Chem

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. The appearance of the bladder neck and proximal urethra is unremarkable. No calculi are identified and there is no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.57×2.19 cm. The cortical thickness measures 0.51 cm in the sagittal plane. The cortex is mildly hyperechogenic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.78×3.24 cm. The cortex is mildly hyperechogenic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

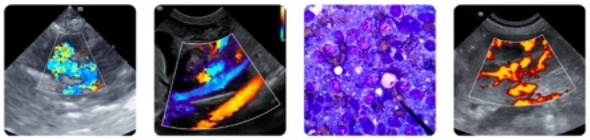
Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane (maximum of three measurements obtained): The left adrenal gland measures 0.47 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measures 0.56 cm at the cranial pole and 0.55 cm at the caudal pole.

Spleen

Splenic thickness measures 1.71 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma is uniform and isoechoic compared with the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 3.21 mm and preserved wall layering. The pylorus measures 5.53 mm.

Duodenum: 3.50 mm. Jejunum: 4.34 mm. Ileum: 2.28 mm. Wall layering is preserved throughout the evaluated segments. No sonographic evidence of inflammation, ileus, or foreign material is identified.

Colon: 1 mm in thickness, with formed fecal material within the descending segment.

Pancreas

The evaluated pancreatic regions do not demonstrate sonographic evidence of overt inflammation or focal mass lesions.

Peritoneal Cavity

There is no sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly. The iliac trifurcation region appears normal.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral renal cortical hyperechogenicity relative to hepatic parenchyma.
- Small amount of biliary sludge within the gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination is within normal limits and does not identify a structural cause for the reported urinary incontinence.

The urinary bladder, kidneys, and proximal urethra appear normal, with no evidence of cystitis, urolithiasis, obstructive uropathy, or congenital renal abnormalities.

Given the patient's signalment (young spayed female dog) and the history of urine leakage when rising from recumbency, the findings are most consistent with urethral sphincter mechanism incompetence. This is a functional disorder and therefore not expected to produce ultrasonographic abnormalities.

Intramural ectopic ureters or subtle vestibulovaginal anomalies cannot be completely excluded by ultrasound, although no secondary changes such as ureteral dilation or hydronephrosis are present.

Recommendations

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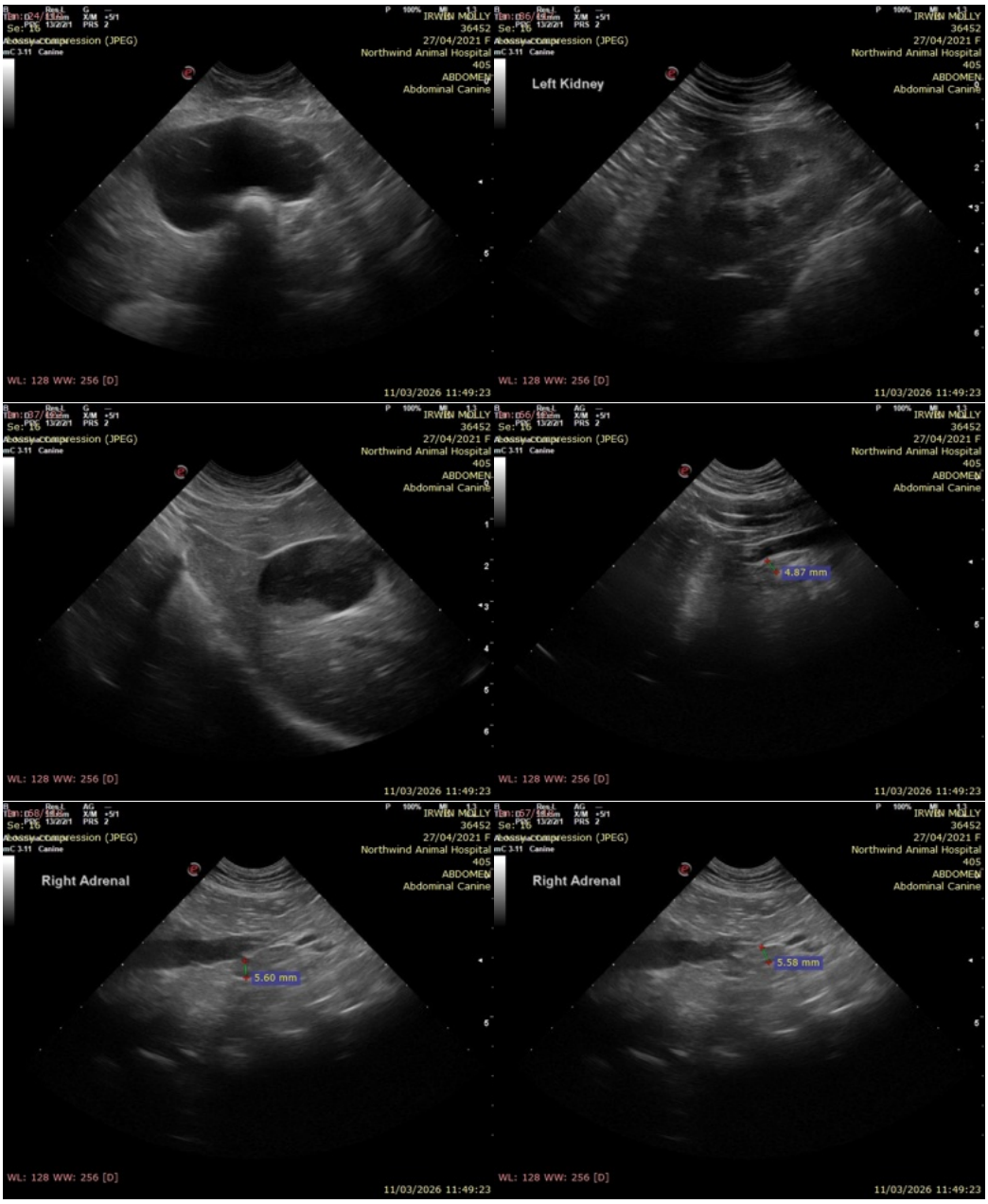
- Await urine culture results to definitively exclude urinary tract infection.
- If negative, urethral sphincter mechanism incompetence is the most likely cause and a therapeutic trial with phenylpropanolamine or estriol may be considered.



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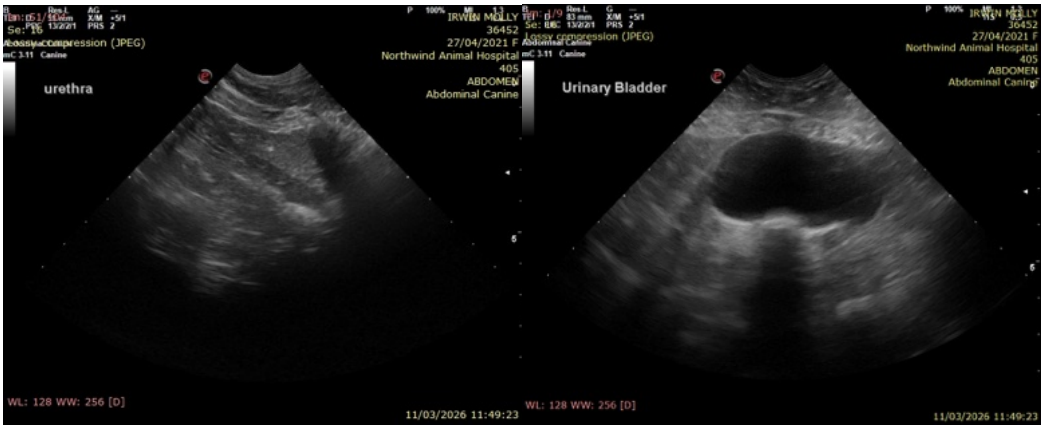

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com