



PATIENT	PRESENTING CLINICAL SIGNS
Genny Johns	Progressive urinary incontinence over last 2 weeks, UA with cysto showed no infection or growth. meds: proin 25mg BID since March 2022, 1mg stilboestrol twice weekly.
SPECIES	Abnormal PE/Chem/CBC/UA Results: please see attached labs
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Foxhound	The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
SEX	Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 5.5 cm. The left kidney measures 5.19 cm.
Spayed Female	Adrenal Glands
AGE	The right adrenal gland is normal in size (2.31 cm long x 1.7 cm at the cranial pole and 0.76 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
6 Years	The left adrenal gland is normal in size (1.89 cm long x 0.64 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. A hyperechoic nodule is noted in the cranial pole. Nodule does not disrupt normal shape and/or architecture. Visible surrounding vasculature appears normal.
WEIGHT	Spleen
18.8 kg	The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
INTERPRETED BY	Liver
Beth Johnson, DVM DACVIM	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
IMAGING PERFORMED BY	Gastrointestinal
Kelly Reschny	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
HOSPITAL NAME	INVOICE
Sixteen Mile VC	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
REFERRING VET	DATE
Dr. Gibbs	1/4/23
INVOICE	The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic
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PATIENT	non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.
Genny Johns	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
SPECIES	Pancreas
Canine	The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
BREED	Free Abdomen
Foxhound	There is no evidence of free peritoneal effusion noted in these images.
SEX	There is no apparent lymphadenopathy noted in these images.
Spayed Female	Dorsal to the urinary bladder trigone, there is a 2.5 cm x 0.72 cm hypoechoic structure, consistent with a thick uterine stump.
AGE	PRIMARY FINDINGS
6 Years	<ul style="list-style-type: none"> Thick uterine stump – This may be normal patient variant. However, an ovarian remnant resulting in the thick uterine stump is also possible, and should be suspected if this patient’s clinical history fits signs of heat, suggesting ovarian tissue remaining.
WEIGHT	SECONDARY FINDINGS
18.8 kg	<ul style="list-style-type: none"> Hyperechoic adrenal nodule (cranial pole left adrenal) – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored. Age related kidney changes
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	If this patient’s clinical history is consistent with an ovarian remnant, then the uterine stump findings are significant. An AMH level could be assessed to help determine the presence or lack thereof of remaining ovarian tissue. The tests can be run at Cornell. Contact lab for sample handling recommendations.
IMAGING PERFORMED BY	Otherwise, there is no ultrasonographic reason for this patient’s urinary incontinence, and other differentials include bladder storage conditions possibly secondary to underlying neurologic disease, urethral disorders such as detrusor urethral dyssynergy, or the most common, urethral sphincter mechanism incompetence or “spay” incontinence.
Kelly Reschny	
HOSPITAL NAME	
Sixteen Mile VC	
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1/4/23	



PATIENT

Genny Johns

SPECIES

Canine

BREED

Foxhound

SEX

Spayed Female

AGE

6 Years

WEIGHT

18.8 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Sixteen Mile VC

REFERRING VET

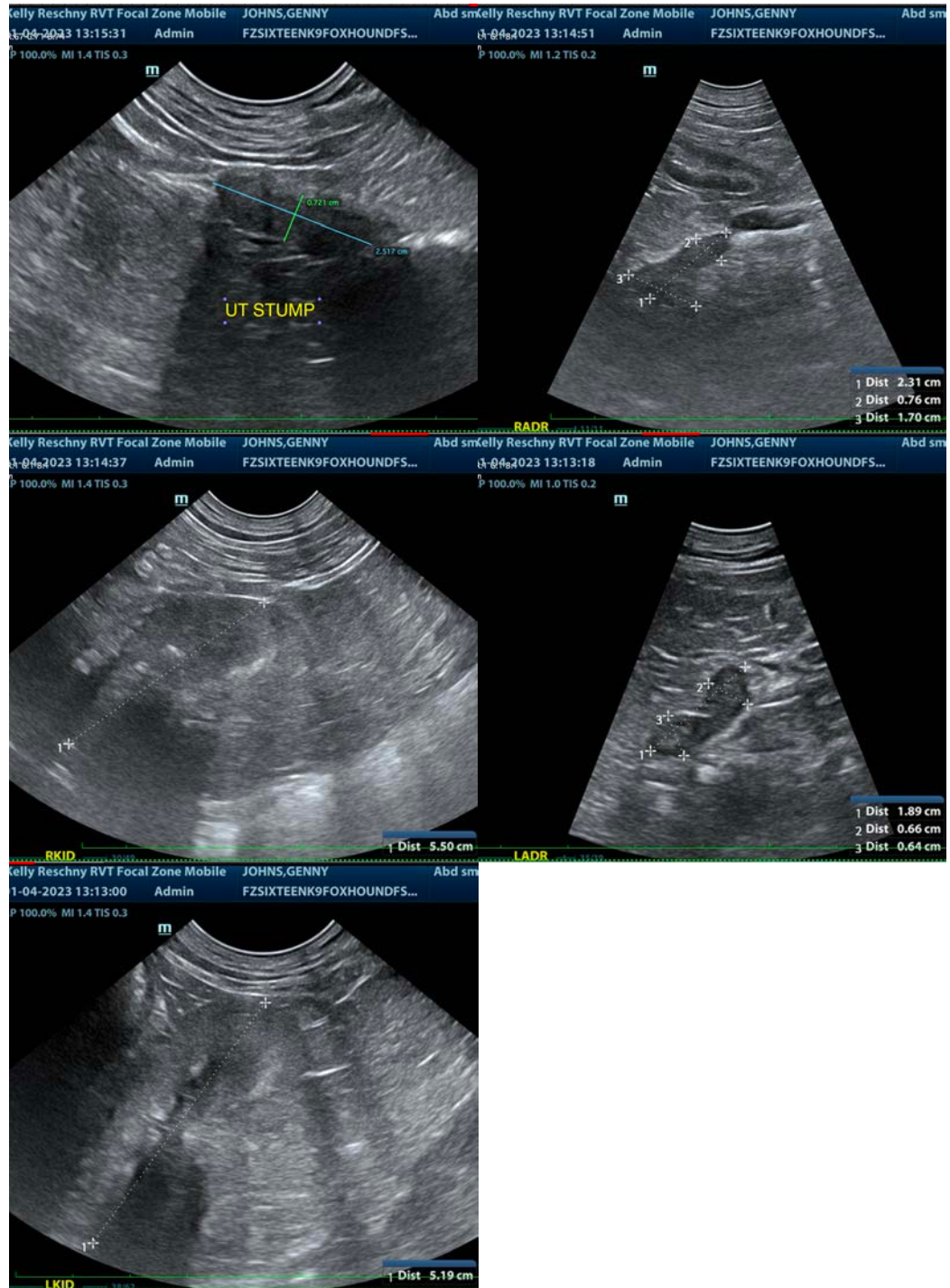
Dr. Gibbs

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PATIENT

Genny Johns

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.

SPECIES

Canine

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

BREED

Foxhound

SEX

Spayed Female

AGE

6 Years

WEIGHT

18.8 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
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