

**PATIENT**

Gracie Ornstein

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

25.2 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Dr. Marie Haddock

**INVOICE**

45376

**DATE**

2/21/23

**PRESENTING CLINICAL SIGNS**

Frequent stranguria, urinary accidents, uti's. Hx of previous vulvoplasty to help alleviate tucked vulva. Urine leaking.

Abnormal PE/Chem/CBC/UA Results: Dilute urine and pH changes.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

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.

The right kidney is normal in size (3.81 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.25 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (0.51 cm at the cranial pole and 0.62 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

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.

**Liver**

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Subtle hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min).

## IMAGING PERFORMED BY

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### **Pancreas**

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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.

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### **Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

### SEX

Spayed Female

### PRIMARY FINDINGS

- **Subtle mucosal speckling** – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.

### AGE

6 Years

### SECONDARY FINDINGS

- **Mild gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DACVIM

There is no ultrasonographically visible explanation for this patient's reported urinary accidents. If the primary complaint is PU/PD, the next step in the PU/PD workup (if not recently evaluated) is a general metabolic health screen including CBC/Chem panel, and electrolytes.

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Additionally, a urine culture could be considered to rule out an occult urinary tract infection. If the primary concern is pollakiuria/stranguria, then cystoscopy may need to be considered for biopsies for histopath as well as deep tissue culture.

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In the meantime, transition to a urinary health diet +/- a probiotic, as well as empirical deworming with a 5-day course of Panacur are all recommended, as parasitic disease can affect the urinary tract as well.

### REFERRING VET

Dr. Marie Haddock

The mucosal speckling in this patient is subtle and may be a post-prandial change. However, if there are any concurrent gastrointestinal signs, especially intermittent diarrhea that may be predisposing to UTIs, etc., further evaluation of gastrointestinal health, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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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.

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