

**DATE PRESENTING CLINICAL SIGNS**

3/30/23 Pet presented for a possible UTI, but no evidence was shown on in house machine. Rule out possible urinary incontinence.

**PATIENT**

Sophia Marsh Current Medications: Incurin 1mg: 2 tablets by mouth once daily, began on 3/20/2023  
Lab Results: Elevated BUN, dilute urine  
Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine Sedation: Dexdomitor/Torbugesic IV.  
Stat Report: Not requested.  
Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED**

Labrador X

**SEX**

Spayed Female

**AGE**

9/25/20

**WEIGHT**

78 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

Lake Shore Pet  
Hospital

**REFERRING VET**

Dr. Ashley

**INVOICE**

46321

**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. At least one of the ureteral papillae are visualized, but there are no distinct ureteral jets present in these images.

The right kidney is normal in size (5.79 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 (7.01 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 (3.3 cm long x 0.47 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.

The left adrenal gland is normal in size (2.9 cm long x 0.53 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.

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.

### ***Gastrointestinal***

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

### ***Pancreas***

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.

### ***Free Abdomen***

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

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

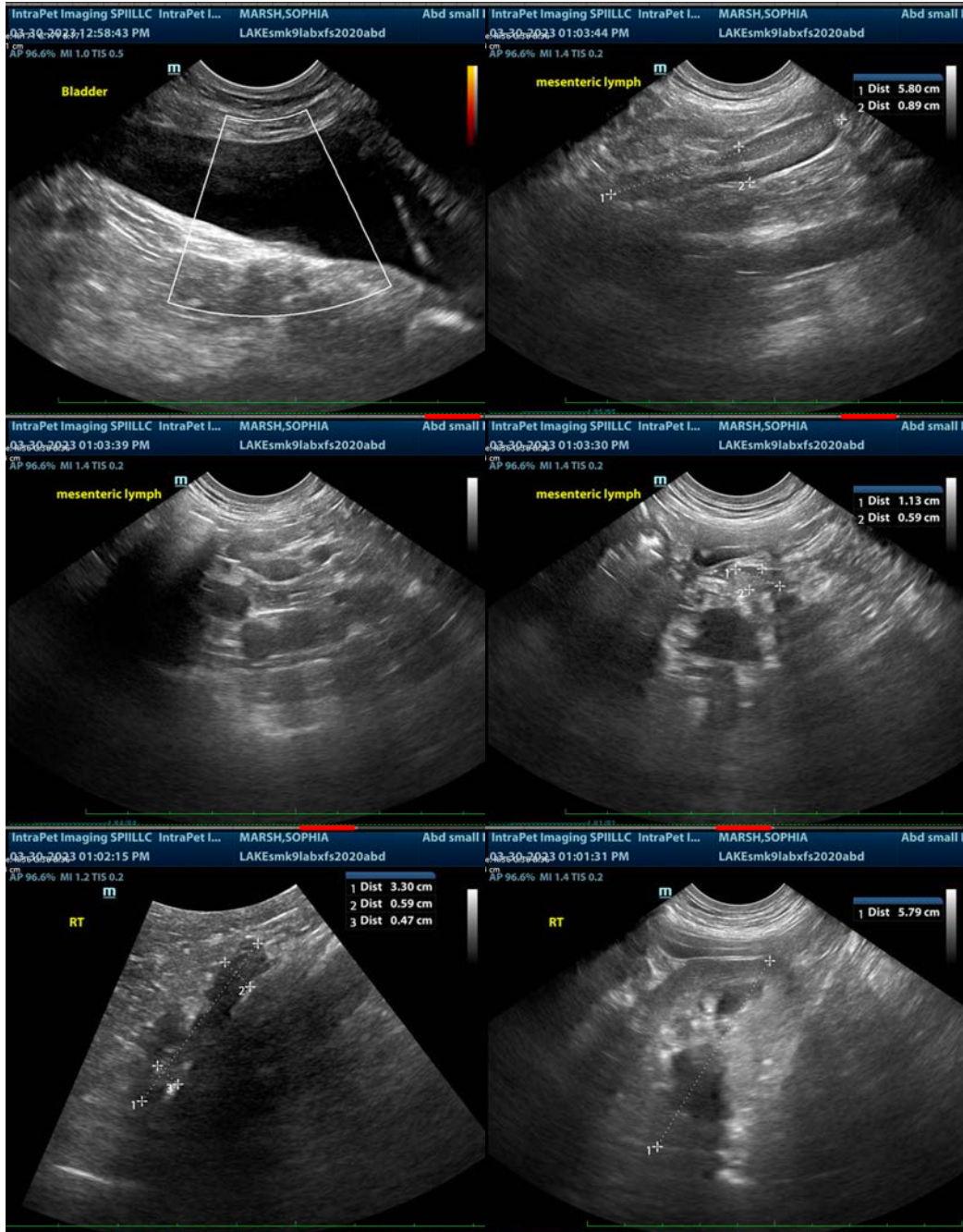
## **ULTRASONOGRAPHIC FINDINGS**

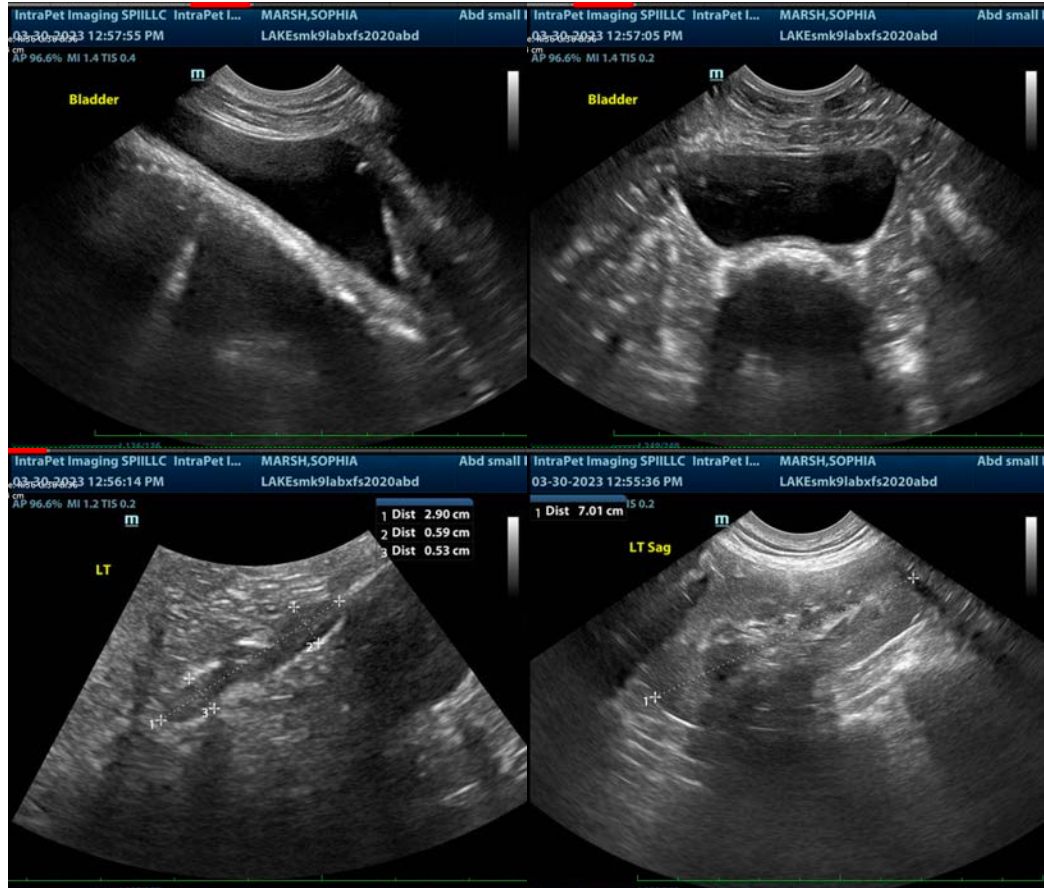
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- There is no ultrasonographic evidence of ectopic ureters noted in these images. However, ectopic ureters cannot be definitively ruled out.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further recommendations for this patient depend in part on what exactly the presenting complaint is for the “possible UTI”, (i.e., PU/PD, incontinence, stranguria, pollakiuria, etc.). If this patient is primarily incontinent, given the reported dilute urine, the incontinence could be brought on by PU/PD and resultant accidents, in which case the workup focus would be the PU/PD. If, however, clinically the urinary incontinence is believed to be the primary presenting complaint and not secondary to PU/PD, a contrast CT scan could be considered to rule out ectopic ureters more definitively.

In the meantime, as parasitic disease can cause urinary signs, empirical deworming with a 5-day course of Panacur is recommended.





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**  
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