



PATIENT

Rusty Gill

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered Male

AGE

2 Years

WEIGHT

37.5 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Denis Verbickas

INVOICE

74141

DATE

4/2/26

PRESENTING CLINICAL SIGNS

Presented for chronic incontinence with history of UTI; Incontinence unresolved after antibiotic treatment.

Abnormal PE/Chem/CBC/UA Results: CBC WNL except for mil lymphopenia Chem: SDMA 42 (0-14); CREA 591 (44-133); UREA 36.9 (3.2-11); Calcium 3.0 (2.2-2.8); Amylase 2652 (337-1469) Remaining chem WNL. UA: USG 0.14; WBC and RBC mild elevated; traces of protein.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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.

There are several dilated, tortuous, anechoic tubular structures running adjacent to the trigone and proximal urethra that I suspect represent dilated ureters, although definitive entrance points are difficult to fully visualized.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

A thin rim of renal cortex is the only tissue present bilaterally, surrounding a markedly fluid dilated renal pelvis/collecting system. Narrow bands of hyperechoic tissue extend from the capsule towards the hilus. The left kidney measures 9.1 cm. The right kidney measures 8.1 cm.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

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, visualization is partially inhibited by gas.



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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 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 pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Bilateral hydronephrosis with suspect bilaterally dilated ureters at the level of the urinary bladder. While it is difficult to definitively determine or identify ectopic insertion, ectopic ureters can't be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a follow up urine culture a week to 10 days after finishing antibiotics is recommended to help determine full clearance of the previously reported urinary tract infection.

Advanced imaging such as an abdominal contrast CT scan or ultimately cystoscopy is recommended for further visual evaluation of the ureters and depending on the type of ectopic ureters if diagnosed, potential cystoscopic correction. If not possible, surgical correction may be indicated.





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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
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