



**DATE PRESENTING CLINICAL SIGNS**

4/21/26

**Patient History:** Several month Hx of dribbling urine at times and a very weak urinary stream. Takes several minutes void bladder. Physical exam largely WNL, rectal exam WNL. Want to rule out structural urinary abnormalities, suspicious of reflex dyssynergia

**PATIENT**

Briggs Paul

**Current Medications:** None at this time.

**Labwork Results:** Attached, reported as: UA largely WNL urine culture negative, blood chem and CBC WNL

**Date of Previous IntraPet Ultrasound:** No previous.

**SPECIES**

Canine

**Sedation:** Torbugesic/Midazolam.

**Stat Report:** Not requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**BREED**

Doberman

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

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.

**AGE**

8/21/21

The area of the prostate is examine without evident prostatic pathology.

**WEIGHT**

94 lbs

The right kidney is normal is size (6.4 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The left kidney is normal is size (7.4 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**

**HOSPITAL NAME**

Pleasantville Animal  
Hospital

The right adrenal gland is normal in size (0.47 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.60 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Gounaris

**Spleen**

**INVOICE**

74665

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 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. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine 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.

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**

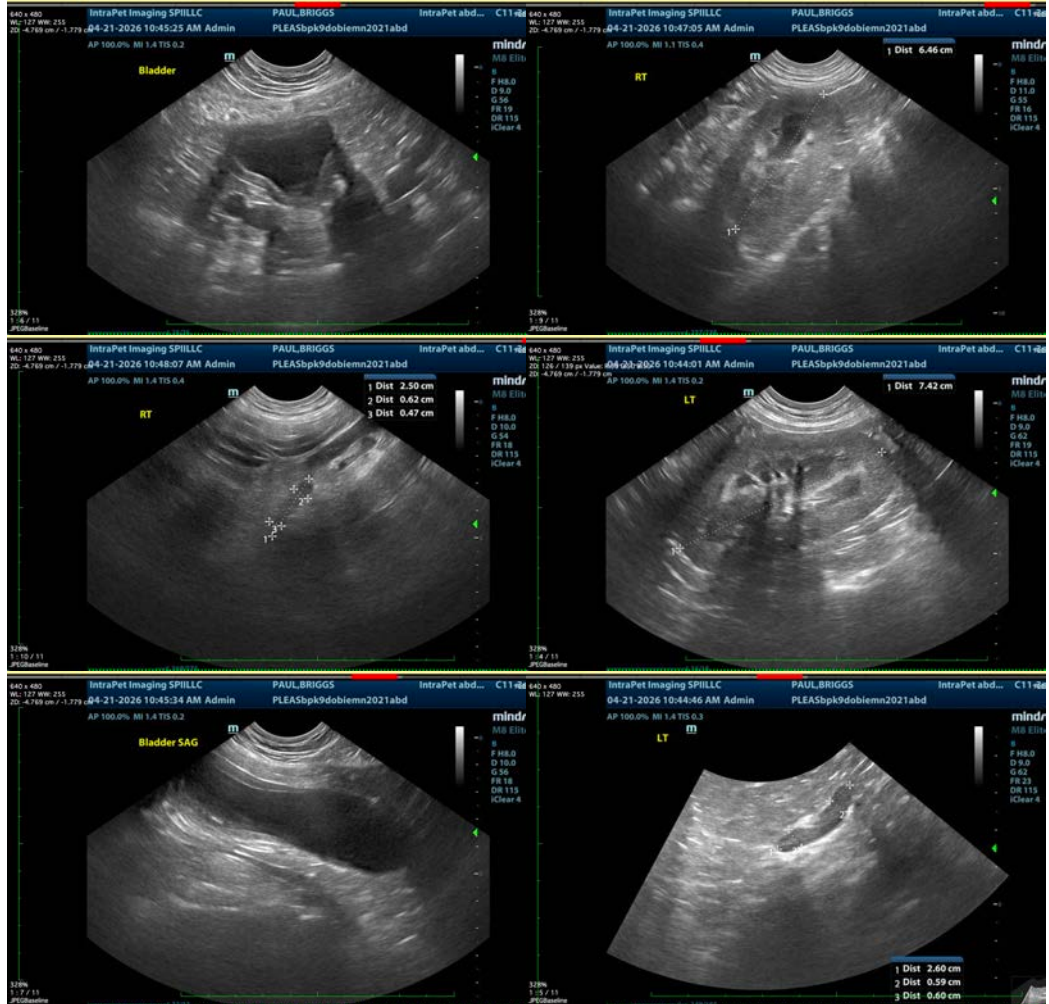
- This is a largely unremarkable/normal structural abdomen without any definitive ultrasonographically visible intrabdominal explanation for patient's reported urinary signs.

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

While there is no ultrasonographically visible concern for infiltrative neoplasia, submission of urine to look for BRAF gene mutation could be considered to further investigate possible uroepithelial neoplasia beyond imaging capabilities i.e., distal urethra.

Otherwise, further investigation for other underlying metabolic and/or neurologic etiologies is recommended.

***\*This exam was reportedly difficult due to patient temperament in the face of limited sedation, and stronger/deeper sedation will be necessary for any future imaging.***



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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