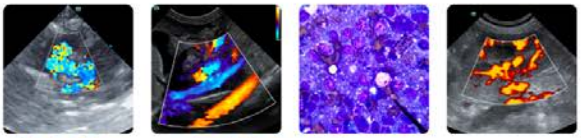

PATIENT

Winnie Zusi

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

5 Years

WEIGHT

Not Provided

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Chester Animal Hospital

REFERRING VET

Dr. Migliaccio

INVOICE

75383

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Urinary leakage. Pelvic urethra -(N). Suspect urethral incontinence yet bacteria noted on UA. Current Medications: Enrofloxacin ; (Gabapenin)

Abnormal PE/Chem/CBC/UA Results: UA: Mucoid appearance; bacteria; USG: 1.038

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces bilaterally, consistent with nephrocalcinosis. Left kidney measures 3.76 cm. Right kidney measures 3.64 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.86 cm in length x 0.48 cm at the caudal pole and 0.40 cm at the cranial pole. Right measures 2.15 cm in length x 0.38 cm at the caudal pole and 0.64 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

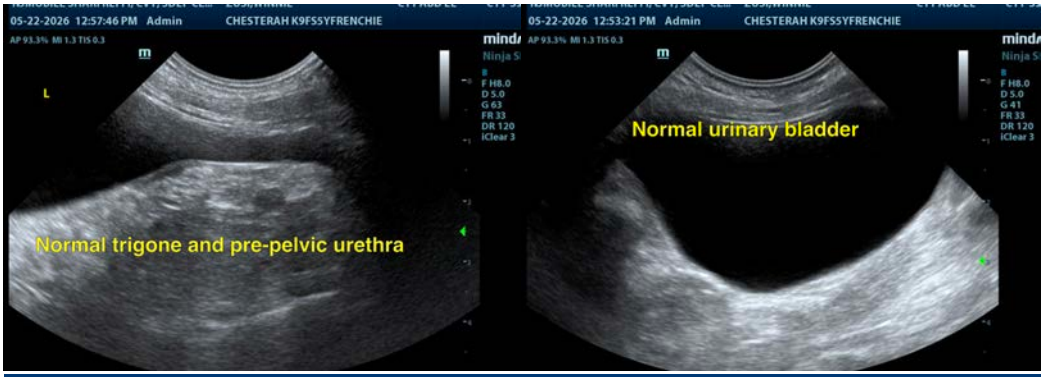
- Mild nephrocalcinosis, otherwise normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause of lower urinary signs are apparent in this study. No urinary bladder stones, mural thickening or signs of inflammation or debris were present. No significant renal abnormalities to explain the lower urinary signs were visualized. Urine culture of a cystocentesis sample (if not already done) with sensitivity is recommended to rule out occult urinary tract infection. Thorough physical exam and historical information gathering to search for presence of predisposing factors for ascending infection such as skin disease, vulvar conformation or husbandry which may be predisposing to vulvovaginitis ascending infections is important. Ultimately cystoscopy may be required for more definitive diagnosis.

In female dogs with vulvar conformation issues predisposing to ascending infections, once initial urine and/or skin infections are controlled, maintenance cleaning of the vulvar folds with water wipes after urination or at least twice daily may be enough to prevent recurrence. Maintenance of a healthy weight is also important. Vulvoplasty is a consideration if less invasive measures are ineffective.

Urinary sphincter mechanism incontinence is a differential that may be responsive to medication (Phenylpropanolamine, Estriol).



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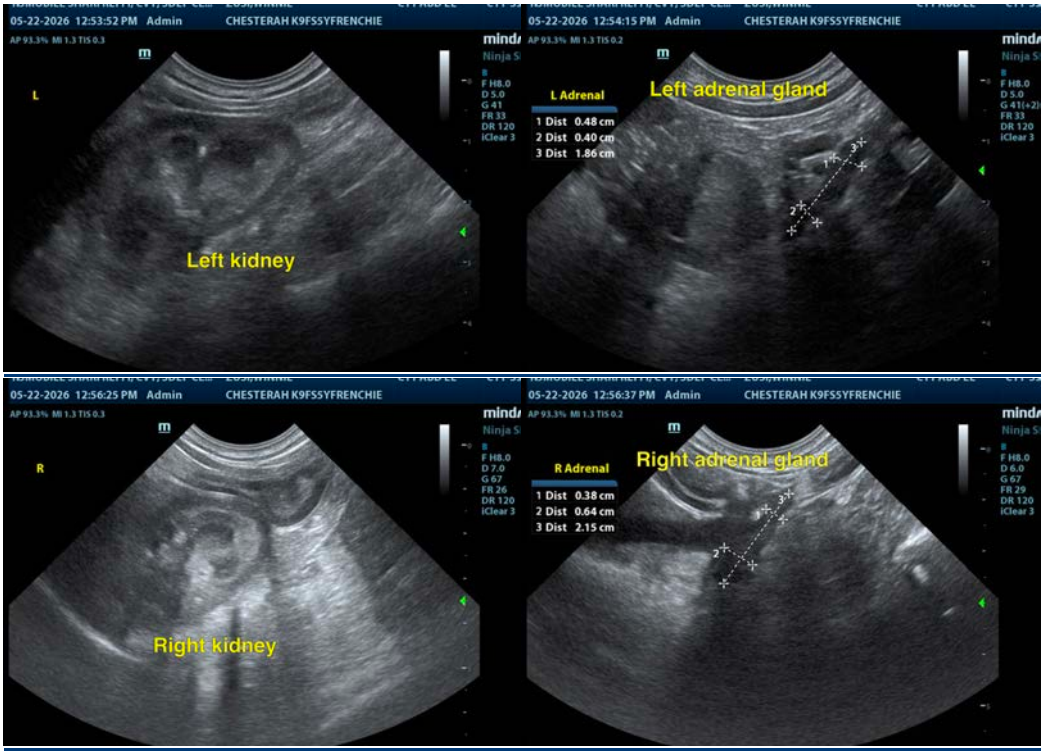

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com