



PATIENT

Penny Gorman

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

91 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reff, CVT

HOSPITAL NAME

American AH

REFERRING VET

Dr. Arculli

INVOICE

35966

DATE

2/28/22

PRESENTING CLINICAL SIGNS

Salpingohysterectomy years ago, last week started leaking urine. Current meds: Started Proin 2 days ago.
Abnormal PE/Chem/CBC/UA Results: Bld 3+, trace protein, RBC >50, 1+ bili rest normal, usg 1.044

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.77 cm. The left kidney measured 6.56 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.83 cm x 0.45 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measured 2.69 cm x 0.67 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. Transit of chyme in the small intestine appeared to be normal.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.



PATIENT *Other*

Penny Gorman The uterine base was thickened at 1.34 cm with empty lumen. No significant inflammation noted around the uterus. However, it is excessively thickened. The regions of the ovarian fossae were unremarkable.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

Canine

- Prominent uterine stump

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

Mix The prominent uterine stump may be playing a role in the urinary incontinence. If treatment for incontinence is not adequate to contain the clinical signs, then vaginoscopy would be warranted. If the patient demonstrates vaginal discharge, then further resection of the uterine stump would be recommended. However, the urethra structurally appears unremarkable.

SEX

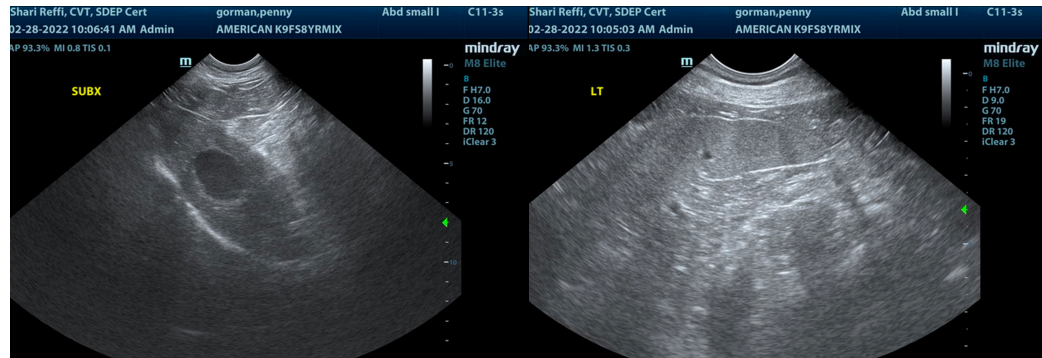
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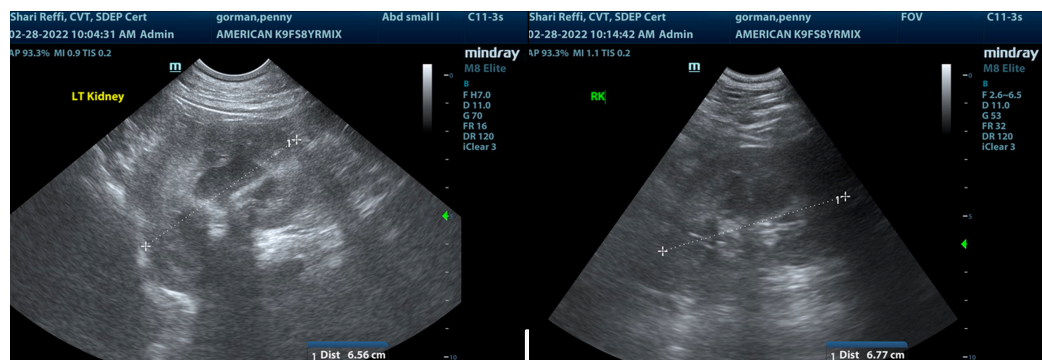
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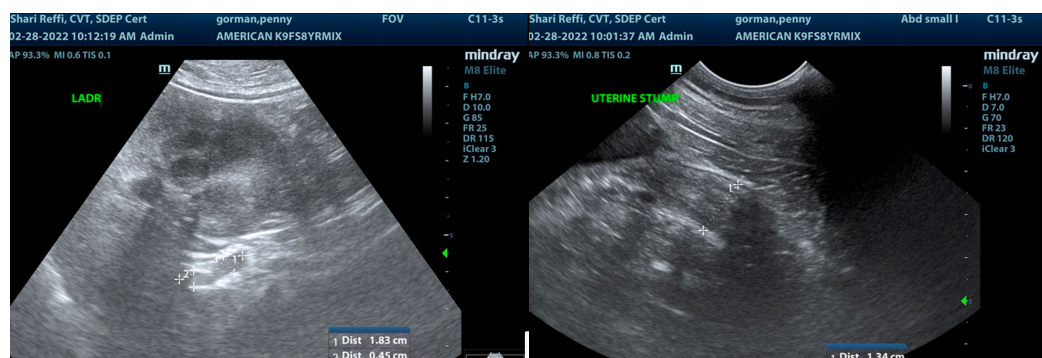


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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