

**DATE**

8/24/21

**PRESENTING CLINICAL SIGNS**

Patient is leaking urine excessively. She has leaked urine since she was a puppy. She has been spayed but with no change to incontinence.

Current Medications: Proin 25 mg by mouth twice daily.

Lab Results: Chem 10 normal.

Radiographs: Abdominal radiograph is wnl.

Date of Previous IntraPet Ultrasound: No previous

Sedation: IV sedation utilized for AUS

Stat Report: not requested

**PATIENT**

Charlee Clipper

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

11/18/20

**WEIGHT**

61 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Madonna VC

**REFERRING VET**

Dr. Brockett

**INVOICE**

91470

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** itself was unremarkable. However, left ectopic ureteral placement was noted in this patient bypassing the trigone and entering into the pelvic urethra approximately 1.0 cm distal from the cystourethral junction. Ureteral dilation at that point measured 0.24 cm. The deep pelvic urethra was unremarkable.

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 left kidney measured 6.02 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 2.83 x 0.6 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 2.72 x 0.71 cm at the caudal pole and 0.64 cm at the cranial 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 was 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**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated

normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### **Pancreas**

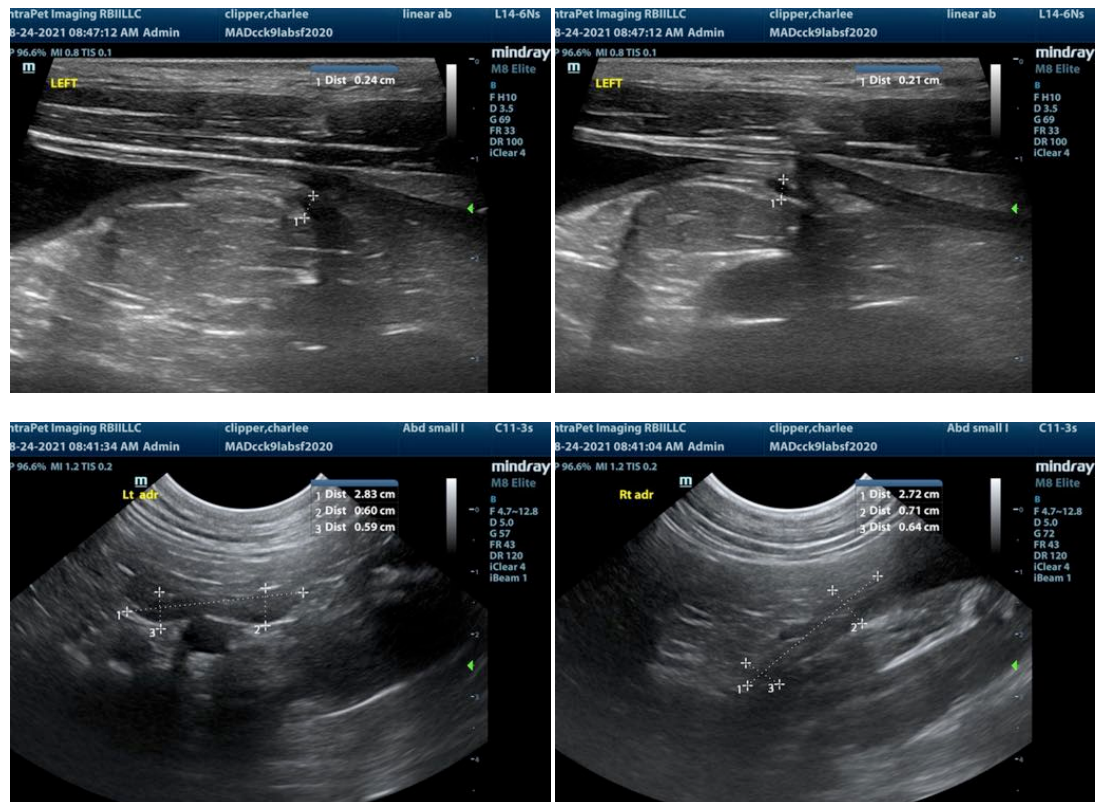
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

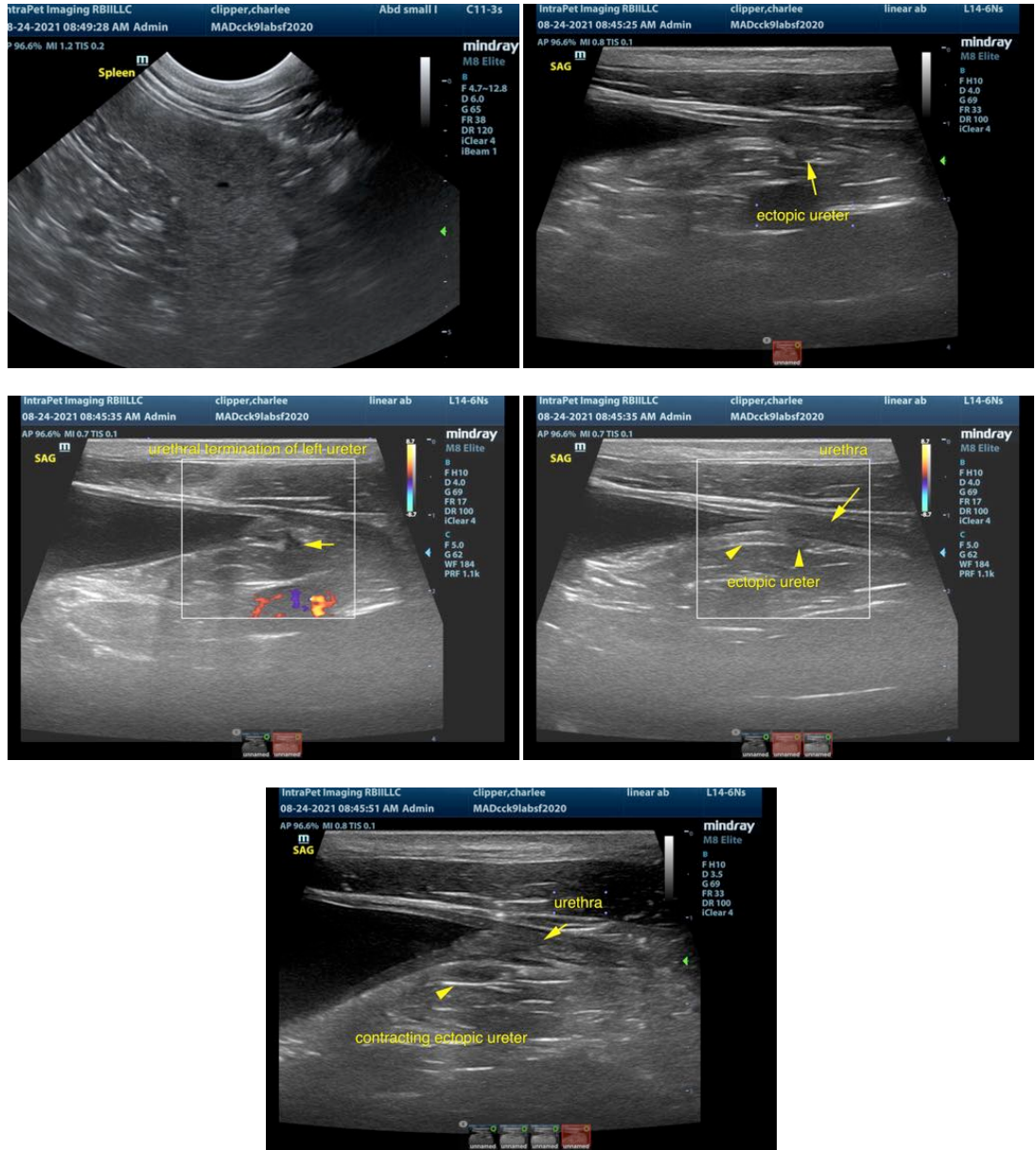
### **ULTRASONOGRAPHIC FINDINGS**

Left ectopic ureter with pelvic urethral termination.

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

Referral for endoscopy guided laser ablation could be considered or traditional approach. CT with contrast could be considered for surgical planning. However, the ectopic ureter was visible in multiple views, yet exceedingly small at 2-3 mm at maximum width.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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