



**PATIENT**

Juno Brake

**SPECIES**

Canine

**BREED**

Retriever Mix

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

56.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Summit Dog and Cat  
Hospital

**REFERRING VET**

Dr. Vogler

**INVOICE**

43551

**DATE**

3/28/23

**PRESENTING CLINICAL SIGNS**

History: New, chronic urinary incontinence. Owner reports Juno is leaking urine while she sleeps.  
Current med: Proin 50mgs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 was 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 4.72 cm. The left kidney measured 6.04 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 right adrenal gland measured 1.7 x 0.67 cm at the caudal pole and 0.86 cm at the cranial pole. The left adrenal gland measured 1.8 x 0.43 cm at the caudal pole and 0.3 cm at the cranial pole.

**Spleen**

The **spleen** revealed a focal, hypoechoic nodule. Loss of structural detail was noted. The nodule measured 1.2 cm.

**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**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No



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evidence of pathology. 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.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed female

Focal splenic nodule. Differentials include hyperplasia, round cell neoplasia, emerging hemangiosarcoma all possible.

Otherwise, unremarkable abdomen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Monitoring of the splenic nodule is indicated in a month +/- FNA. If the nodule is growing splenectomy is indicated. Chest radiographs are recommended. There was no structural evidence of urinary disease. Primary incontinence is suspected. Examination of the vaginal vestibule is recommended for predisposing issues such as recessed vulva or urine pooling. Recheck sonogram is recommended in 3-4 weeks.

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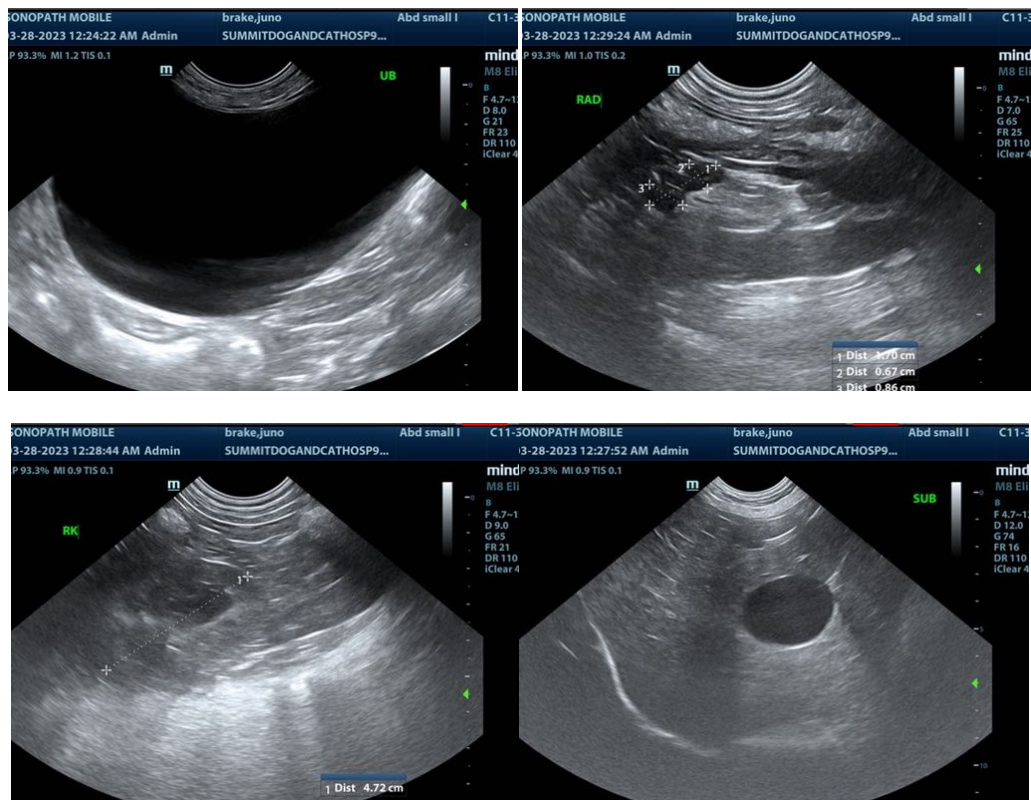
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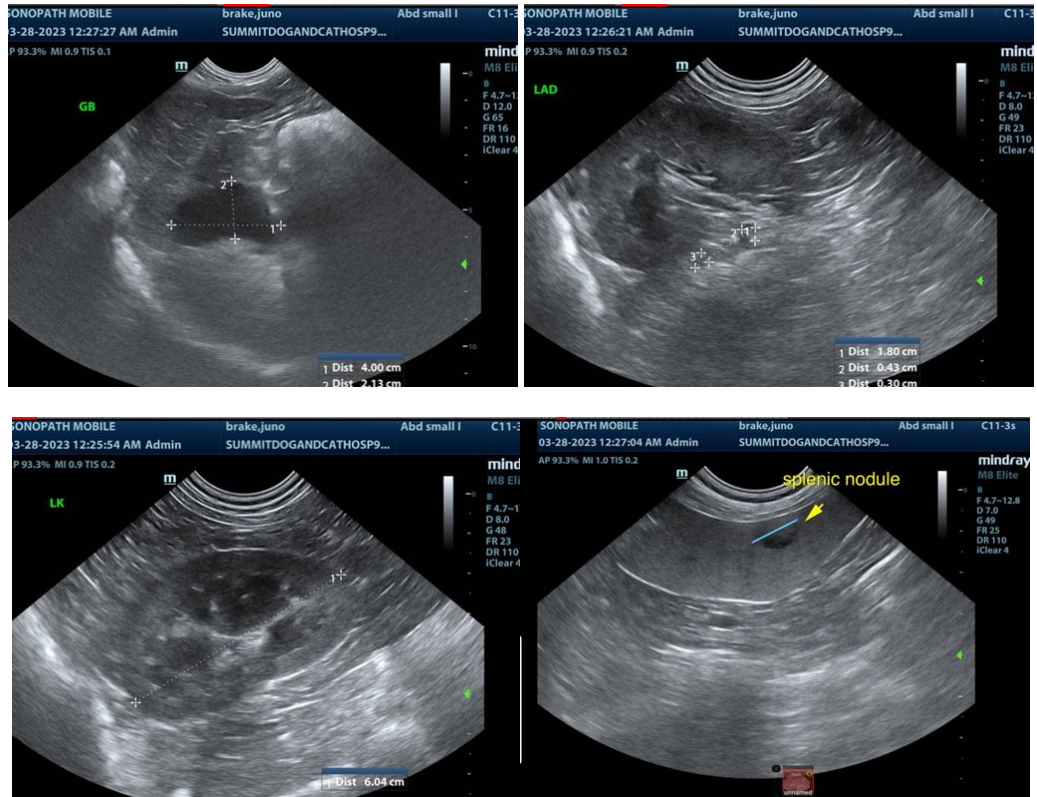
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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