



PATIENT

Elsa Hanafey

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

68 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff Veterinary
Hospital

REFERRING VET

Dr. Scott

INVOICE

16427

DATE

06/06/26

PRESENTING CLINICAL SIGNS

Leaking urine where pet is laying, drinking more, panting more, app good and maybe a little increased

Abnormal PE/Chem/CBC/UA Results: usp 1.009, UPC 0.6, alp 605

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.0 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.7 mm and the caudal pole measures 6.9 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole was not seen and the caudal pole measures 6.6 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.



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Pancreas

The visible left and right pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

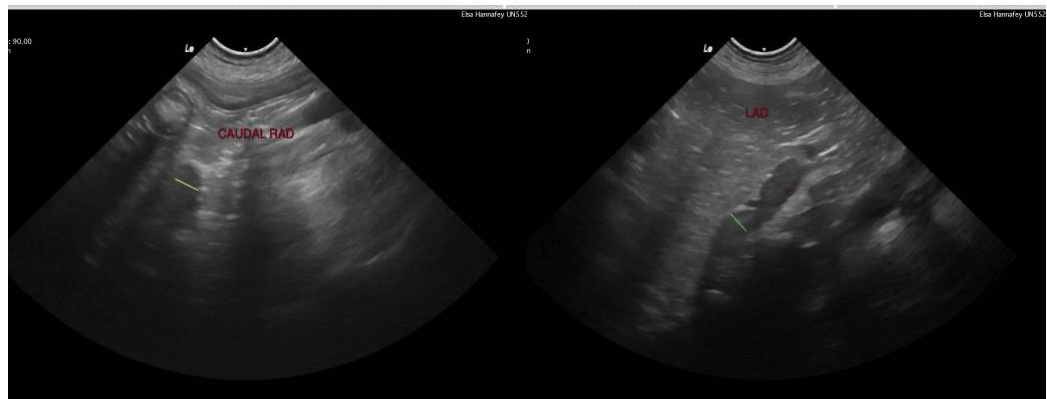
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's urinary incontinence is seen. Given signalment, suspect most likely urethral sphincter mechanism incontinence (USMI). Given the patient's dilute urine, recommend further workup prior to starting incontinence medication. If urine culture has not been submitted, recommend submitting a urine culture.

Given the mildly elevated UPC, recommend vector-borne disease screening. Consider checking urine-specific gravity two to three times via first catch urine in the morning after the patient has not been allowed to drink overnight to determine if urine will concentrate normally. If lack of urine concentration is noted, consider early renal disease.

No cause for the patient's elevated alkaline phosphatase is seen on this exam. Even though the adrenal glands appear normal in size, recommend screening for hyperadrenocorticism. Recommend submitting a urine cortisol to creatinine ratio. If normal, effectively rules out hyperadrenocorticism. If elevated, recommend performing low-dose dexamethasone suppression test.





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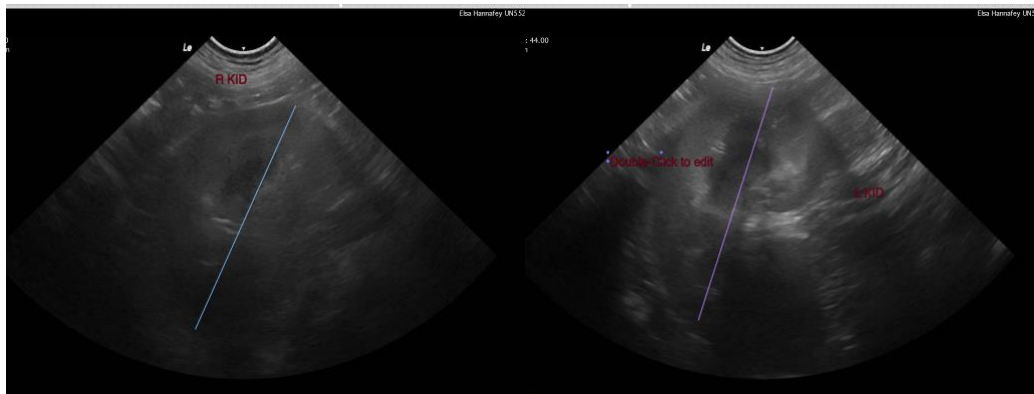
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
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