

PATIENT

Winnie Thorpe

PRESENTING CLINICAL SIGNS

History: Persistent urinary incontinence

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: previous urine C&S negative 2 weeks after 5-day course of amoxi/clav. Stranguria noted.

BREED

Shepherd Mix

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine. A large portion of the bladder appears intrapelvic. The bladder has an overall gourd shape. The proximal urethra is dilated with urine.

SEX

Spayed Female

The left kidney is normal in size (6.10 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

3 years

The right kidney is normal in size (6.09 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

N/A

Adrenal Glands

The left adrenal gland is normal in size (caudal pole 0.51 cm / cranial pole 0.66 cm) with a normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (caudal pole 0.51 cm / cranial pole 1.64 cm) with a normal shape and is normal in appearance and echogenicity.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Diane McFadden

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

HOSPITAL NAME

Chester AH

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

REFERRING VET

Dr Migliaccio

Gastrointestinal Tract

The gastric lumen contains a significant amount of shadowing ingesta precluding evaluation of deeper portions of the stomach. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal. The pyloric outflow tract could not be evaluated.

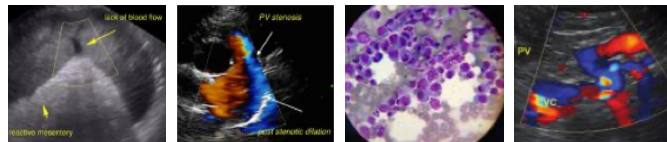
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The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering and contains a large volume of fluid and ingesta. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

DATE

4.21.23



PATIENT

The sections of colon are visualized with formed fecal material and gas shadowing distally.

Winnie Thorpe

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

SPECIES

Canine

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

BREED

Shepherd Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Findings

Spayed Female

- Pelvic bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

The bladder appears normal, except that there is a portion that appears further caudal than normal (e.g. pelvic bladder); and the bladder has a gourd shape, which is typical of a pelvic bladder. Abdominal radiographs can be considered to evaluate severity and how far caudally the bladder extends into the pelvis. The patient may also have urethral sphincter mechanism incompetence, as that cannot be determined from ultrasound. Consider maximizing medical management for urinary incontinence including alpha adrenergic agonists (such as phenylpropanolamine) and estrogen products (such as Incurin or DES) if not contraindicated in this patient. If medical management fails, then consider referral for possible surgical options (though often many dogs can be well-managed on medications alone).

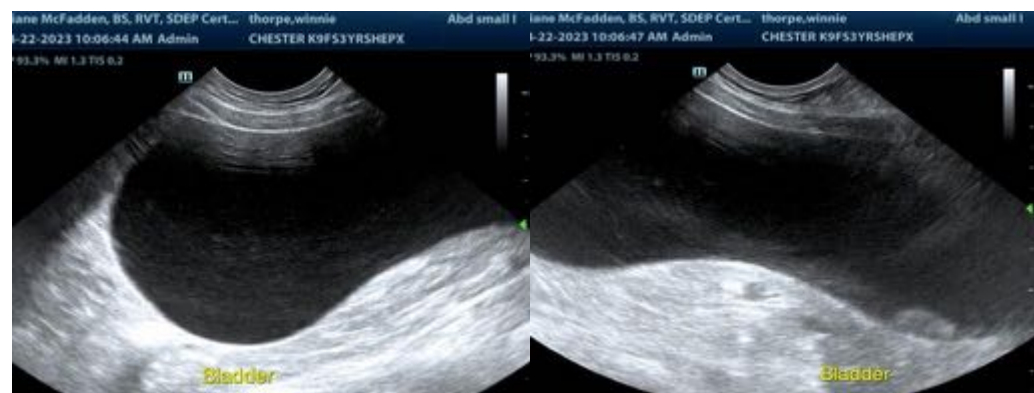
3 years

WEIGHT

N/A

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)



IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Chester AH

REFERRING VET

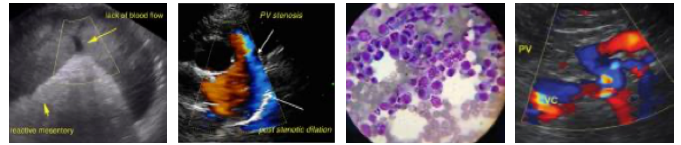
Dr Migliaccio

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SPECIES

Canine

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Shepherd Mix

SEX

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AGE

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WEIGHT

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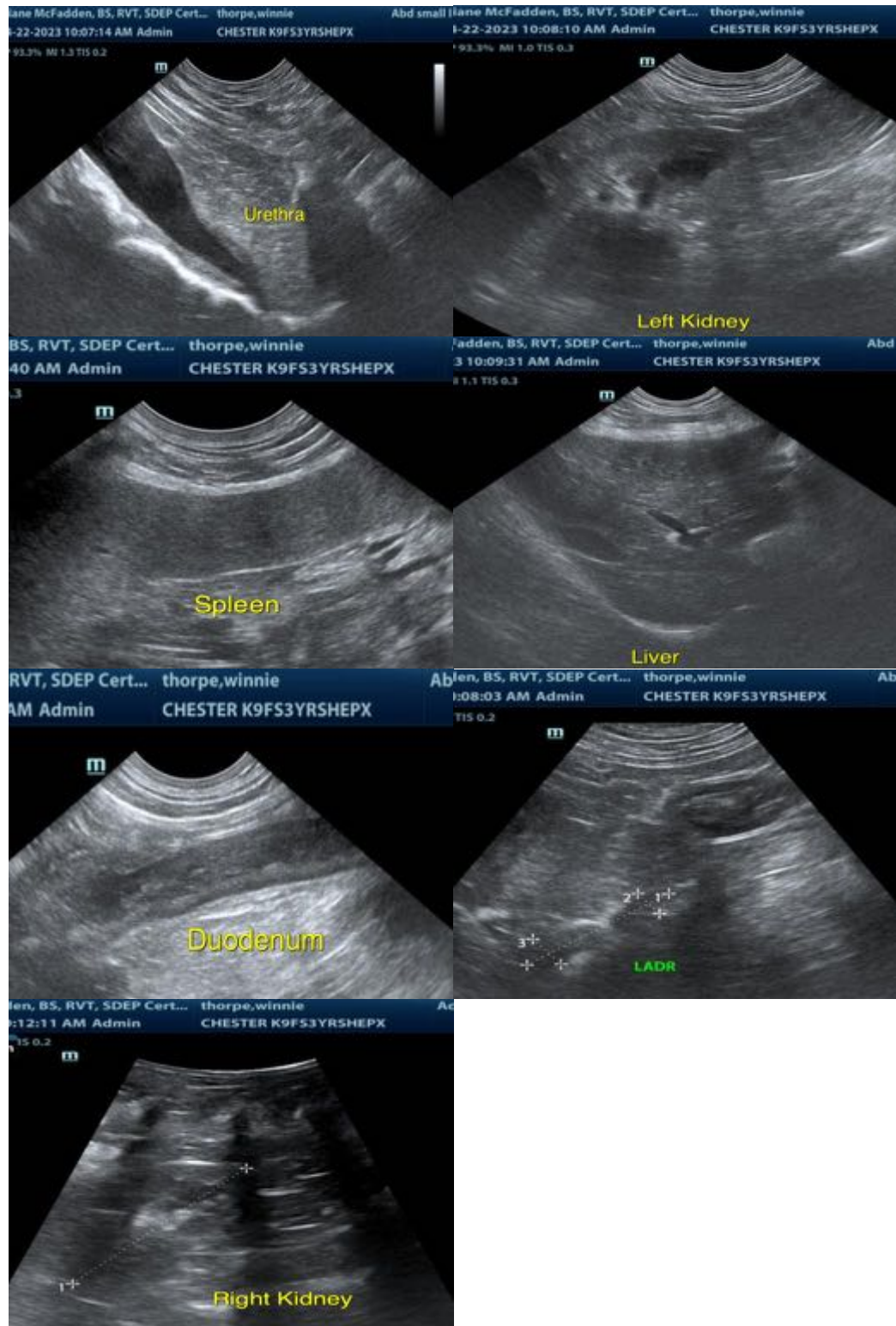
Dr Migliaccio

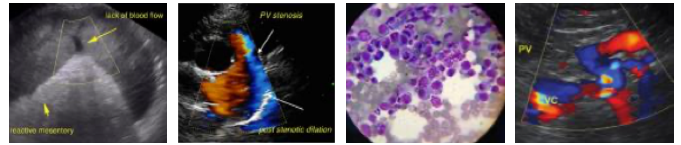
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

BREED

Shepherd Mix

Jessica Midence, DVM, DACVIM (SAIM)
info@SonoPath.com

SEX

Spayed Female

AGE

3 years

WEIGHT

N/A

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